

China Population and Development Report 2009

From ICPD to MDG:
A Review for China at 15 Years (1994-2009)

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Foreword

Over the past 15 years since the International Conference on Population and Development (ICPD) in Cairo, Egypt in 1994 where a series of population and development goals were put forward, the Chinese Government is committed to fully implement the goals and principles and has made significant progress therein. Accompanying the fast economic development process, China's population has also experienced tremendous changes to transit into a country with low birth and death rates and a low rate of natural increase. The development of population in China is however facing many challenges - a rapid rise in the number of older persons and a highly skewed sex ratio at birth, and fertility rate has declined to below the replacement level. At the same time, China is located in a transitional period both in terms of its social and economic development and many social and economic problems are mingled together: a large economy, a low fertility rate, a massive and highly transient population, and widespread disparities. Hence the Chinese Government and the international community including UNFPA have reflected and acted correspondingly at such a crucial juncture in China's development.

The ICPD principles and the Millennium Development Goals (MDG) endorsed at the United Nations Millennium Summit in the year 2000 in New York, provide an excellent protocol to review the situation in China. Both the ICPD principles and the MDGs are internationally agreed upon development frameworks which are based on fundamental human rights such as equality, equity and freedom; principles

towards which China, as it continues to grow, is shifting its development focus to become more and more closely aligned with.

The review of China's experiences at ICPD +15 is an opportune time to document the achievements and their facilitating factors, and to analyze the challenges China still faces in fulfilling the ICPD principles by 2014, and the MDG goals before the set deadline of 2015. The review findings are not only of great importance to China, but potentially also for the international community, particularly those countries who are currently undergoing, or are likely to experience similar economic growth and demographic transitions as China.

This review involves a research report done by three national scholars and an update of field inquiry questionnaire for ICPD progress for China done by the China Population and Development Research Centre (CPDRC). The report has employed wherever possible official data and in a few occasions, published data by research institutes throughout the exercise to present a factual situation underpinning solid conclusions and recommendations for future action.

The review was made possible through technical and financial support from UNFPA in the collaboration between the National Bureau of Statistics (NBS) and the United Nations Population Fund (UNFPA) in China in the field of data. The report however reflects the viewpoints of the experts but not necessarily the views of NBS.

Executive summary

Field Inquiry Questionnaire ICPD +15 and From ICPD to MDG: A review for China at 15 Years

In agreement with the Government of China, two reports have been prepared to document progress as well as remaining challenges in the achievement of the ICPD PoA for China. The first is the ICPD+15 update which follows the ICPD + 10 update and the second is a report prepared by three national experts on behalf of the NBS, which analyses official or published data on Chinese initiatives in attaining the ICPD agenda since its promulgation in 1994. The two documents are complementary in that the questionnaire was used to analyze constraints of specific actions of the ICPD PoA from an operational perspective, while the report addresses particular challenges and proposes recommendations specific to China.

The field inquiry questionnaire covers ten areas: 1. Population and development; 2. Gender Equality, Equity and Women's Empowerment; 3. Reproductive Rights and Reproductive Health; 4. Youth Sexual and Reproductive Health and Rights; 5. HIV/AIDS; 6. Behavioral Change and Advocacy; 7. Data and Research; 8. Partnerships and Resources; 9. Best Practices and Emerging Issues; and, 10. Climate Change, Financial Crisis and Population.

The review report has six chapters: 1. ICPD and MDGs in China; 2. Population and Development Issues in China; 3. Gender Equality, Equity and Empowerment; 4. Reproductive Health and Rights; 5. Youth Sexual and Reproductive Health; and 6. Major Conclusions and Policy Recommendations.

I. ICPD and MDGs in China

China is a signatory and has made firm commitments to both the ICPD Plan of Action (PoA) and the Millennium Declaration. China has set out to build a “Xiaokang” society (i.e. one in which most people are moderately well off and middle class) by focusing on equalizing access to good quality, essential public social services and dealing with population issues in a holistic manner.

By 2008, China had already achieved four of the 14 relevant MDG targets for China; six other MDG targets were on track as “likely” to be achieved; and four targets lag behind and are only classified as “potentially” able to be achieved. The latter four targets include: achieve full and productive employment and

decent work for all, including women and youths; achieve universal access to reproductive health; achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it; and reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss. Strengthened efforts are required to achieve these targets.

China has largely completed its demographic transition and is a country with a low fertility level. However, China's population is experiencing unprecedented radical changes: continuous and rapid ageing, severely skewed and high sex ratio at birth, a complicated urbanization process, and the simultaneous advent of three peaks, in: (a) the total population, (b) the

labour force population and (c) the elderly population.

II. Population and development in China

Integration of population factors into national development strategy

The Chinese Government has always paid attention to the coordinated and sustainable development between population, economy, society, resources and environment. Efforts to attain the ICPD and MDG goals have been integrated into development strategies at various levels and types. Family planning is a “basic state policy” with the aim of maintaining low fertility, to which the Government appropriates an earmarked budget every year; this budget has been on the increase over the years due to the set up of a special fund to support incentives and awards for rural families practicing family planning.

A number of ministries are involved in the management and service delivery related to population issues, family planning and reproductive health. The current administrative system designates responsibilities for each of these bodies. Further attention is required to improve efficiencies and ensure better coordination among sectors.

Population and social development

The Chinese Government has paid adequate attention to the eradication of poverty and has included poverty alleviation in the national development strategy; as a consequence the absolute number of those living in poverty has reduced significantly. However, poverty alleviation remains an arduous task in that large numbers are still living below the poverty line, many return to poverty every year and disparities are increasing between urban and rural areas, across regions and among various groups.

In China education is a priority development focus and there have been constant increases in the level of educational attainment of the general public. However, public investment in education comprises a relatively low share of the Government’s expenditure

and deficiencies in the education budget have long been a constraining factor for development of China’s education system. Although funding has improved somewhat, the unbalanced investment and prioritization of education has not fundamentally changed.

The Chinese Government has set the target of basic health care for all by 2020. Up to now there has not been a comprehensive health service delivery system in place due to insufficient public health financing, low public investment in general health expenditure, and incomplete coverage of health insurance. Seventy per cent of resources that do go towards health are pooled to cities and rural health lags behind, resulting in failure to meet rural residents’ increasing demands for health services.

China clearly sets an active employment and labour market policy and includes full employment as an important component of building a harmonious society. Employment in China is currently characterized by an apparent increase in informal sectors and a migrant worker population of over 200 million people, forming a group that requires special attention because of their limited, or non-existent social security.

Population and environment

China actively promotes human-centered, coordinated and scientific development; in order to combat climate change, it accelerates efforts to build an energy-saving, environmentally-friendly and innovative country. Continued industrialization and urbanization places demands on natural resources and creates pressure on land utilization, forestry and the ecological environment. Further efforts and comprehensive measures need to be taken to cope with climate change.

The ageing population

The Chinese Government regards the development of ageing related undertakings as an important component of overall socio-economic development and adopts economic, legal and administrative measures to actively deal with the challenges associated with population ageing. Already,

13% of China's population is in the over sixty age group, a figure which will continue to increase rapidly. Urban elderly with difficulties and rural poor elderly require special attention.

Urbanization

The proportion of the population living in urban areas in China is increasing steadily yet remains low compared with the world average. Migration so far has been restricted by the urban-rural dichotomy and the fact that most migrants have no access to social security and social services to which local residents are entitled. Improving the level and quality of urbanization is a must for China to build an all-round Xiaokang society. It is estimated that there are 150 million rural surplus laborers and that the urbanization process will be accelerated in the coming two decades.

III. Gender equality, equity and empowerment of women

Implementing the ICPD Programme of Action, the Chinese government has formulated or revised many of the laws and regulations on women and gender equality in recent years. Progress has been made in the fields of compulsory education, employment, access to medical services and health care, basic social security and participation in decision-making.

However, gender mainstreaming and gender sensitive development requires improvement at the policy level as well as in the implementation of existing policies and regulations.

Women in urban and rural areas still face many obstacles in gender based discrimination.

A gender-based income gap is still obvious in China; women have lower rates of social participation and an earlier retirement age.

The process of urbanization and industrialization has brought more employment and development opportunities to women, but at the same time occupational health and safety issues are increasingly prominent, especially for migrant women in urban and

rural labor markets.

Chinese women have one of the world's highest suicide rates and it is the only country in the world where more women than men take their own lives. The leading suicide rates are amongst young rural women aged 15-24.

Although programmes to reduce violence against women have made significant progress, it remains one of the most serious social problems in China. Special, national legislation on gender-based violence prevention and control has not yet been promulgated and a long-term mechanism on prevention, intervention and rescue is similarly lacking.

The sex ratio at birth has continued to rise in China for the past 20 years and the level of girl infant mortality has also been relatively high since the mid 80s. In response, the government has adopted various interventions including economic and administrative measures as well as advocacy programmes. However, discrimination against women and girls continues despite rapid economic development and the implementation of the basic state policy of gender equality.

Women's participation in the political and decision-making process has not increased significantly in the past 20 years. Leading female cadres at all levels are still low; the proportion of women cadres holding the principal leading posts in the Party and government is very limited.

Involving men as partners in reducing violence and discrimination against women, is a strategy that is not often used. Male involvement remains low. Male contraceptive use increased slightly from 13% in 2000 to 15% in 2007, but women still bear the contraceptive burden. The long standing practice of women doing most of the housework has not changed significantly in several decades.

IV. Reproductive Health and Rights

China fully agrees with the concepts of "all-

round human-centered development" and "reproductive health" raised in the 1994 Cairo ICPD and its Program of Action (PoA). The family planning approach has been reoriented from an "administrative population control" perspective towards a more comprehensive people-centered "reproductive health" perspective.

In the past 15 years, China's infant mortality rate has been reduced by more than 60%. Narrowing the gaps in infant mortality and under-five mortality between urban and rural areas is a continuing challenge that is very important. .

China's maternal mortality rate is declining, while the gap between urban and rural areas has been reduced significantly. According to maternal mortality data, 75% of maternal deaths could be avoided through basic obstetric services.

Contraceptive "informed choice" is being promoted through the country as part of quality of care in RH/FP, however there are still limited areas in the country which have adopted "informed contraceptive choice". More than 40% of women with reproductive tract infections do not seeking medical care, and over one third of women at reproductive age do not understand the characteristics of contraceptive methods and their side effects.

Meeting the sexual and reproductive health needs of the migrant population is a significant challenge.

The family planning programme is evolving to have an increasing emphasis on reproductive health, including respect for and protection of fundamental reproductive rights. Law-based administration, the protection of civil rights and the installation of complaints mechanisms are increasingly implemented by the government. In some pilot areas other reforms are being supported such as reductions in the social compensation fee, removal of the regulation on birth intervals and the promotion of RH/FP quality of care for service providers.

Gaps remain between China's current fertility policy, regulations and the quality of RH services and

the ICPD principles and PoA. Continued reform is required in this area.

V. Youth Sexual and Reproductive Health

Since the mid 1990s the issue of youth sexual and reproductive health began to enter the public arena. Although special legislation on youth sexual and reproductive health has not been issued at the national level, many laws and regulations formulated or revised since 1994 include content on youth health and development rights. Youth sex education policies and legislation have progressed, administrative regulations and departmental policies on school health education have been progressively enacted, and youth health and population education has been gradually incorporated into formal secondary and university education. Nevertheless, the promotion of youth SRH in China is still limited. SRH counseling and services for youth remain weak and the necessary supportive social environment is lacking, creating a large gap with the huge demand generated by early puberty and delayed marriage. Small pilot initiatives, though rich and varied, are non-institutionalized and sustainability is a significant issue

Youth sexual and reproductive health, though incorporated in some measure into formal school education, is not yet fully implemented and its contents are still far from being able to meet the SRH needs of youth. Out-of-school and community SRH and rights education is limited, related services are fragmented and inconsistent and have low coverage. Unmarried youths still face many obstacles to access information, counseling and services. The provision of youth-friendly services is outside of the skill set of sexual and reproductive health service providers. It is imperative to accelerate the provision of appropriate SRH information, education and services for youth as well as to build the capacity of youth to engage in these issues.

VI. Major conclusions and policy recommendations

1. Major conclusions

Conclusion 1:

The spirit of ICPD has changed the road-map of Chinese population and development and has promoted national reform in the areas of population and family planning. Comprehensive, balanced and sustainable development has become the basis for the national development strategy and the concept of reproductive health has been increasingly integrated into family planning management and service. Compared with 15 years ago, China has witnessed enormous changes in population and national development.

Conclusion 2:

As per the national human rights action plan, the Government is committed to progressively meeting the rights of the people (rights holders) to access social services and to building the capacity of service providers (duty bearers) to deliver those services.

Over the 15 years since 1994, China has recorded remarkable progress in many areas including: tremendous achievements in poverty alleviation; improvements in the health and wellbeing of citizens, particularly women and children; promoting gender equality and equity through policies and laws; provision of quality family planning/reproductive health services and prevention and treatment of STI and HIV.

Conclusion 3:

China is currently in a special historical time with transitions in both population numbers and structures. China will face huge challenges in further attaining the ICPD and MDG goals including:

- An enormous pressure from the population on resources, environment and socio-economic development.
- The large gap between the current provision of basic public health services and society's demands for

education, health care including primary health care, social security and public employment services.

-Challenges regarding gender equality and equity with significant disparities between males and females in employment, income, health and participation in public policy formulation.

- Critical challenges in addressing disparities in reproductive health and rights among regions, urban and rural areas, and between different population groups.

- SRH information, counseling and services for youths are inadequate, do not have institutional support.

-Gaps exist between the currently fertility policy in China and the reproductive wishes of the public in certain regions.

-China also needs to make significant progress to meet the prevailing international concept of reproductive rights.

2. Policy recommendations

-Recommendation 1:

Further attention should be made to strengthen the capacities of duty bearers and rights holders in the field of population and development.

-Recommendation 2:

Efforts should be made to examine the interactions between population factors and climate and to ensure that human aspects of climate change are adequately addressed in both the mitigation and adaptation strategies.

-Recommendation 3:

Focus and priority should continue to be given to increased provision of essential social services including education, health, social security and employment, for all members of society, and to reducing disparities across regions, between urban and rural areas and among population segments. The disparities in the field of RH/FP require special attention.

-Recommendation 4:

Further efforts are needed to mainstream gender

equality and equity in employment, income, health and public policy.

-Recommendation 5: Prioritize youth sexual and reproductive health on the agenda.

-Recommendation 6: Further reform needs to be made to RH/FP policies and regulations to progressively meet the expectations of people and to attain international commitments.

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Chapter 1: ICPD in China

Introduction: ICPD and MDG

The United Nations International Conference on Population and Development (ICPD) held in Cairo in 1994 and its Programme of Action (PoA) have exerted profound influence on subsequent international population and development. The PoA embraces future goals and action plans for all countries that cover various aspects of population and development with 14 categories and 43 items. It aims to further integrate population in policies, plans and strategies related to development so as to respond to population and development challenges faced by the human race. Building on the success of previous world population conferences on conventional issues such as population and sustained economic growth, enhancement of women's status and the empowerment of women, it creatively put forward new concepts such as "sustainable development" and "reproductive health" and established goals and a PoA to guide global population and development initiatives from 1995 to 2015.

The Millennium Declaration and the Millennium Development Goals (MDGs) were endorsed at the Millennium Summit in 2000 by 189 member states of the UN General Assembly. The goals are considered as "the most comprehensive, the most authoritative and the most clearly articulated development goal system in the field of development in the contemporary international community"¹ with coverage of many sectors such as the economic, social and environmental sectors. The MDG monitoring indicator framework has been updated several times, and the most recently updated version,

effective the 15th of January 2008 includes eight primary goals, 21 targets and 60 progress monitoring indicators².

Although the ICPD PoA does not set specific and quantitative progress monitoring indicators, the goals of the PoA are parallel to the MDGs (see Table 1-1). These goals have not only established the roadmap and concrete requirements for: poverty alleviation; universal education; promotion of gender equality and equity; reduction of mortality; improvement of reproductive health; and enhancement of environment sustainability; but have also underlined the importance of understanding the interaction between population progress and achieving development outcomes. Efforts in the field of population development such as the slowing of population growth, the reduction of unwanted pregnancies and the enhancement of reproductive health are all prerequisites for realizing the global, comprehensive development goals of the MDGs such as poverty alleviation and the elimination of hunger.

The ICPD principles and the MDGs are interlinked and complement each other to make an important joint platform that can guide the global population and development initiatives and facilitate consensus among and coordinated actions by all nations on population issues.

ICPD and MDGs in China

China was a signatory of both the ICPD PoA and the Millennium Declaration and has made solemn commitments to make every effort to implement the PoA of the ICPD and to realize the MDGs on time.

China has undergone remarkable social and economic achievements in the 15 years since the ICPD. At the turn of the century, the Chinese government set the development goals of building a prosperous and

harmonious society and promoting equal access to basic public services to benefit its population of 1.3 billion

people,. In the fields of population and development, the Chinese government emphasizes practicing a human-

Table 1-1: PoA of ICPD & MDGs

Field	PoA of ICPD		MDGs
	Details		Goals
1. Interrelationship between population, sustained economic growth and sustainable development	1) Integrated population and development strategies 2) Population, sustained economic growth and poverty alleviation 3) Population and environment		Goal 1: Eradicate Extreme Poverty and Hunger
2. Gender equality, equity and empowerment of women	4) Empowerment and status of women 5) Protection of girls 6) Male responsibilities and participation		Goal 3: Promote Gender Equality and Empower Women
3. The family, its roles, rights, composition and structure	7) Diversity of family structure and composition 8) Socio-economic support to the family		Goal 3: Promote Gender Equality and Empower Women
4. Population growth and structure	9) Fertility, mortality and population growth rates 10) Children and youth 11) Elderly people 12) Indigenous people		Goal 4: Reduce Child Mortality
5. Reproductive rights and reproductive health	13) Reproductive rights and reproductive health 14) Family planning 15) Sexually transmitted infections and prevention of HIV 16) Human sexuality and gender relations 17) Adolescent SRH		Goal 5: Improve Maternal Health
6. Health, morbidity and mortality	18) Primary health care and the health-care sector 19) Child survival and health 20) Women's health and safe motherhood 21) HIV and AIDS		Goal 6: Combat HIV/AIDS, Malaria and Other Diseases
7. Population distribution, urbanization and internal migration	22) Population distribution and sustainable development 23) Population growth in large urban agglomerations		Goal 7: Ensure Environmental Sustainability
8. International migration	24) International migration and development 25) Documented/undocumented migration 26) Refugees, asylum-seekers and displaced persons		Goal 8: Develop a Global Partnership for Development
9. Population, development and education	27) Education, population and sustainable development 28) Population information, education and communication		Goal 2: Achieve Universal Primary Education

Source: Reports for the ICPD (Chinese version). 1995, NY. UN. Report by the UN General Secretary on the Work of the UN, 62nd Conference, supplementary No. 1 (A62/1).

oriented scientific outlook on development, prioritizing investment in the all-around development of human beings, strengthening social construction focused on improvement of people's livelihoods, and solving population issues in a comprehensive manner. All these endeavors are coherent with the ICPD principles and the requirements of the MDGs. The efforts to realize the MDGs have been "well integrated into the cause of building a moderately prosperous society"³ in China.

By the year 2008, the mid-point for the period of time for achieving the MDGs, China had made remarkable progress in realizing the MDGs; having achieved and even surpassed some of the targets as much as seven years in advance of the deadlines. Remarkable progress was made in poverty alleviation, reduction of hunger, elimination of illiteracy, and reduction of infant and under five child mortality (see Table 1-2). China is also making great achievements and is firmly on track to achieve several goals by 2015 including reduction of maternal mortality and the prevention and treatment of HIV/AIDS and tuberculosis. However, China has four targets with lagging progress which are described as being only "possibly" achieved by the deadline. The following targets require increased efforts by China⁴: Target 1.B. Achieve full and productive employment and decent work for all, including women and young people; Target 5.B, Achieve, by 2015, universal access to reproductive health; Target 6.B. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it; and Target 7.B. Reduce biodiversity loss, achieving, by 2010, a reduction in the rate of loss.

Population and development in China in a low fertility context

With unremitting effort over the past decades, China has experienced the fastest population transition in the modern world.

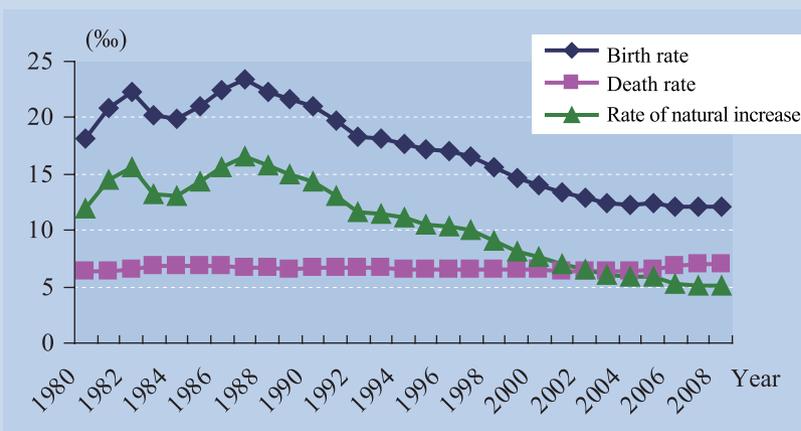
By the 1990s, China had curbed its excessively rapid population growth and had entered a new historic period with a constantly decreasing low birth rate, low death rate and low rate of natural increase (see Chart 1-1). The total fertility rate (TFR)⁶ of Chinese women has decreased from above 6 to around 1.8, lower than the population replacement level of 2.1. This marks the primary accomplishment of China's population transition and indicates that China has become a country with a low fertility rate.

Within the social context of a rapid socio-economic transition and the constant slowing of the rate of population increase, China's population is experiencing a unique period of change and facing an unprecedented, complicated situation with a number of new challenges.

(1) The impact of a low fertility rate on population and economic development is not clear. A large population size is a fundamental reality of China. Due to the large population base and the inertia effect of population growth, China's population size will continue to grow for a long time even in the context of the low fertility rate. In the next two decades, the population growth rate will decelerate further and the new mode of population growth will pose potential challenges to China's development.

(2) The elderly population is surging in number

Chart 1-1: China's Population Growth, 1980 -2008



Sources: NBS. China Statistics Yearbook 2009, China Statistics Press, 2009.

Table 1-2: China's Progress on Key ICPD and MDG Indices

Progress Monitoring Index	ICPD or MDG goals	Current Situation in China	China's MDG goal status
(1) Proportion of people whose income is less than one dollar a day	ICPD Principle 3.16: Raise the quality of life for all people through appropriate population and development policies and programmes aimed at achieving poverty eradication and sustainable growth MDG Target 1.A: Halve the proportion of people whose income is less than one dollar a day	(1) Proportion of rural population living in absolute poverty (according to the national poverty line) fell from 9.6% in 1990 to 1.6% in 2007.	Already achieved
(2) Net enrolment ratio in primary education (3) Gross enrolment ratio in junior middle school (4) Proportion of pupils starting grade one who reach the last grade of primary education (5) Literacy rate of 15-24 year-olds, women and men (6) Literacy rate of adults	ICPD Principle 11.5: Achieve universal access to quality education, with particular priority being given to primary and technical education and job training, to combat illiteracy and to eliminate gender disparities in access to, retention in and support for, education. MDG Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	(2) Net enrolment ratio for both boys and girls in primary education reached 99.5% in 2008. (3) Gross enrolment ratio in junior middle school reached 98.5% in 2008. (4) Proportion of pupils starting grade one who reach grade five rose from 95% in 2000 to 99% in 2006. * (5) The literacy rate of 15-24 year-old men and that of 15-24 year-old women reached 99.1% and 98.6% respectively in 2005. (6) Literacy rate of adults (over the age of 15) reached 92.2% in 2008.	Already achieved
(7) Ratios of girls to boys in primary, secondary and tertiary education (8) Proportion of seats held by women in national parliament	ICPD Principle 4.3: Achieve equality and equity based on harmonious partnerships between men and women and enable women to realize their full potential MDG Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	(7) Ratio of girls to boys in primary education rose from 98% in 1991 to 106% in 2006. (8) Proportion of seats held by women in National People's Congress in 2008 was 21.3%.	Likely to be achieved
(9) Under-five mortality rate	ICPD Principle: 8.15: Promote child health and survival and reduce disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of excess and preventable mortality among girl infants and children MDG Target 4.A: Reduce by two-thirds the under-five mortality rate	* (9) Under-five mortality rate fell from 61‰ in 1991 to 18.5‰ in 2008.	Already achieved
(10) Maternal mortality ratio (11) Proportion of births attended by skilled health personnel	ICPD Principle 8.20: Promote women's health and safe motherhood; achieve a rapid and substantial reduction in maternal morbidity and mortality and reduce the differences observed between developing and developed countries and within countries MDG Target 5.A: Reduce by three quarters the maternal mortality ratio by 2015	* (10) Maternal mortality ratio fell from 94.7/100,000 in 1990 to 34.2/100,000 in 2008. * (11) Proportion of births attended by new methods reached 99.1% in 2008.	Likely to be achieved

<p>(12) Contraceptive prevalence rate (13) Adolescent birth rate (14) Antenatal care coverage (15) Unmet need for family planning</p>	<p>ICPD Principle 7.14: Help couples and individuals meet their reproductive goals in a framework that promotes optimum health, responsibility and family well-being, and respect the dignity of all persons and their right to choose the number, spacing and timing of the birth of their children MDG Target 5.B: Achieve, by 2015, universal access to reproductive health</p>	<p>*(12) Contraceptive prevalence rate of married women at reproductive ages was 89.74% in 2007. *(13) Adolescent birth rate between ages 15-19 was 5.26% in 2008. *(14) Antenatal examination rate in 2008 was 90.96% and postnatal visit rate was 87.01%. (15) Currently no data available.</p>	<p>Potentially able to be achieved</p>
<p>(16) Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (17) HIV prevalence among population aged 15-49 years</p>	<p>ICPD Principle 8.29: Prevent and reduce the spread of and minimize the impact of HIV infections; to increase awareness of the disastrous consequences of HIV infection and AIDS and associated fatal diseases, at the individual, community and national levels, and of the ways of preventing it; to address the social, economic, gender and racial inequities that increases vulnerability to the disease MDG Target 6.A: Have halted and begun to reverse the spread of HIV/AIDS.</p>	<p>(16) According to the baseline survey in the 5th AIDS Programme by the Global Fund, proportion of boys and girls aged 15-24 with comprehensive correct knowledge of HIV/AIDS was 50% and 55% respectively. (17) HIV prevalence rate among general population in China was 0.057% in 2009⁵.</p>	<p>Likely to be achieved</p>
<p>(18) Proportion of land area covered by forest (19) CO2 emissions, total, per capita and per \$1 GDP (PPP)</p>	<p>ICPD Principle 3.28: Reduce both unsustainable consumption and production patterns as well as negative impacts of demographic factors on the environment MDG Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p>	<p>(18) Proportion of land area covered by forest rose from 13.92% in 1990 to 18.21% at the beginning of the 21st century (19) No data available</p>	<p>Likely to be achieved</p>
<p>(20) Proportion of population using an improved drinking water source (21) Proportion of population using an improved sanitation facility</p>	<p>ICPD Principle 8.3: Increase the healthy life span and improve the quality of life of all people, and reduce disparities in life expectancy between and within countries MDG Target 7.C: Halve the proportion of people without sustainable access to safe drinking water and basic sanitation</p>	<p>(20) Proportion of population using an improved drinking water source rose from 67% in 1990 to 88% in 2006. *(21) Prevalence rate of sanitary lavatory in rural areas reached 57.0% in 2007.</p>	<p>Likely to be achieved</p>
<p>(22) Population size and growth (23) Urbanization (24) Total Fertility Rate (TFR) (25) Life expectancy at birth (26) Proportion of population aged 10-24</p>	<p>Basic demographic indicators</p>	<p>*(22) The population of mainland China was 1.328 billion at the end of 2008 and the natural rate of increase was 5.08 per thousand per year. *(23) Urbanization rate was 45.68% by the end of 2008. ** (24) TFR of women at reproductive ages was 1.74 in 2005. *(25) Life expectancy at birth was 71.4 years in 2000, with 69.63 years for male and 73.33 years for female *(26) Proportion of population aged 10-24 was 14.73% at the end of 2008.</p>	<p>Likely to be achieved</p>

Sources: The Ministry of Foreign Affairs, P.R.C and the UN System in China. Report on the Progress of China in Realizing the MDGs (2008 version). 2008.

Notes: data with * come from China Statistics Yearbook 2009 (China Statistics Press, 2009) compiled by NBS of China, China Health Statistical Yearbook 2008 (Peking Union Medical College Press, 2008) by the Ministry of Health, China Population Yearbook 2008 (published by China Population Yearbook Office, 2008) compiled by Institute of Population and Labor Economics, CASS and Tabulation on the 2005 National Centesimal Survey of the People's Republic of China (China Statistics Press, 2007) compiled by the Leadership Office for National centesimal Survey of the State Council and the Department of Population and Employment Statistics, NBS of China. Data with ** come from the Communiqué of Statistics on Population and Family Planning: the Communiqué of Major Data of the Sampling Survey on National Population and Family Planning (No. 2 in 2007), <http://www.cpic.org.cn/>. 2008-04-30

and the process of population aging is accelerating.

According to the fifth national population census in 2000, the population aged 60 and above accounted for more than 10% of the total population; those aged 65 and above accounted for 7.1% of the total, indicating that China's population age structure has become an aging one.

The trend of rapid population aging in the first half of the 21st century is inevitable and China will enter a period of rapid population aging after 2015⁷. From 2015 to 2035, the percentage of China's elderly population aged 65 and above will double and reach 20% of the total population; by 2030, this figure will outnumber the population of children aged 0-14 for the first time, displaying a "top-heavy" population structure. The rising percentage of the population that is elderly implies that there is an increasing number of elderly people around the nation; the number of elderly people in China aged 65 and above is predicted to reach 330 million by 2050. The unprecedented size of the elderly population will have tremendous impacts on the social security system, labor supply and the consumption structure. The issue of population aging will be one of the most significant population challenges for China in the 21st century.

(3) The sex ratio at birth is severely skewed and unlikely to reverse in the near future.

Since the 1980s, China's sex ratio at birth has been increasing (see Chart 1-2). It has remained at a high level, well above the normal range. Although the Government has undertaken a number of social interventions such as "promoting new marriage customs and reproductive health among tens of thousands of families" and "caring for girls", and has adopted administrative measures to crack down on the "two illegals"⁸, the sex ratio at birth has not shown a decrease. In 2008, the nationwide ratio

was as high as 120.56⁹. The phenomenon of unbalanced sex ratio at birth with such an extensive geographic range and for so long a period will have an adverse influence on future social life, particularly on marriage and domestic relationships, and will impose high risks on social harmony and stability.

(4) **The process of urbanization displays distinct Chinese characteristics.** Population urbanization is a global development trend and although China follows a similar general pattern, it also displays its own unique characteristics. China is currently experiencing rapid urbanization which started in the early 1980s with the reform and opening up process, and has accelerated gradually since the mid-1990s due to fast social and economic development.

Just as in many other countries, urbanization of the population in China is realized through massive migration from rural areas to urban areas. However, as China has the dual (i.e. urban/rural dichotomy) household registration system, the urbanization process has been accompanied by a large number of people moving to a location for work or other purposes, which is detached from their registered place of residence (known as Hukou). In 1982 when the reform and opening-up policy had only been recently adopted, the national population census reported that there were

Chart 1-2: the Trend of Sex Ratio at Birth in China Since 1978



Source: Reproductive Policies and Sex Ratio at Birth by Yang Juhua, etc., Social Sciences Academic Press, 2009. Chart 2-2.

6,575,000 migrants nationwide, accounting for only 0.66% of the total population. In 2000, this number had exceeded 100 million. The latest statistics from 2008 indicate that the number of migrants has reached 201 million¹⁰. Most of these migrants end up in cities, especially in big cities. The incompleteness of their migration into cities while maintaining rural Hukou challenges China's journey of urbanization because in addition to facing the same problems experienced by other nations, China also faces unique social problems caused by the different residential identities held by urban dwellers and migrants. There is increasing conflict between the current social administration system and the migrant population. Currently there are 225 million farmer-workers (who may or may not migrate) engaged in non-agricultural sectors and in the next 20 years, another 300 million of the rural population are expected to gradually transform into urban population¹¹.

(5) Three population peak values will come one after another and overlap. Predictions indicate that China will face three population peaks in the first half of the 21st century, i.e. peaks in the total population, the working age population and the elderly population¹². The working age population (15 to 64) will steadily increase and is expected to reach its peak by around 2016. Close to the 2033, China's total population is anticipated to peak and then begin to decrease. The elderly population size is forecasted to continue to increase during the first half of 21st century¹³.

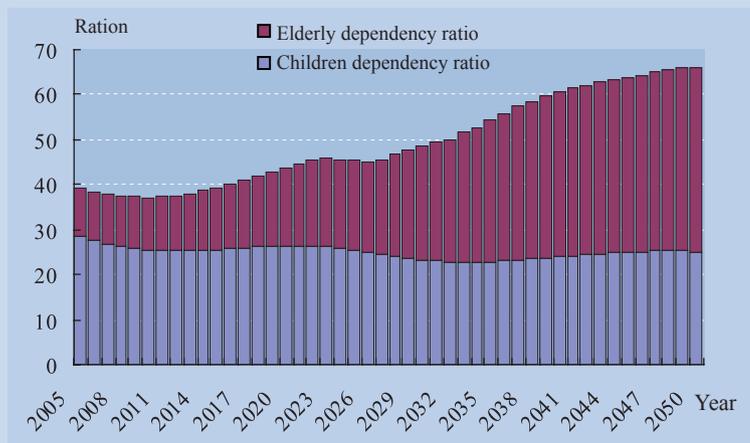
During the process of population transition, China has benefited and will continue to benefit from a window of opportunity of roughly 40 years since the 1990s to the 2030s, when the total dependency ratio remained low and created a rich labor supply unimpeded by the need to support many dependants (see Chart 1-3). However, any "population dividend" benefits are directly restrained by the level of

unemployment and the use of labor resources. In recent years, China has been facing increasing employment pressure.

(6) The overall quality of education of the population has not met the requirements for socio-economic development. The contradiction between population, resources and environment has become a constraint to sustainable development and China's population distribution has created enormous pressure on natural ecological systems and the social environment. All of these factors constitute severe challenges to be faced in China's current and future population and socio-economic development. China must undergo a historical transformation from being a population power to a human resources power through the improvement of education quality in order to work towards becoming an ecologically- and environmentally-friendly country.

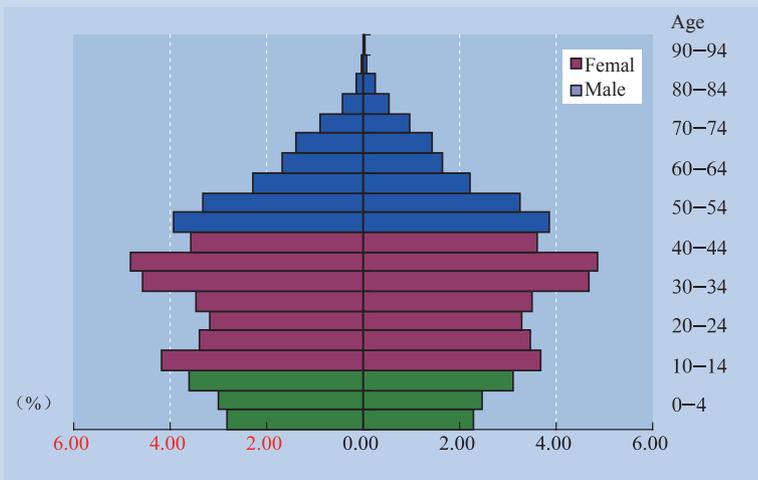
(7) China provides family planning/reproductive health services to the largest target population in the world. At the end of 2008, China had 724 million people in the reproductive age group, accounting for over 54% of the total population (see Chart 1-4), and 357 million of them were women. These two groups represent the largest recorded reproductive-aged population groups

Chart 1-3: The Projected Trend of China's Dependency Ratio from 2005 to 2050



Source: Comprehensive Analysis of the Current Situation and the Development of the Population in China by Zhai Zhenwu etc. Collections of Papers on the Research on the 2005 National Centesimal Survey of the People's Republic of China, compiled by Department of Population and Employment Statistics, NBS. China Statistics Press, 2008.

Chart 1-4 Population sex-age pyramid in China in 2008



Source: China Statistics Yearbook 2009, compiled by NBS, China Statistics Press, 2009

in China's history, and the largest reproductive-aged population in the world.

Although China has become a country with a low fertility rate, the annual number of births is still tremendous, at around 20 million births in the late

1990s, due to the large population size and the huge inertia effect of population growth. Since the year 2000, although the birthrate has kept on falling and has remained under 14% in recent years, the annual number of births has still been around 16 million. This situation implies that there is a tremendous, urgent and persistent need for reproductive health services and other relevant public services related to China's huge population.

Influenced by economic growth and social development, and within the context of a low fertility rate, China's population development will face a complicated situation in the first half of the 21st century

where a historic demographic transition, multiple interlinked population phenomena and emerging population issues converge. There will be many challenges and yet even more opportunities.

Chapter 2 Population and Development

Introduction

Population, sustained economic growth and sustainable development represented one of the key themes at the 1994 International Conference on Population and Development (ICPD). The ICPD Program of Action (PoA) principles can be generally classified into two categories. The first category is related to development with the main goal of ensuring basic human rights and improving the quality of life by targeting the elimination of poverty, realizing full and decent employment, providing equal education opportunities, providing public health and basic medical services and promoting reasonable population distribution and migration etc. The other category relates to the sustainability of human development, with the goal of ensuring environmental sustainability by focusing on the impacts of population and development factors such as population growth, population migration and the modes of production and consumption, etc.

The United Nations Millennium Declaration and the MDGs echo the PoA of the ICPD regarding global action and international cooperation on population and development. In contrast to the implementation of the MDGs, the ICPD PoA does not include concrete indicators and milestones for achieving goals. It does, however coincide with the MDGs in terms of many population and development related issues including: sustained economic growth in the context of sustainable development; education, especially for girls; social equity and equality; reduction of infant, child and maternal mortality; and universal access to reproductive

health services, etc. The PoA is also complementary in its focus on environmental sustainability through understanding the relevance of relationships between the environment and domestic and international migration, population growth rates, and resource consumption, etc. In addition, the ICPD had a special emphasis on the field of population development, e.g. decelerating population growth, better understanding the relevance of population dynamics to poverty, etc., fields which are all of great significance for achieving the comprehensive goals of the MDGs.

China has signed the Program of Action of the International Conference on Population and Development and the government has also committed to achieving the Millennium Development Goals. The past 15 years since the ICPD represent a critical period of China's rapid social and economic transition as well as a special historical period of marked population change. Population development has faced unprecedented complexity and arduousness. In the past 15 years, in addition to implementing active measures to meet the international obligations of the goals of the ICPD and Millennium Summit on time, the Chinese government has stepped up its domestic reform and development, in particular, by setting the strategic goal of striving to build a financially well-off and harmonious society. China creates comprehensive plans and systems for economic and social development, use and protection of resources and environment, stressing the sustainability of economic development and focusing its attention on social sectors by safeguarding and improving the people's livelihood. The efforts aim to promote coordinated economic and social development and boost social equity and justice. The internationally prevailing concepts and development goals inspire ideas and

offer reference for domestic reform and development, which in turn provides favorable conditions and the environment China needs to deliver on its promise to the international community. In the field of population and development, China has made great answers in such aspects as national development strategy, social progress, population aging, urbanization, population and environment, etc.

I. Population and National Development Strategy

Despite the fact that sustainable development impacts on many economic activities including, industry, energy, agriculture, forestry, transportation, tourism, as well as production and consumption of infrastructure, in the past these activities and government decisions have not paid necessary attention to population factors. Incorporating population factors into economic and national development strategies will help not only accelerate sustainable development and alleviate or even eradicate poverty, but also improve people's livelihoods. To this end, the ICPD PoA urges the integration of population factors into the development strategies, plans, policy formulation and resource allocation framework of governments at all levels so as to achieve the improvement of people's livelihood within the context of sustainable development.

1.1 Policy and Supportive Social Environment

The Chinese government has always been concerned by and emphasized coordinated sustainable development among the population, the economy, society, resources and the environment, and has integrated efforts to achieve the goals of ICPD and the MDGs into development strategies, plans and macro-policies at various levels. The relevant policies include:

- In 1994, the Chinese government formulated China's Agenda in the 21st Century, setting the goal and basic principle of China's

social development as "taking the all-round development of people as the center".

- In September 1995, China included a sustainable development strategy in its 9th Five-Year Plan for National Economic and Social Development, proposing in particular the goals of sustainable development in various fields and including a special plan for ecological building and environmental protection. Development of other social and economic sectors also fully reflected the requirements of a sustainable development strategy.
- In 2003, the Chinese government further proposed the goal of building an all-round, well-off society and proposed focusing initially on people and establishing the concept of all-encompassing, coordinated and sustainable development.
- Furthermore, attention to population factors has generally increased in five-year economic and social development plans for different periods, in special plans for overall urban and rural development and for promotion of regional development and in the specially formulated population development strategies.,.

In China family planning is a fundamental state policy and various ministries are jointly involved in the administration and services of population development, family planning and reproductive health. The National Development and Reform Commission (NDRC) is responsible for formulating the plan of population development and for coordinating policies; the National Population and Family Planning Commission (NPFPC) is the functional ministry in charge of population and family planning work in China; and the Ministry of Health (MOH) is responsible for overall planning and coordinating of national health resource allocation. In addition, many other government departments also take part in the management and services of population development, family planning, reproductive health

from the perspectives of international cooperation and project coordination, human resources development and social security, hygiene and health education, social assistance and community construction, resources and environmental protection. These ministries include: the Ministry of Commerce, the Ministry of Human Resources and Social Security, the Ministry of Education, the Ministry of Civil Affairs, the Ministry of Environmental Protection and the Ministry of Land and Resources.

The Chinese government continues to increase investment towards population issues to ensure the implementation of population development strategies and plans. As shown in Figure 2-1, from 1991-2006 the financial investment for family planning from both the central and local governments has been on the increase. Family planning operating expenses¹⁴ have increased especially sharply since the year 2000 from RMB 6.45 billion in 2000 to RMB 26.026 billion in 2006, an increase of over four fold, or an average annual increase of over 20%.

1.2 Main Progress

Population issues are never neglected in the course of China's development and have always been an important component of development strategies and plans at all levels, despite constant changes in the understanding of population issues. With the widespread recognition of the ICPD principles and MDGs, sustainable development has become one of China's core development strategies. Through comparing the development goals set by the 11th Five-Year Plan (2006-2010) and the 10th Five-Year Plan (2001-2005) in text box 1, it can be seen that China pays increasing amounts of attention to population and development and that the direction and key fields of population development are more consistent with the goals set in the PoA of the ICPD and the MDGs. As shown below in text box 1, China's 11th Five-Year Plan,

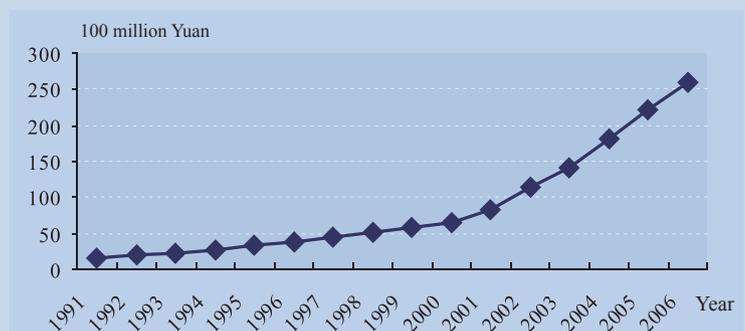
sets 22 indicators and, compared with the 10th Five-Year Plan, pays more attention to the quality of economic growth through three structural indicators, i.e. per capita GDP, industrial structure and urbanization rate. It also pays more attention to population, resource and environment issues with six indicators added; and more attention to social security with two new restrictive indicators. The 22 indicators don't however clearly include specific indicators for poverty alleviation, reproductive health and gender equality.

1.3 Main Challenges

Although population issues are fully embodied in development strategies and plans of various levels, the specific measures proposed in strategic plans are yet to be further implemented. According to the results of the mid-term evaluation of the 11th Five-Year Plan¹⁵, among the 14 anticipative indicators, 10 indicators reflecting economic growth and improvement of people's livelihood met or exceeded expectation; but among the 4 indicators reflecting economic structure, only the urbanization rate met the expectation and the other 3 indicators were lower than expected. Among the 8 restrictive indicators, the 2 energy conservation and discharge reduction indicators progressed relatively slowly.

The purpose of including population factors in development strategies and plans is to better coordinate

Figure 2-1: 1991-2006 Financial Investment in Family Planning



Source: the Ministry of Finance, the People's Republic of China, Finance Year Book of China (1992-2008), China Finance Magazine Office.

Text box 1 Development Goals of the 10th and the 11th 5-Year Plans

Category	Indicator of the 11th 5-Year Plan	Nature of the Indicator	Indicator of the 10th Five-Year Plan
Economic Growth	1. Gross Domestic Product (trillion Yuan) 2. Per Capita Gross Domestic Product (Yuan)	Anticipative Anticipative	√
Economic Structure	3. Proportion of Added Value of Service Industry (%) 4. Proportion of Employment of Service Industry (%) 5. Proportion of R&D Expenditure to Gross Domestic Product (%) 6. Urbanization Rate (%)	Anticipative Anticipative Anticipative Anticipative	√
Population, Resources and Environment	7. Total Population of the Country (10,000 people) 8. Decrease in Energy Consumption per Unit of Gross Domestic Product (%) 9. Decrease in Water Use per Unit of Added Value of Industry 10. Coefficient of Effective Use of Water for Agriculture and Irrigation 11. Industrial Solid Waste Comprehensive Utilization Rate (%) 12. Arable Land Reserve (100 million hectares) 13. Reduction in Total Discharge of Main Pollutants (%) 14. Forest Coverage (%)	Restrictive Restrictive Restrictive Anticipative Anticipative Restrictive Restrictive Restrictive	√
Public Service and People's Life	15. Average Length of Education for Citizens (years) 16. People Covered by Urban Basic Endowment Insurance (per 100 million people) 17. Coverage of New-Type Rural Cooperative Medical Treatment (%) 18. New Urban Employment for Five Years (per 10,000 people) 19. Agricultural Labor Force Transfer for Five Years (per 10,000 people) 20. Urban Registered Unemployment Rate (%) 21. Per Capita Disposable Income for Urban Residents (Yuan) 22. Per Capita Net Income for Rural Residents (Yuan)	Anticipative Restrictive Restrictive Anticipative Anticipative Anticipative Anticipative Anticipative	√ √ √ √ √ √ √ √

the relationships between population, economy, society, resources and environment and to achieve sustainable development. Therefore, priorities for implementing future strategies and plans need to be further clarified in light of the existing problems. First, attention should be given to the contributions of population factors to sustainable economic growth. At present, scientific and technological progress, improvement in the quality of workers, management innovation, etc., are not making adequate contributions to economic growth and the situation where economic growth mainly relies on

material resources and simple labor input has not been fundamentally reversed. Secondly, attention should also be given to the pressure of population on resources and the environment. With the expansion of total economic output, the shortage of strategic resources such as energy, freshwater, land, minerals, etc. is more and more severe. The situation however, which has formed over a long time, of high input, high pollution, low output and low efficiency, has not been fundamentally changed; the pollution of water, air, soil, etc. is a serious result and ecological problems are prominent. As high energy

consumption and high discharge industries grow rapidly and entry mechanisms for energy conservation and exit mechanisms for outdated production capacity are not fully established, the situation of lowering consumption of energy resources and reducing discharge of main pollutants is more daunting and it becomes difficult to complete the task of energy conservation and discharge reduction. Thirdly, in the new transitional period, China will face the challenge of unbalanced economic and social development, and more attention should be given to balance economic and social development to improve people's quality of life by accelerating the development of social sectors centering on people's livelihoods.

II. Population and Social Development

Compared with the sustained rapid economic growth and economic transition, social development in China is relatively slow. A prominent feature is the conflict between the supply and capacity of public products and services such as education and health and the growing demand of urban and rural residents. Imbalances of social structures such as migration of labor between industries and distribution of urban and rural residents cause many economic problems and social conflicts. The employment situation is daunting, the conflict between total labor force supply and demand and structural conflicts are prominent, and a unified labor force market has not been formed. The distribution of income is unreasonable, distribution order is not regularized, and the income gap between urban and rural areas and between different industries is too wide. The social security system is not sound, the gap between public service levels of urban and rural areas and of different regions is wide, etc. Social management is backward and the management system for social undertakings is in urgent need of improvement. Therefore, social development promoting people first is an important task of building a society where all individuals are well-off and the key to achieving the goals set by the PoA of the ICPD and the

MDGs.

2.1 Elimination of Poverty

The ICPD sets the elimination of poverty as a primary issue of population and development, and calls for improving the quality of life of all people and eliminating poverty through appropriate population and development policies and programs. It also calls for achieving sustained economic growth in the context of sustainable development so as to realize basic human rights including development rights for everyone. The MDGs reiterate the elimination of poverty: aiming to decrease the proportion of the population living on less than one dollar a day and the proportion of the population living in hunger by 50%, between 1990 and 2015.

Policy and Supportive Social Environment

Promote Rapid and Stable Economic Growth.

For a long time, China's economy has grown at a fast pace, providing the necessary supportive environment and material conditions for poverty alleviation. From 1978 to 2007, gross domestic product increased by 9.8% annually and per capita gross domestic product increased from US\$226 to nearly US\$3,000¹⁶.

Include poverty alleviation in the national development strategy. When formulating mid- and long-term plans for the national economy and social development, the Chinese Government always sets rural poverty alleviation and development as an important component. The Government determines the national poverty-line in accordance with the level of national economic development and national financial strength. It also determines and adjusts key areas of national support for poverty alleviation according to the distribution of the population living in poverty, and has specially formulated 'Outlines of China's Rural Poverty Alleviation and Development (2001-2010)' to further promote the poverty relief work.

Actively explore effective means of poverty alleviation. Since the 1990s, China has actively

promoted the idea and means of participatory poverty alleviation to encourage the population living in poverty to participate in the poverty relief and development initiatives as well as in decision-making on fund use. It has also promoted capacity building of the population in poverty, and has strengthened individuals' self-accumulation and self-development abilities; taken effective measures, and paid attention to special poverty-stricken groups such as women, children, the handicapped, etc.

Keep on increasing input for poverty alleviation and development initiatives. Between 1978 and 2007, the central Government has put in more than 150 billion Yuan as special poverty alleviation funds and mobilized 200 billion Yuan in poverty alleviation loans through discount loans. Poverty alleviation input of local governments at various levels also continues to increase.

Promote social participation and international cooperation. Many government agencies, social groups and large-scale state-owned enterprises have aided poverty-stricken counties in specific areas, and developed provinces and cities in eastern China

have established aid relationships with western poverty-stricken localities. Private enterprises and nongovernmental organizations are encouraged to participate in the cause of poverty relief; relevant international organizations, bilateral institutions and nongovernmental organizations have also carried out various forms of poverty relief projects or activities in China.

Main Progress

People's living standard has improved greatly. Per capita disposable income of urban residents increased from 7,702.8 Yuan per year in 2002 to 13,785.8 Yuan per year in 2007; the Engel coefficient decreased from 37.7% in 2002 to 36.3%, marking the initiation of a rich phase of development¹⁷. Per capita net income of rural residents increased from 2,475.6 Yuan per year in 2002 to 4,140.4 Yuan per year in 2007; the Engel coefficient decreased from 46.2% to 43.1%, gradually shifting from a phase of moderate wealth, to a relatively rich phase.

The size of the population living in poverty has decreased greatly. According to the poverty line of the Chinese government, the population living in absolute

poverty, without adequate food and clothing in rural China decreased from 85 million (accounting for 9.6% of the rural population) in 1990 to 14.8 million (accounting for 1.6% of the rural population) in 2007. China has been the first developing country to achieve the MDG poverty reduction goal ahead of time (see Table 2-1). If measured against the international poverty line of one dollar per day, the proportion of China's rural population living below the poverty line also decreased from 46% in 1990 to 10.4% in 2005, and the MDG poverty reduction goal has also been accomplished.¹⁸

Table 2-1: Rural Poverty Line and Rural Population living in Poverty, 1990-2007

Year	Poverty Line (Yuan/per year)	Number of people living below the poverty line (million people)	Poverty Headcount Ratio (%)
1990	300	85.0	9.6
1995	530	65.0	7.1
2000	625	32.1	3.5
2001	630	29.3	3.2
2002	627	28.2	3.0
2003	637	29.0	3.1
2004	668	26.1	2.8
2005	683	23.7	2.5
2006	693	21.5	2.3
2007	785	14.8	1.6

Source: Calculated according to the data of 2008 China Statistical Abstract¹⁹

Main Challenges

The scale of the population living in poverty is still huge. At the end of 2007, the total number of the rural population living in absolute poverty (14.79 million) and the low-income population (28.4 million) was 43.2 million, accounting for about 4.6% of the rural population. Although China has kept lifting its poverty-line, it is still at a low level, accounting for about one third of the UN standard of one dollar per day. If measured by the UN standard, the size of China's population living in poverty will be much larger.

The population not yet lifted out of poverty is very poor and obviously vulnerable. In 2007, per capita net income of farmers in China's key counties for poverty relief and development was 2,278 Yuan per year, accounting for only 55% of the country average and 16.5% of the disposal income of urban residents. Many regions have bad living environment, backward infrastructure, insufficient public services and weak development capability. Groups of people who have lost the ability to work, lack sources of income and are situated in bad economic development environments need special support and help. The structure of the population living in poverty is very unstable, and a huge population move in and out of poverty very year, showing obvious fluctuant characteristics. Poverty elimination in China faces great difficulties²⁰.

The income gap among different segments of the population continues to widen further. Both the World Bank's calculations and the data released by the NBS show that China's Gini Coefficient in 2004 was above 0.46 and continues to increase further (see Table 2-2). The gap between urban and rural areas is the main factor causing the expansion of the income gap. The ratio of urban residents' income to that of rural residents was 2.2 : 1 in 1990 and increased to 3.3 : 1 in 2007. The residents' income gap between regions also keeps widening: the ratio between rural residents' per capita net income of regions with the highest income and that of those with the lowest income increased from 3.42

in 1990 to 4.36 in 2007. Also, the gaps between urban and rural areas, between regions and between different groups of people are also highlighted by the unbalanced supply of public products and services. Gradually narrowing the income gap and improving the quality of life of all residents is an arduous task the Chinese Government faces.

2.2 Education

Education is the cornerstone of national development, and education equality is the most important part of social equality. The PoA of the ICPD points out that education is a key factor in sustainable development and puts forward three goals related to educational development: (1) to achieve universal access to quality education, with particular priority being given to primary and technical education and job training, to combat illiteracy and to eliminate gender disparities in access to, retention in, and support for education; (2) to promote non-formal education for youths, guaranteeing equal access for women and men to literacy centers; and (3) to introduce and improve the content of the curriculum so as to promote greater responsibility and awareness on the interrelationships between population and sustainable development; health issues, including reproductive and health; as well as gender equity. MDGs further emphasize that by 2015, children everywhere will be able to complete a full

Table 2-2 Gini Coefficients in Selected Years

Year	World Bank	Year	NBS
1978	0.16	1995	0.389
1980	0.33	1996	0.375
1988	0.38	1997	0.379
1994	0.43	1998	0.386
1998	0.45	1999	0.397
2003	0.46	2000	0.417
2004	0.47	2004	0.460

Table 2-2 Gini Coefficients in Selected Years

course of primary schooling.

Policy and Supportive Social Environment

Policy should establish strategies which prioritize educational development and strategic decisions should be made to develop the country through science and education and strengthen the country with talent. The Chinese government always defines education as an important part of the Five-Year Plan for national economic and social development. All levels of the government continue to increase financial investment in education, give priority to making compulsory education universal and strengthening compulsory education, accelerate the development of vocational education, improve the quality of higher education, and promote stable development of various kinds of education.

Strengthen legislation for education and system building. Since 1983, the Chinese government has adopted and has formed the legal framework for promoting sustained education development including the following laws: Teachers Law, Education Law, Vocational Education Law, Compulsory Education Law. In 2006, China revised the Compulsory Education Law expressly to implement free compulsory education; meanwhile, universities, higher vocational schools and secondary vocational schools built the national scholarship and grant system.

China continues to increase investment in education. China's education funds increased from 384.9 billion Yuan in 2000 to 1,450.0 billion Yuan in 2008, of which budgetary education allocations increased from 25.63 million Yuan to 104.50 million Yuan, and its proportion in gross domestic product increased from 2.87% to 3.48% in 2008. The government aims to increase the proportion of public education funds to GDP to 4% by 2010.²¹

Main Progress

The general level of education continues to improve in China. The average number of schooling years for the population aged six and over, increased from 6.3 years in 1990 to 7.6 years in 2000 and 8.2 years in 2007 (see Table 2-3).

By 2000, China had achieved the goal of making nine-year compulsory education basically universal and basically eliminating illiteracy among youths and adults (aged 15-50). By the end of 2008, the net enrolment rate for primary school aged children had reached 99.5%, the gross enrolment rate at junior middle schools had reached 98.5%, and the illiteracy rate among young people and adults decreased to 3.58%, marking a new phase of all-round popularization and consolidation of compulsory education.

The scale of secondary and higher education keeps expanding. In 2008, there were 45.457 million senior middle school students, including 20.567 million students receiving secondary vocational education and 24.89 million students in ordinary senior middle schools with a gross enrolment rate of 74% for senior middle school education. The number of students in higher education institutions was 29.07 million, and the gross enrolment rate increased to 23% (see Figure 2-2).

Main Challenges

Shortage of funds has always been an important factor restricting educational development. In 2008, funds towards public education only accounted for 3.5% of the GDP, lower than the 2000 world average of 5.3% and developing countries' average of 4.7%.²²

Table 2-3 Average Number of Schooling Years for Population Ages 6+, 1982 - 2007

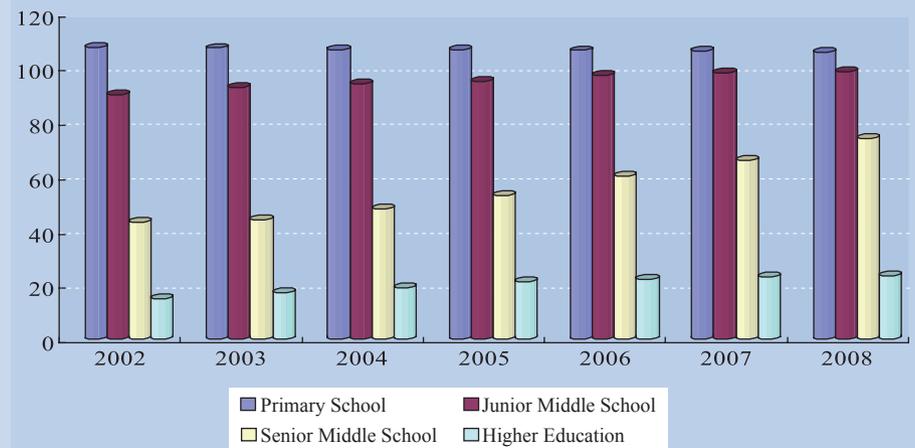
Year	Total	Male	Female
1982	5.2	6.2	4.2
1990	6.3	7.0	5.4
1995	6.7	7.4	6.0
2000	7.6	8.1	7.1
2006	8.0	8.5	7.5
2007	8.2	8.7	7.7

Source: NBS. Report on the Thirty Years of Reform and Opening Up-Six, <http://www.stats.gov.cn>

Of the public education funds, the investment in higher education is relatively high while investment in middle schools and primary schools is seriously insufficient. In 2006, the ratio between college students and primary school students in terms of operational budgetary expenses per student was 3.59 : 1 and the ratio in terms of common funds was as high as 9.28 : 1; in 2008; these gaps were reduced to 2.75 : 1 and 5.25 : 1, respectively (see Table 2-4).

Unbalanced development of compulsory education is still not fundamentally changed. There remain gaps between the compulsory education investment in urban and rural areas. Investment of educational funds in rural high schools and primary schools is notably lower than the national average. In 2008, the operational budgetary expenses per rural primary school student only accounted for 95% of the national average and the average expenditure of common funds for 94% of the national average; operational budgetary expenses per rural junior middle school student accounted for 93% of the national average and the average expenditure of common funds, for 95% of the national average. Inter-regional development is unbalanced with educational expenditure of the eastern region much higher than that of the central and western regions. Educational investment of the eastern region, the central region and the western region decreases successively, and the gap becomes wider and wider. Taking the budgetary education allocations per primary school student as example, in 2008, the city with highest amount, Shanghai, boasted 13,016 Yuan while Henan, the province with the lowest, had only 1,640 Yuan, the former being 7.9 times the latter²³.

Figure 2-2: 2002-2008 Gross Enrolment Rates of Various Education Levels



Source: NBS: China Statistics Abstract 2009, China Statistics Press, 2009

2.3 Health

Public health and basic medical services are an important factor for increasing the years of life expectancy. While emphasizing reproductive health, the ICPD also proposes that all states (1) take basic health and health care services as the central strategy for lowering mortality and morbidity and improving the national standard; (2) provide basic health and health care for citizens; and (3) increase accessible, universal, acceptable and affordable health services and facilities for all residents. The MDGs prioritize reducing child mortality and improving maternal health for health development but at the same time emphasize improving environmental health to decrease the proportion of the population without access to safe drinking water and basic hygienic facilities by 50% by the year 2015.

Policy and Supportive Social Environment

The Chinese Government attaches great importance to the building of the basic medical health system and has put forward the goal of realizing universal basic medical health services by 2020 by continuously improving public health and the medical service system.

—Increase financial investment. Since

2002, the proportion of health expenditure in the Government's budget to the total health expenses has been gradually increasing from 15.5% in 2000 to 20.3% in 2007 and individual expenditure has decreased from 59.0% to 45.2% (see Table 2-5).

—Establish the public health system. The policy of putting prevention first in health work has been adhered to, especially after the SARS outbreak in 2003 where the Government made major efforts to strengthen the building of a public health system. The disease prevention and control and emergency medical treatment system and health supervision system covering urban and rural areas with sound functions have been basically built. Patients with major infectious diseases such as HIV, tuberculosis, schistosomiasis, etc.

are given free medication, and major diseases harmful to people's health are under effective control.

—Improve medical service delivery systems. Initiatives have been undertaken to strengthen and improve county-level, township-level and village-level rural medical health service systems, and at the same time to promote the building of county hospitals, traditional Chinese medicine (ethnic) hospitals and maternal and child health institutions. The establishment and improvement of the new-type urban health service system with community health services as the basis features reasonable division of work and close collaboration among community health service institutions, hospitals and prevention and health institutions. All cities above the prefecture level and

Table 2-4 Operational budgetary expenses per student and expenditure of common funds per student in China, 2006 and 2008

Year			Operational budgetary expenses (Yuan)	Ratio to national primary school	Expenditure of common funds (Yuan)	Ratio to national primary school
2006	Ordinary primary school	National	1633.5	1	270.9	1
		Rural areas	1505.5	0.92	248.5	0.92
	Ordinary junior middle school	National	1896.6	1.16	378.4	1.4
		Rural areas	1717.2	1.05	346	1.28
	Ordinary senior middle school		2240.9	1.37	449.2	1.66
	Ordinary higher education institutions		5868.5	3.59	2513.3	9.28
2008	Ordinary primary school	National	2757.5	1.00	616.3	1.00
		Rural areas	2617.6	0.95	581.9	0.94
	Ordinary junior middle school	National	3543.3	1.28	936.4	1.52
		Rural areas	3303.2	1.20	892.1	1.45
	Ordinary senior middle school		3811.3	1.38	911.7	1.48
	Ordinary higher education institutions		7577.7	2.75	3235.9	5.25

Source: Statistical bulletin on national education allocation implementation for 2006 and 2008, www.stats.gov.cn.

98% of districts within cities have provided community health services as of 2008.

—Improve the medical insurance system. The medical insurance system and framework have been gradually established to cover most of the urban and rural residents; at present, the three basic medical insurance schemes, namely the urban employees' basic medical insurance, the urban residents' basic medical insurance and the new-type rural cooperative medical system, which are social insurance cover more than 200 million urban employees, more than 100 million urban residents and more than 800 million rural residents. The pilot urban medical assistance projects are now extended to 65% of all counties (cities, districts, banners) of the country.

—Improve the production of medicines and

the distribution and regulation system. From 1978 to 2006, the value of medical and pharmaceutical industries national output has increased an average of 16.1% each year and the types, quantity and quality of medicines basically meets domestic need. Rural medicine supervision networks and medicine supply networks have been set up to make medicines safer, more convenient and cheaper for farmers.

The Chinese Government also attaches importance to the availability of safe drinking water, sanitary latrines and environmental health and providing these items is the key work of the plan for, 'Building A New Countryside'.

—The rural drinking water safety project has been implemented. In 2005, the Chinese Government formulated the 11th Five-Year Plan of Rural Drinking

Table 2-5 China's Health Expenses and Structure

Rural	Year						
	1990	1995	2000	2002	2003	2006	2007
Total Health Expenses (100 million Yuan)	747	2155	4587	5790	6584	9843	11289
Government Budget Expenditure	187	387	709	909	1117	1779	2297
Social Health Expenditure	293	768	1172	1539	1789	3211	63894
Individual Health Expenditure	267	1000	2705	3342	3679	4854	5099
Structure of Health Expenses (%)	100	100	100	100	100	100	100
Government Budget Expenditure	25.1	18.0	15.5	15.7	17.0	18.1	20.3
Social Health Expenditure	39.2	35.6	25.5	26.6	27.2	32.6	34.5
Individual Health Expenditure	35.7	46.4	59.0	57.7	55.8	49.3	45.2
Proportion of Health Expenses to GDP (%)	4.03	3.54	4.62	5.51	4.85	4.67	4.52
Per Capita Health Expenses (Yuan)	65	178	362	451	510	748	984

Source: China Health Statistical Yearbook 2006 and 2008 Statistical Bulletin on the Development of Health Undertakings

Water Safety Project (2006-2010), whereby it proposed that areas suffering from serious fluorine diseases and arsenic diseases will be have the problems solved by 2010 and that the drinking water safety problem of China's countryside will be basically solved by 2015²⁴. Between 2001 and 2005, a total of 22.3 billion Yuan was invested, including 11.7 billion Yuan from the central government and 10.6 billion Yuan appropriated by localities and raised by citizens. It is planned that 65.5 billion Yuan will be invested between 2006 and 2010, including 32 billion Yuan of central financial investment²⁵.

— Make major efforts to promote sanitary toilets. Rural areas are the focus of sanitary toilet improvement. National plans and construction projects including: the 10th and Five-Year Plan and the 11th Five-Year Development Plan; Building a New Countryside; the West Development Initiatives; Eradicating Schistosomiasis Project; Strengthening Rural Education Project; and the Combating Climate Change Project; have provided special support for promoting sanitary toilets in rural areas. From 2004 to

2006, the central government specially invested more than 400 million Yuan for toilet improvement activities in rural areas affected by schistosomiasis; in 2007, the government invested 300 million Yuan for a toilet improvement campaign in rural areas not affected by schistosomiasis while proposing to promote pollution-free sanitary toilets of higher standards in rural areas²⁶.

Main Progress

Medical and health services continue to improve, enabling people to live much healthier lives. Nationwide, beds in hospitals and health centers have increased from 2.32 per thousand people in 2002 to 2.63 per thousand people in 2007; and the number of medical practitioners per thousand people rose from 1.47 to 1.56²⁷. Life expectancy of Chinese people has increased from 68.9 years in 1990 to 70.3 years in 2000 and 73 years in 2005; the infant mortality rate has decreased from 38.0 per 1,000 in 1990 to 32.2 per 1,000 in 2000 and 15.3 per 1,000 in 2005 (See Table 2-6). Such health indicators are at the top end of the scale of those in developing countries, and some of them are even comparable to those of moderately developed countries.

The project of safer drinking water for rural areas has made fast progress. As of 2007, the project had benefited a total of 878.591 million people and covered 92.1% of the rural population; 62.7% of the rural residents can access tap water, compared to 30.7% in 1990 (see Table 2-7). China is approaching the goal of achieving the MDG target of halving the population who cannot access safe drinking water.

Initial success has been seen in the work of building and renovating toilets in rural areas. Sanitary toilets are available in 57.0% of the rural households in 2007, compared to 40.3% in 2000 (See Table 2-8).

Table 2-6: Chinese Infant Mortality Rate and Life Expectancy in Selected Years

Year	Infant Mortality Rate (per 1,000 live births)			Life Expectancy At Birth (years)		
	1990	2000	2006	1990	2000	2006
World	63.1	55.6	49.5	65.4	67.0	68.2
China	36.3	29.9	20.1	68.9	70.3	72.0

Source: NBS of China: International Statistics Data 2008, www.stats.gov.cn

Table 2-7: Improvement of Rural Drinking Water since 1990s

Year	Proportion of rural population with access to improved drinking water (%)	Year	Proportion of rural population with access to tap water (%)
1990	75.4	1990	30.7
1995	86.7	1995	43.2
2000	92.4	2000	55.2
2005	94.1	2005	61.3
2006	90.8	2006	61.1
2007	92.1	2007	62.7

Source: the Ministry of Health: China Health Statistical Yearbook 2009, Peking Union Medical College Press, 2009

Main Challenges

In the period to come where economy and society continue sustained development, China also faces numerous challenges caused by industrialization, urbanization, population aging, evolving diseases and changing biological environment. Both urban and rural residents will have more diversified needs for medical and health services. At the same time, the medical and health service system is yet to be improved and the medical insurance system is not accessible nationwide, leaving almost 200 million rural and urban residents without medical security.

There is a serious shortage of public health input; it occupies a relatively low proportion of total health expenses. Individuals continue to bear a large share of medical expenses, for example in 2007, expenditure by individuals accounted for over 45% of total medical expenses. On top of that, public health resources are still allocated irrationally, about 70% of the resources are concentrated in cities with most of the quality resources in large and medium-sized hospitals and little in public health centers and primary medical centers in rural and urban areas. The rural areas suffer from a lag in health services and a lack of health human resources, making it difficult to meet the medical needs of rural residents.

China still faces a serious situation regarding the prevention and treatment various diseases. While there is no complete control of such diseases as tuberculosis, hepatitis and schistosomiasis, continuous increases has been seen in chronic diseases related to environmental degradation, lifestyle and occupational diseases. The rate of safe drinking water coverage and sanitary latrines penetration in rural areas is much lower than that in urban areas. The central government has made a considerable investment in improving rural toilets, however, the local governments, mainly those in less

Table 2-8: Improvement of Rural Toilets since 2000

Year	Total Rural Households (10,000)	Total Households with Sanitary Toilets (10,000)	Coverage of Sanitary Toilets (%)
2000	23772.5	9571.8	40.3
2001	24744.1	11405.0	46.1
2002	25350.1	12061.7	47.6
2003	24789.8	12624.1	50.9
2004	24843.2	13192.4	53.1
2005	24843.1	13740.1	55.3
2006	25249.7	13883.5	55.0
2007	25350.1	14442.2	57.0

Source: the Ministry of Health: China Health Statistical Yearbook 2009, Peking Union Medical College Press, 2009

developed areas, have failed to contribute sufficient funds. There are also other problems such as a lack of technical and managerial personnel and high staff mobility. In particular, there is a great gap between different regions. For instance, in 2007, coverage of sanitary toilets in Shanghai, the city with the highest rate, reached 95.8% while the figure in Inner Mongolia, the province with the lowest rate, was only 29.5% and a long way short of the relevant MDG target.

2.4 Employment

Noting the importance of employment to sustainable development and the alleviation of poverty, the ICPD advocates that all governments and private sectors should help the industrial, agricultural and service sectors to create more jobs by: providing a more favorable external environment; promoting environmentally friendly trade and investment; providing finance towards the development of human resources; and establishing sound democracy systems and good governance. Special efforts should be made to formulate policies that can help develop highly-efficient industries and promote labor-intensive industries. These factors will be conducive to the creation of productive employment and the transfer of modern technologies. The MDGs clearly articulate the need to “guarantee full and efficient employment and provide all people, including women and youths, with the opportunities to get decent jobs”.

Policy and Supportive Social Environment

Promoting employment is a global issue. In 1995, the Declaration adopted at the UN Copenhagen Social Development Summit stated for the first time that all countries should implement “the mode of economic growth that can create jobs to the utmost extent”. Reconsidering the national strategies for economic development and growth, China attached more importance to the role of employment, clearly stating that it will implement the development strategies that can promote employment and that it considers full employment an essential part of a harmonious society.

China promotes positive employment and labor market policies, including directly creating employment opportunities, strengthening employment intermediary services, providing education and training, supporting the start-up of new businesses, offering employment subsidies, etc.

Efforts have been made to accelerate legislation for employment, especially since 1994, employment legislation has seen dramatic progress. Through promulgating and implementing a series of labor and employment laws, regulations and rules, the law system concerning labor relationships has progressively being improved and a security mechanism that protects the legal rights and interests of workers is gradually taking shape.

—The Labor Law promulgated in 1994 is the basic law for safeguarding the rights and interests of workers. The law stipulates citizens’ rights related to equal employment, labor security and hygiene, vocational training, social security and welfare, establishes the principle of distribution according to work and determines the system for implementing guaranteed minimum wages.

—The Labor Contract Law of the People’s Republic of China that came into force in 2008 further regulates the labor relationship and strengthens the protection of workers on the basis of the Labor Law.

—The Employment Promotion Law that came

into force in 2008 brings the protection of workers’ rights to a higher level. The law emphasizes that the state shall: implement employment policies under an overall plan covering urban and rural areas in different regions; establish a step by step system for equal employment of urban and rural workers; eliminate employment discrimination; set up a sound employment aid system; formulate policies; and take measures to support and aid people who have difficulties getting a job.

— In addition, the State Council also amended the Provisions on the Prohibition of Using Child Labor, enacted the Regulation on Work-related Injury Insurances and Regulation on Labor Security Supervision. The Ministry of Labor and Social Security published a series of departmental rules, including Measures for the Ascertainment of Work-related Injury and Provisions on Minimum Wages.

Main Progress

While the economy grows rapidly, employment has maintained steady growth in China with an increasing employed population. During 1990-2007, employment was expanded by 1.19 fold, from 647.49 million to 769.90 million, an average annual increase of 7.2 million. Urban employment grew even faster, expanded by 1.52 fold from 170.41 million to 259.30 million and an average annual increase of 7.24 million. Especially during the last five years, urban employment grew at a much faster pace with an average annual increase of 9.14 million (See Table 2-9).

While employment is expanding, the registered urban unemployment rate has been generally maintained at a steady rate. The number of registered urban unemployed was below 6 million until 2000 with the registered unemployment rate at about 3% (See Table 2-9). The number increased to over 8 million after 2000 and the registered unemployment rate to about 4%²⁸.

Main Challenges

The conflict between total labor force supply

and demand is prominent. On one hand, according to the trends in population change, China's labor force supply will gradually slow down in the long run, the labor force however, (people of 16 years and above) will continue to rise until it peaks by about 2035. On the other hand, in terms of the change in the population structure, China's "population dividend" will extend to around 2030, prior to which the total dependency ratio will remain at a low level (see Table 2-3). Therefore, in about 20 years time, there will be no shortage of labor force in China and the supply of labor force is expected to exceed demand. As a result, providing the labor force with jobs remains the important task of the Chinese government.

The structural impediment of employment is more prominent. Industrial upgrading is the inevitable choice of the new industrialization. With higher productivity and a decrease in of the number of traditional jobs, the quality of the labor force may not meet the needs of the new jobs and the problem of structural unemployment will be more serious. Meanwhile, the adjustment of industrial structures will force the traditional industries to shed people of middle age and low skills, who will form a huge group of workers that find it difficult to gain employment. As a result, the long-term pressure on employment will become more arduous.

The issue youth employment will become increasingly prominent. According to data from the sample survey of 1% of

the population in 2005, the unemployment rate of the urban labor force aged 16-24 was 9.48%, much higher than people of other ages. Young rural-urban migrant workers and college graduates constitute two major groups requiring special attention.

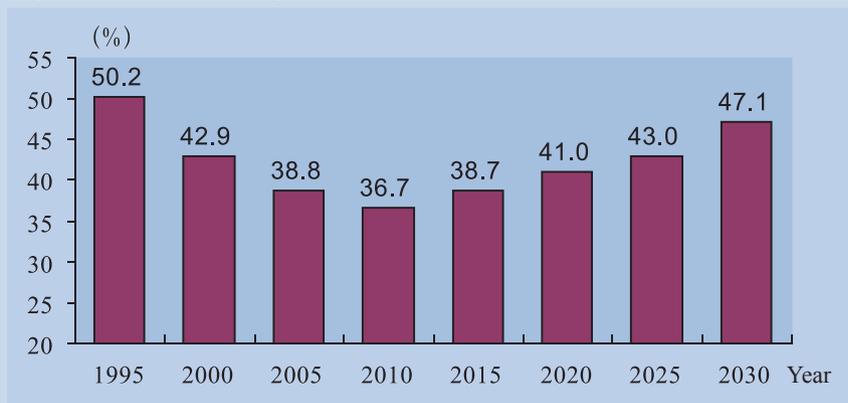
Employment shows an increasing involvement in informal sectors. Employment channels are diversifying and showing prominent features of informality²⁹. In 2007, 120.24 million people were employed by public organizations in cities and towns, accounting for only

Table 2-9 1994-2007 Registered Urban Unemployment and the Unemployment Rate

Year	Employed			Registered Urban Unemployment (10,000 persons)	Registered Unemployment Rate(%)
	Total	Urban	Rural		
1994	67455	18653	48802	476	2.8
1995	68065	19040	49025	520	2.9
1996	68950	19922	49028	553	3.0
1997	69820	20781	49039	570	3.1
1998	70637	21616	49021	571	3.1
1999	71394	22412	48982	575	3.1
2000	72085	23151	48934	595	3.1
2001	73025	23940	49085	681	3.6
2002	73740	24780	48960	770	4.0
2003	74432	25639	48793	800	4.3
2004	75200	26476	48724	827	4.2
2005	75825	27331	48494	839	4.2
2006	76400	28310	48090	847	4.1
2007	76990	29350	47640	830	4.0

Source: NBS of China: the China Statistical Yearbook (1999-2008), China Statistics Press

Figure 2-3 Dependency Ratio in China, 1995-2030



Source: Estimates according to population census data

40.9% of the total urban employment; employment in private enterprises and self-employed enterprises represents 15.6% and 11.3%, respectively, and other forms of employment accounting for 32.2%.³⁰ At the same time, non-full-time employment, seasonal employment, part-time employment, freelancers and other forms of employment are also on the rise.

It is imperative to improve the employment quality. Rural migrants working in cities and those who have been laid-off but then re-employed dominate the informal employment sector. As shown by the survey of labor and social security departments, informal employment faces such problems as unstable labor relationships, unsecured jobs, low wages and a lack of social security in general³¹.

III. Population and Environment

To meet the basic needs of an increasing population, a healthy environment is the first premise. Pressure on environment comes from the soaring population as well as people's distribution and migration. Urbanization processes and policies that ignore the needs of rural development may also result in some environmental problems. Therefore, the ICPD proposes: (a) to formulate policies, plans and programs that ensure sustainable development combining such factors as population, environment and poverty alleviation; (b) to reduce the models of unsustainable consumption and production as well as curbing the adverse influence of an increasing population on environment so as to satisfy the needs of this generation without harming the ability of future generations to meet their needs.. The MDGs further describe the goals of ensuring sustainability of environment through: (1) incorporating the principle of sustainable development into policies and plans to reverse the trend of environmental and resource deterioration; (2) curtailing the loss of biological diversity with the goal to dramatically reduce the loss of biological diversity by 2010.

3.1 Policy and Supportive Social Environment

China strives for scientific development by putting people first and by making efforts to build comprehensive, balanced, sustainable and clearly defined strategic tasks to build an ecologically-sound civilization. It will spare no efforts to implement the fundamental state policy of conserving resources and protecting the environment. China will embark on the track of sustainable development, and all initiatives in the process of building a resource-conserving and environmentally-friendly society and an innovative state will contribute to the battle against climate change.

— Incorporating environmental protection into development strategies and planning for the implementation of sustainable development. After the United Nations Conference on Environment and Development was convened in the 1990s, China clearly announced that it would follow the road of sustainable development by transforming its traditional model of development. In the 21st century, along with implementing the PoA of the ICPD and striving to achieve the MDGs, China has the goal of coordinating economic growth with population, resources and the environment, as well as improving the biological environment in order to build a moderately prosperous society. Building an ecological civilization thus also becomes a strategic task³².

—China signs international conventions such as the Convention for the Protection of the Ozone Layer, the United Nations Framework Convention on Climate Change, the Convention on Biological Diversity and Ramsar Convention and actively performs its obligations under them.

—In 2005, the National People's Congress adopted the 11th Five-Year Plan for National Economy and Social Development (2006-2010), illustrating the goals, tasks, investment priorities as well as policies and measures related to the environment during the 11th five-year period, of which, energy-conservation and emission-reduction have been taken as binding goals with mandatory features.

—In 2007, China issued the National Program of China to Battle Climate Change, clearly stating that: by 2010 the energy consumption per unit GDP will be reduced by 20% from that of 2005; the proportion of renewable energy in the primary energy resource supply will be increased to 10% and the nitrogen monoxide emitted by industrial production will be stabilized at the level of 2005. In addition it also states that the forest coverage rate will reach 20%, 24 million hectares of improved grassland will be added, 52 million hectares of degraded, desertified and alkalized grassland will be controlled, and 22 million hectares of desertified land will be effectively treated. The area of natural reserves account for 16% of China's territory.

—The protection of biological diversity has been incorporated in the national 11th Five-Year Plan (2006-2010). The Biological Diversity Protection Strategy and Plan of Action of China is being amended to include the national goals and indicators of biological diversity in 2010. Provincial Biological Diversity Protection Strategy and Plan of Action has been formulated and implemented in the main areas of biological diversity. The National Program of China to Battle Climate Change prioritizes the protection of natural forest as well as reconstruction of wetlands and grassland ecosystems. The government also issued the Regulation on the Administration of Wetlands and upgraded the Ramsar Convention Center located in State Forestry Administration, P.R.C.

—In 2008, the General Administration of Environmental Protection, P.R.C. was upgraded as the Ministry of Environmental Protection of the People's Republic of China. National Energy Administration was set up to better implement environmental plans and to strengthen the strategic administration of the energy industry.

3.2 Main Progress

China takes active measures to combat climate change and has made breakthroughs in energy conservation and emission reduction. During the period

from 1990 to 2005, China saved 800 million tons of standard coal by adjusting its economic structure and improving energy efficiency; this means that the emission of carbon dioxide (CO₂) was reduced by 1.8 billion tons. The energy consumption per unit GDP in 2006, 2007 and 2008 is 1.204, 1.155 and 1.102 tons of standard coal, respectively, with a year-on-year decrease of 1.79%, 4.04% and 4.59%. In 2007, the emissions of sulfur dioxide (SO₂) and chemical oxygen demand (COD) both dropped for the first time, of which, the emissions of SO₂ fell to 24.681 million tons, decreasing by 4.7%; the emissions of COD were reduced to 13.818 million tons, down 3.2%. In 2008, the emissions of COD further dropped to 13.207 million tons, with a year-on-year decrease of 4.4%; the emissions of SO₂ fell to 23.212 million tons, down 5.9%³³.

China also exerts great efforts to phase out ozone depleting substances (ODS). The Chinese Government has completed all the phase-out goals as set forth in the Montreal Protocol. As of the end of 2006, the main ODS, including hydro-chloro-fluoro-carbons (HCFCs), halons, methyl chloroform and methyl bromide, had been reduced to the level of 1986. The Executive Committee of the Protocol recognized that the Chinese Government had fully reached the phase-out goals. From July 1, 2007, no consumption of chloro-fluoro-carbons (CFCs) (except as necessary) and halons is allowed in China, which enables China to reach the goals as set forth in the Protocol two and a half years earlier.

The forest coverage increased from 13.9% in 1990 to 18.2% in 2007, with 54 million hectares afforested (the highest in the world) and 1.505 billion m³ of forest reserves.³⁴ The plantations in China account for nearly one-third of that around the world and the expansion in China represents 53.2% of that around the world. China has become the country where the forest resources expand at the fastest pace. However, compared with many other countries in the world, China still remains a country with low forest coverage.

Active measures and policies should be taken to further enhance such coverage.

3.3 Main Challenges

Industrialization and urbanization increase the demand for natural resources, and exert pressure on land use, forest management and environmental protection. Suitable forest land not already afforested is generally located in areas that are prone to desertification or weathering, which slows down the ecological recovery by making it difficult to restore forests and the ecosystem. In order to adapt to climate change, it is imperative to adopt new methods that are comprehensive and coordinated to speed up the ecological restoration.

The coal-dominated energy structure constitutes many difficulties for China in reducing the energy consumption per unit GDP and emissions of carbon. Due to lack of advanced technologies, energy efficiency in China is low and industrial, power, transport and construction sectors face many difficulties in developing, promoting and using the highly efficient “new green technologies”. The introduction of low-carbon modes in future urbanization processes, including infrastructure construction as well as energy, transport and building sectors also poses a challenge.

The biological diversity in China that has global significance faces formidable challenges. Illegal picking and exploitation of animal and plant resources as well as forest degradation have caused serious “Forest Cavities” in many areas around China. Numerous large lakes are shrinking and many small ones are disappearing. The water quality of main rivers continues to deteriorate, the ground water level is lowering and areas of pollution and eutrophication are expanding. With the disappearance of wetlands and their weaker service functions, the diversity of wetlands and aquatic lives is facing serious challenges. Main rivers and their branches are overly polluted. Ninety per cent of natural pastures have been degraded as a result of over grazing. Desertification processes have been speeding up in dry, grassland and limestone Karst areas.

The effectiveness of biological treatment varies across areas. The western area, especially the north-west area, faces arduous tasks of biological treatment. In addition, the west of China is upstream and where the source of several rivers are located and is also the origin of the northwest monsoon, facts which exercise cross-regional influence on the ecological environment of other areas around China.

Comprehensive measures should be taken to combat climate change, paying attention to the role of population in the process. These measures include: (1) to strengthen energy conservation and efficiency, aiming to dramatically reduce the emission of CO₂ per unit GDP; (2) to vigorously develop renewable energy and nuclear energy, aiming to increase the proportion of non-fossil fuel energy in the primary energy consumption; (3) to spare no efforts to enlarge the forest area; (4) to greatly promote a green economy, actively develop a low-carbon and recycling economy, and to develop and promote climate-friendly technologies; and (5) to strengthen research on the interactions between population factors and climate change, bringing population into both the mitigation and adaptation aspects of the national climate change strategy.

IV. Population Aging

Population aging, a worldwide trend of population change and one of the basic features of modern population development, constitutes both an opportunity and a challenge to the economic and social development of all countries. At present, many countries are reconsidering their policies based on the understanding that elderly people are a valuable part of social human resources. The ICPD PoA set up three goals in this regard: (1) to enhance the ability of elderly people to live by themselves through appropriate mechanisms and to create conditions to upgrade their living standard by helping them to work and live independently in their communities at their own will; (2) to establish a Medicare System as well as economic and

social security system, especially paying attention to the needs of women as appropriate; (3) to develop formal and informal social support systems to strengthen the ability of family to take care of the elderly.

4.1 Policies and Supportive Social Environment

Considering support to the aging population as an important part of coordinated economic and social development as well as in the building of a socialist harmonious society, the Chinese government has made great efforts to promote the cultural tradition of respecting and supporting elderly people and further improving the national mechanism for the development of aging related undertakings.

Efforts have been made to strengthen the laws, regulations and policies related to population aging. These include: the Law of the People’s Republic of China on the Protection of the Rights and Interests of the Elderly, which came into effect on October 1st, 1996; the Seven-Year Development Plan for Aging Work in China (1994-2000); the 10th Five-Year Development Plan of China for Aging Work (2001-2005); and the 11th Five-Year Development Plan of China for Aging Work (2006-2010).

The working system addressing population aging has been improved by setting up the China National Committee on Aging to: plan and coordinate the relevant work nationwide; study and formulate the strategy and key policies for the aging population; coordinate and promote related departments to implement the plans on aging; guide, urge and check the local work on aging; encourage all walks of life to participate in the work for the aging population; and to carry out international exchange and cooperation.

4.2 Main Progress

In 1999, people aged 60 and above accounted for more

than 10% of the Chinese population, while those aged 65 years and above accounted for 7%, marking the beginning of an aging society for China (see Table 2-10). By the end of 2008, China had 159 million people that were 60 years or above, representing 12% of the total population³⁵. The Chinese Government has actively addressed the challenges of population aging through economic, legal and administrative means in a comprehensive manner.

—The social security system for the elderly has been improved. In recent years, China has set up and improved the system so that it combines contributions from the government, society, families and individuals (see text box 2). The coverage of basic pension insurance for urban employees has been increasingly extended while basic pension insurance for urban residents and rural social pension insurance is gradually taking shape.

—More efforts have been made to provide medical and health services to the elderly. The Chinese government emphasizes strengthened medical social security for the elderly living in both rural and urban areas and works hard to improve the related health services so as to meet the basic medical needs of the elderly and help them to live healthier, both physically and mentally.

—Active measures have been taken to serve the aging society. The Chinese government works vigorously to develop pro-aged services in communities

Table 2-10 Age Structure of Chinese Population in Selected Years

	Years					
	1964	1982	1990	2000	2005	2008
Total population (100 million)	6.95	10.08	11.34	12.66	13.06	13.28
0-14 years old (%)	40.69	33.59	27.69	22.89	20.27	19.00
15-64 years old (%)	55.75	61.5	66.74	70.15	72.04	72.70
65 years old and above (%)	3.56	4.91	5.57	6.96	7.69	8.30

Source: Estimated according to the China Statistical Yearbook of previous years

to continuously improve the social environment where aged people live. Meanwhile, it actively promotes the institutional services to support the elderly people to satisfy their diversified needs for social services. The pro-aged social service system in which the family plays a leading role in taking care of the elderly with support from the community and institutional services has initially taken shape firstly in urban areas.

—Elderly culture and education has been promoted. Comprehensive activity centers for the elderly with sufficient facilities and various functions are being gradually established in large and medium cities. Elderly cultural activity centers are being built in counties (cities, districts) and elderly activity stations (sites) being set up in towns and sub-districts. Finally, at the lowest level, elderly activity rooms are being allocated to villages (communities) so as to continuously improve the social and cultural conditions for the elderly. Efforts have been made to provide the elderly with cultural products that fit their characteristics. The State attaches great importance to securing the right of the elderly to receive education and more funds have been put in to actively support and promote the fast development of education for the elderly.

—The elderly is encouraged and supported to participate in social progress. By valuing the knowledge, experience and skills of the elderly and respecting their excellent moral character, China has created favorable conditions to make full use of the expertise of the elderly. China encourages and supports the elderly to integrate into the society by participating in the social progress. The Law of the People's Republic of China on the Protection of the Rights and Interests of the Elderly and the aging-related development plans or programs have made it essential to encourage the elderly to participate in the social development.

—The legal rights and interests of the elderly are protected. China respects and protects the legal rights and interests of the elderly and makes full use of legal and moral means to strengthen the protection of their

rights and interests.

4.3 Main Challenges

Escalating population aging could pose great challenges to China and is a significant issue to be dealt

Text box 2

The Current Status of Social Services for the Elderly

In order to meet the challenges of population aging and the needs of the elderly, China is actively developing the pro-age social service system in which the family plays a leading role in taking care of the elderly with support from community and institutional services.

(1) Home-based care for the elderly is the main way to look after aged people in China at present. According to the 2006 Follow-up Survey on the Situation of Rural and Urban Elderly in China, in urban areas 50.3% of aged people lived with their children, 41.4% with their spouse and 8.3% by themselves; in rural areas, the figures were 61.7%, 29.0% and 9.3%, respectively. Less than 1% of the elderly lived in institutions for the elderly³⁶.

(2) A community-based pro-age social service system is gradually taking shape. By the end of 2008, there were 9,873 community-based service centers at county level (city, district), 10,798 community service centers at street level, 30,021 community service stations managed by community residents' committees, 122,000 community service facilities of other kinds, and 759,000 various convenience stands for urban residents³⁷. The Starlight Plan is carried out to build community facilities for the elderly; various services are supplied to the elderly such as at-home services, emergency aid, daily care, health care and recovery as well as recreational activities.

(3) Pro-aged service institutions have been well built under the joint efforts of governments and social organizations. The social welfare institutions earmarked for the "Three Nos"³⁸ for elderly people are in cities and towns; lots of elderly departments, homes for the elderly and the nursing homes for the elderly are built to serve the elderly with different economic status and living ability, especially for those with advanced age or illness and disabilities. In rural areas, the homes for the elderly are built at a faster pace to provide the "Five Guarantees" giving the elderly a home and living services³⁹. By 2008, there were 35,632 service institutions for the elderly with 2.345 million beds nationwide, including 5,264 urban welfare institutions with 415,000 beds accommodating 290,000 aged people, and 30,368 rural service institutions for the Five Guarantees providing the elderly with 1.93 million beds accommodating 1.606 million aged people⁴⁰.

with in the whole development process of the 21st century. Population aging in China has the following features: the aging population is large, and even the largest in the world; the aging speed is fast, and the percentage of people of ages 65 and above will be 30% or so by 2050; the proportion of the most elderly aged citizens increases even faster, by 2050 the percentage of people aged 80 and above will increase from 0.95% in 2000 to about 9% of the population. The percentage of the elderly population aged 65 and above will increase from 9% in 2000 to 24%; the proportion of elderly women is large and even higher in the oldest age group; by 2050, the proportion of women in the elderly population aged 60 and above will be around 54%, it reaches 62% in the oldest old group aged 80 and above⁴¹.

The influence of population aging upon China's social and economic development will be widespread and long-lasting. The increasing number of elderly people will change the dependency ratio of the population, and thus the labor force has to bear a heavier burden; an aging labor force along with the aging population will hinder the enhancement of productivity; changes in family size and structure caused by the population aging will weaken the social functions of families including that of supporting the elderly; the population aging will dramatically increase the funds used for social security of the elderly, creating bigger financial pressures; and population aging requires adjustment of the current industrial structure to meet the consumption needs of the elderly.

China will confront with many other obstacles when coping with the challenges associated with its population aging: the laws and regulations related to population aging are yet to be improved; the legal rights and interests of the elderly are infringed on occasions; the social security system needs to be improved; some groups of urban elderly have a low security level and have economical difficulties; some rural elderly people still live in poverty; the function of families in

caring for the elderly is getting weakened; the social atmosphere calling for respecting the elderly needs to be fostered.

V. Urbanization

Urbanization is an inherent characteristic of economic and social development. Both developed and developing countries either have ever experienced or are experiencing the shift from a rural society to an urban society. Urbanization has far-reaching impacts on the lifestyles and values of individuals. At the same time, population migration, as the dominating force behind urbanization, may exert both positive and negative influences on the economy, society and the environment at both the places of origin and destination. The ICPD calls for effective policies on population distribution to be developed in order to respect the rights of individuals to live and work in the communities they choose while taking into account the impact of development strategies on such distribution. The ICPD PoA states that: (1) efforts should be made to promote fair development as well as ecological sustainability in the places of origin and destination by taking comprehensive measures so as to make more balanced the spatial distribution of population. Emphasis should be placed on balanced economic and social development as well as equity of gender on the basis of the respect to human rights, the right to development in particular; (2) efforts should be made to reduce the encumbrances on population migration caused by various factors.

5.1 Policies and Supportive Social Environment

In the 1980s, the Chinese Government implemented a policy to curb the size of cities, which slowed down the process of urbanization. Along with the urban development guideline stipulating, "curbing the size of large cities, properly developing medium cities and actively developing small cities", rural migration to cities slowed its pace. Meanwhile, the development mode of township and village enterprises

focusing on “leaving the farmland but not the hometown” has enhanced the level of industrialization, but not that of urbanization.

In the late 1990s, the urbanization policy that controlled the size of cities became ineffective. Emphasis was instead placed on accelerating urbanization and coordinated development among cities of different sizes. Consequently, the urban population increased dramatically.

—The 10th Five-Year Development Plan implemented since 2001 states that “we should lose no time to carry out the strategy of urbanization”.

—Since 2002, more attention has been paid to achieving urbanization at a reasonable pace and to coordinated development of different sized cities. The concept has been advanced that “it is essential to raise the level of urbanization gradually and persist in the coordinated development of large, medium and small cities and small towns along the path to urbanization with Chinese characteristics”⁴².

— The 11th Five-Year Development Plan implemented in 2006 put forward such concepts as “actively and steadily promoting urbanization”, “insisting on coordinated development of large, medium and small cities and small towns and enhancing the comprehensive bearing capacity of cities”, and adhering to the principles of “gradual progress, land conservation, intensive development and proper layout”.

— In 2007 the Chinese Government re-emphasized “taking a path of urbanization with Chinese characteristics for the balanced development of large, medium and small cities and small towns on the principle of balancing urban and rural development, ensuring rational distribution, saving land, providing a full range of functions and getting larger cities to help smaller ones.”⁴³

5.2 Main Progress

With more than a decade of efforts, the proportion of the population that reside in urban areas has increased steadily but the urbanization level is still

relatively low. By the end of 2008, the proportion of the population that lived in urban areas stood at 45.7%, lower than the world average at 49% in 2003, and the average of low- and middle-income countries at 56%. With the year 1995 as the watershed, China's progress of urbanization could be divided into two phases (see figure 2-4):

Before 1995, the progress was relatively slow:

- ※ 1980-1985: the proportion of the population that lived in urban areas increased from 19.4% to 23.7%, an increase of 4.3%, or an average of 0.86% per year.
- ※ 1985-1990: the growth in the proportion of the population that lived in urban areas further slowed down with an increase of only 2.70%, or an average of 0.54% per year.
- ※ 1990-1995: the proportion of the population that lived in urban areas increased by 2.73%, an average of 0.53% per year.

After 1995, the progress speeded up:

- ※ 1995-2000: the proportion of the population that lived in urban areas increased from 29.04% to 36.22%, an increase of 7.18% over five years, or an average of 1.44% per year.
- ※ 2000-2005: the proportion of the population that lived in urban areas further increased to 42.99%, an increase of 6.75% over five years, an average of 1.35% per year.

The transfer of the rural labor force is scaling up. Along with industrialization and urbanization, more and more of the rural labor force is transferring to urban areas and non-agricultural sectors. The large population of rural migrant workers has become a special social group calling for attention in China. According an NBS survey to monitor the work of rural migrant workers in China, there were 225.42 million migrant workers engaged in non-agricultural sectors in China as of December 31, 2008; of this figure, the population of out-going labor force (i.e. working outside their hometowns)⁴⁴ increased from 32 million in 1990 to 126 million in 2005 (see Figure 2-5) and then reached

140.41 million in 2008, or 62.3% of the total number of rural migrant workers⁴⁵.

—Another issue is the instability of employment and frequent job switching between

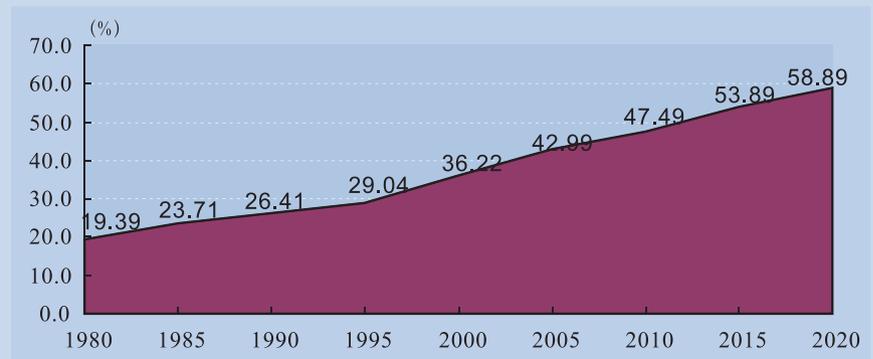
5.3 Main Challenges

China's urbanization will further speed up. An accelerated transfer of surplus labor force from rural areas to cities and towns and an increased urbanization rate will be the requisites for China to achieve an all-round well-off society. It is estimated that at present the population of the surplus labor force in China's rural areas waiting to be transferred is about 150 million (see text box 3), implying a sustained and rapid progress of urbanization in China in the next two decades.

Population migration is hindered by the dual structure of urban and rural areas. The massive labor force transferred from rural areas still faces restrictive conditions and institutional barriers in terms of employment in destination cities and towns, can't equally access the same social security and public services as enjoyed by the local urban residents, and find it difficult to fully integrate into the urban communities.

—The biggest problem that rural workers are facing is the lack of social security entitlements. In order to improve the social security of migrant workers and meet their urgent needs for work injury insurance and medical insurance, the government has, among other efforts, formulated some measures to include the rural workers in various insurance schemes, which however, remain far from satisfactory. Such efforts focus mainly on social insurance, scarcely touching social relief, social welfare and other public services (see Table 2-11).

Figure 2-4 Urbanization in China during 1980-2020: Current Status and Trend



Source: China Statistical Yearbook 2008. NBS. China Statistics Press, 2008.

Figure 2-5 Out-going Rural Labor Force in China, 1985-2005



Source: China Statistical Yearbook 2007. Edited by NBS. China Statistics Press, 2007.

agricultural and non-agricultural sectors. According to the Ministry of Agriculture, 40% of the rural migrant workers have no fixed job and change their work or workplace frequently⁴⁹. Their living and working conditions have long been unstable and unsecured, switching between “workers in cities” and “farmers in countryside”. The co-existence of home-coming and out-going constitutes the main feature of the rural labor force flow.

—There are constraints on integration into cities. Having been working and living in cities for more than a decade, many migrant workers are still treated as non-natives under the current institutional framework.

The second generation of rural migrant workers (most of whom have grown up in urban environments) with little farming experience or even no basic agricultural knowledge, have generally become accustomed to an urban lifestyle yet cannot be completely integrated

Text box 3

Estimates of Rural Surplus Labor Force

I: The rural surplus labor force is approximately 150 million excluding those already working outside their hometowns. According to the Ministry of Agriculture, among 320 million agricultural workers, 150 million are actually needed for the planting industry and another 20 million are required for forestry, animal husbandry and the fishery industry, a total demand of 170 million for all agricultural sectors. This leaves an estimated surplus of 150 million agricultural workers at present⁴⁶.

II: Through a comparison between the non-agricultural employment rate and the urbanization rate for the year 2005 (a difference of 18.6%), it can be estimated that the population of the surplus labor force which remains in rural areas is now roughly 150-180 million⁴⁷.

III: Based on Data from the Second National Agricultural Census and considering the labor force participation rate, the population of the surplus labor force is estimated at 170 million or so⁴⁸.

Table 2-11 Social Security for Urban Employees and Rural Migrant Workers in 2008

Type of social security	Urban Employees Insured (10,000)	Rural Migrant Workers Insured (10,000)
Basic Pension Insurance for Urban Employees	16587	2416
Basic Medical Insurance for Urban Employees	14988	4266
Unemployment Insurance	10851	1549
Work-related Injury Insurance	8845	4942

Source: 2008 Statistical Bulletin on the Development of Labor and Social Security Undertakings. <http://www.stats.gov.cn>

Chapter 3 Gender Equality, Equity and the Empowerment of Women

Introduction

Gender Equality, Equity and the Empowerment of Women were one of key issues discussed in the International Conference on Population and Development (ICPD) in 1994. The ICPD Programme of Action (POA) set gender equality and equity as one of the cornerstones of population and development programmes and has covered subjects of education, employment, participation in politics and the elimination of discrimination and violence against women. In 1995, the 4th World Conference on Women was held in Beijing; its PoA further specifies 12 key issues for the promotion of gender equality and the empowerment of women at the global level. In 1999, at the special session of the U.N. General Assembly held to review the implementation of the ICPD POA, the document titled, “Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development” was approved. This document included more benchmark indicators regarding education and the elimination of illiteracy, reproductive health, maternal mortality, and HIV/AIDS.

It was generally recognized in this series of global development conferences and follow-up events that promotion of gender equality and the empowerment of women were crucial for realization of sustainable development. The accumulated impact of the conferences reached a climax at the UN Millennium Summit in September of 2000. The goal of gender equality and the empowerment of women were clearly

set MDG goal three, and as a cross-cutting goal, it interrelates with the other goals of poverty-alleviation, universal education and health care. The ICPD, the 4th World Conference on Women and the MDGs have all identified gender equality and equity as a basic human right and clearly stated that the most pressing development problems today will not be addressed without women’s full participation and empowerment. It can be concluded that gender equality and equity is not only a key development goal itself, but the cornerstone of development.

I. Background information

United Nations Millennium Declaration identified eight goals known as Millennium Development Goals (MDG) which should be realized by 2015. They have become an ambitious prospect that all countries and all kinds of development organizations have been striving to realize since the beginning of the 21st century. The objective of Goal three is to ‘eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015’. MDG three currently has three monitoring indicators: (1) the ratios of girls to boys in primary, secondary and tertiary education; (2) the share of women in wage employment in the non-agricultural sector; and (3) the proportion of seats held by women in the national parliament. In 2007, accepting the recommendation by the UN Secretary General in the 61st UN General Assembly, the 62nd UN General Assembly added four new targets to the MDGs. The revised goals and indicators which relate to gender equality in the amended MDG are as follows (see table 3-1) ⁵¹.

Table 3-1 Targets and monitoring indicators directly related to gender in the amended MDG framework

Goal	Targets	Monitoring indicators
Goal 1: Eradicate extreme poverty and hunger	1B: Achieve full and productive employment and decent work for all, including women and youths	
Goal 2: Achieve universal primary education	2A: Ensure that all boys and girls complete a full course of primary schooling by 2015	2.3: proportion of literacy rate of young man to that of young women aged 15-24
Goal 3: Promote gender equality and empower women	3A: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015	3.1: proportion of male students to female students in primary education, secondary education and tertiary education 3.2: proportion of the number of women earning salaries in non-agricultural sectors to the total number of women 3.3: proportion of female members in National People's Congress to all the member
Goal 4: Reduce child mortality	4A: Reduce by two-thirds the under-five mortality rate	4.1 Under-five mortality rate
Goal 5: Improve maternal health	5A: Reduce by three quarters the maternal mortality ratio by 2015	5.1 maternal mortality rate
Goal 6: Combat HIV/AIDS, malaria and other diseases		6.1 HIV prevalence among population aged 15-24 years
Goal 7: Ensure environmental sustainability		
Goal 8: Develop a Global Partnership for Development		

Data source : www.un.org/millenniumgoals

have been unprecedented opportunities for the programme of gender equality and remarkable achievements have been recorded in the empowerment of women during the 15 years since the convening of the ICPD.

2.1. Legislation framework constantly improved

In the process of opening to the world and integrating itself into the world system, China has actively ratified and implemented various conventions of human rights and international documents related to gender equality. China signed the Convention on the Elimination of All Forms of Discrimination

II Supportive social environment

In response to the above-mentioned international conferences, China has signed a series of treaties on human rights and has ratified international conventions. International concepts and values in terms of human rights, social justice, empowerment, participation and sustainable development have been more and more accepted and applied in China. In line with the concepts of sustainable development, respecting and guaranteeing human rights, harmonious society and human-oriented scientific views on development, promotion of social equality and justice including gender equality has become an important component of realizing the national development strategy. There

against Women (CEDAW) as early as 1980 and ratified it the next year; in 2001 it ratified the International Covenant on Economic, Social and Cultural Rights; in 2005 it ratified the Convention Against Employment and Occupation Discrimination. China has earnestly delivered its duties as a signatory party and adopted recommendations by review agencies according to national conditions.

In order to implement the POAs approved in international conferences, the Chinese Government has successively promulgated or amended laws and regulations to address issues of women and gender equality. The laws and regulations include: Law of the People's Republic of China on Maternal and

Child Health Care (1994), Labor Law of the People's Republic of China (1994), Marriage Law of the People's Republic of China (amended in 2001), Law of the People's Republic of China on Population and Family Planning (2001), Law of the People's Republic of China on Land Contract in Rural Areas (2003), Law of the People's Republic of China on the Protection of Women's Rights and Interests (amended in 2005), Compulsory Education Law of the People's Republic of China (amended in 2006), Law of the People's Republic of China on Promotion of Employment (2007) and the Law of the People's Republic of China on Employment Contracts (2007). For example, it is clearly stipulated in the amendments of Law of the People's Republic of China on the Protection of Women's Rights and Interests that "It is a basic state policy to realize equality between men and women. The state shall take necessary measures to gradually improve various systems for the protection of the rights and interests of women and to eliminate all kinds of discrimination against women." These milestone laws have served as legal protection for women in all walks of life.

2.2 A broad range of policies and plans issued

The Chinese Government had issued the first National Plan of Action (NPA) for the Development of Chinese Women (1995-2000) before the 4th World Conference on Women opened in 1995. In 2001, the State

Council issued the 2nd National Plan of Action for the Development of Chinese Women (2001-2010). Main objectives identified in the two NPAs were also referred to in the 10th (2001-2005) and 11th (2006-2010) Five-Year Development Plans for National Economic and Social Development. For example, it is stipulated in Section four (protection of the rights and interests of women and children) of Chapter 38 of the 11th Five-Year Development Plan that China will implement the basic state policy to realize equality between men and women and the NPA for Women in order to guarantee women equal access to schooling, employment, social security, marriage property, and participation in social

Text box 4

Legislation and policies regarding stopping violence against women

- The National Plan of Action for the Development of Chinese Women (1995-2000) and the subsequent plan (2001-2010) include targets regarding stopping violence against women.
- Article two of the Law of the People's Republic of China on the Protection of Women's Rights and Interests amended in 2005 stipulates that "The state shall protect the special rights and interests enjoyed by women under the law. It is prohibited to discriminate against, ill-treat, abandon or cruelly treat women." Article 46 rules that "It is prohibited to commit family violence against women. The state shall take measures to prevent and stop family violence." Article 40 stipulates that "Sexual harassment against women is banned. The victims shall be entitled to complain to the entity or the relevant parties." Article 58 stipulates that "If anyone commits sexual harassment or family violence against a woman to violate this Law, and if his act constitutes a violation of the public security administration, the victim may require the public security body to give the violator an administrative punishment or may initiate a civil action in the people's court."
- The State Council approved China's Plan of Action on Combating Trafficking in Women and Children (2008—2012) in December of 2007. It is the first national guideline on combating trafficking in women and children.
- The Guidelines on Prevention and Suppression of Domestic Violence was jointly issued by the Publicity Department, the Supreme People's Procuratorate, the Ministry of Public Security, the Ministry of Civil Affairs, the Ministry of Justice, the Ministry of Health, and the All China Women's Federation (ACWF) in July of 2008. It highlights the responsibilities of the Government in suppressing domestic violence and details specific duties and coordination of various department. Domestic violence has been covered by the scope of work of the 110 Police Hotline since the promulgation of the Guidelines.
- People's Congresses of more than 20 provinces, municipalities and autonomous regions have issued regulations or policies to prevent and crack down on domestic violence and/or sexual harassment.

affairs, and to strengthen healthcare, poverty reduction, labor protection and legal assistance for women. The National Plan of Action for Human Rights (2009-2010) approved by the State Council in April of 2009 has specific articles in terms of rights protection for ethnic minorities, women, children, senior citizens and persons with disabilities.

Significant achievements have been realized in terms of education for women, women's participation in political activities, women's health care, and the protection of women. Take preventing violence against women as an example (see Text box 4), there have been both comprehensive policies and specific plans. The Chinese Government and civil society have further realized the harm and negative impact of violence against women and hence doubled their efforts in violence prevention with progress achieved. The Decision on the Number and Election of Deputies for the 11th National People's Congress (NPC) was formally approved in the 5th session of the 10th NPC in March 2007, which expressly stipulates that the proportion of female deputies should not be less than

Text box 5

Efforts of UNFPA China in Promoting Gender Equality

Since the fourth Country Programme, UNFPA has worked with ACWF to promote gender equality and equity in China. Through cooperation with governmental departments, the reproductive health project in the 4th cycle and the gender project in the 5th cycle have succeeded in strengthening the sensibility of gender issues among decision-makers at all levels, project staff, reporters and service providers, and in arousing attention to gender equality and equity. The ongoing 6th Country Programme covers two components: reproductive health, and population and development. Activities in both components involve promotion of gender equality. The gender project is expected to contribute to effective protection of the rights of women and to promote gender equality through strengthening national monitoring and capacity for implementing domestic laws and policies and international conventions.⁵²

22%. This was the first time that a clear stipulation regarding female NPC deputies was made in China. In addition, the Chinese Government has strengthened health care services for rural women as an important measure to promote equal access to basic public health. "Provide regular gynecological disease checkup services for rural women" was written into the Government Work Report for 2009.

2.3 Mechanism developed and prevention projects implemented

Various governmental and non-governmental organizations dedicated to promoting gender equality have been set up and strengthened. The National Working Coordination Committee on Children and Women, established under the State Council in February 1990, was renamed as the National Working Committee on Children and Women (NWCCW) under the State Council in August of 1993. It functions as the State Council's consultancy and coordination agency responsible for coordination and implementation of rules, regulation, and policies regarding women and children. Its member organizations have increased from 19 in 1990 to 33 currently. All governments at the county-level and above have established local working committees on women and children.

Governmental departments and NGOs have initiated many projects targeting poor women and girls, including some famous projects such as "Water Cellar for Mother" initiated by China Women's Development Foundation, "Health Express for Mothers" implemented by ACWF, "The Spring Bud" initiated by China Children and Teenagers' Fund, and "Hope Project" managed by the Central Committee of the Communist Youth League. These are project-based activities promoting gender equality and the empowerment of women and girls.

There are many innovations of international cooperation projects. Many bilateral, multilateral and non-governmental international organizations, sponsored women's development projects leading

up to the 4th World Conference on Women and also supported the following implementation of POAs. The number of projects focusing on women’s development has significantly increased and much foreign experience and practices have been introduced to China. For example, promotion of social gender equality has been an important part of the recent national programme jointly implemented by UNFPA and the Chinese Government (see Text box 5).

III. Progress and challenges

Along with improvements in the policy environment since the ICPD, remarkable progress has been recorded in gender equality and equity in terms of compulsory education, participation in economic activities, access to medical and healthcare services, basic social security, participation in decision making, and stopping violence against women. However, progress of gender equality has been imbalanced due to constraints of the urban-rural dual structure. As China continues to further enter the global system, it is also dealing with widening gaps among or between regions, rural and urban areas, various social groups, and males and females in terms of incomes, living standards, and access to public services. Affected by the disadvantages of a market economy and globalization, women who have disproportionately shouldered the development costs due to poverty, social inequality and gender bias and discrimination, are being further marginalized. Many commitments have not been realized in a market driven development process.

3.1 Employment

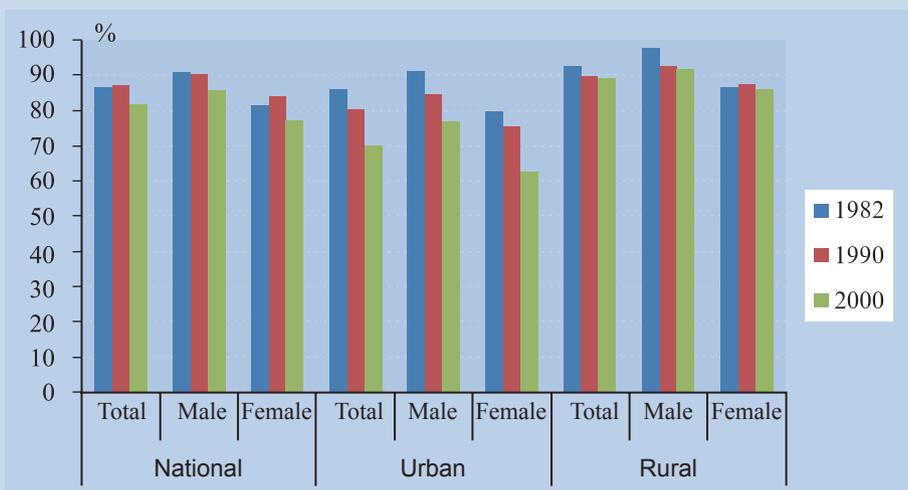
Obtaining economic independence through

employment is a premise for a woman to lift her social status. Economic empowerment of women is internationally recognized as a key element for the promotion of women’s development. Target 2 of MDG Goal 1 aims to “achieve full and productive employment and decent work for all, including women and youths”. Target 2 of Goal 3 also addresses women’s employment, “Share of women in wage employment in non-agricultural sectors”.

A high employment rate is a prominent social and economic feature of China’s female population. Since the 1950’s the majority of adult women participate in social production and labor and the employment rate of working-age women has always been higher than the world average. However, the employment rates of both working-age women and men have decreased somewhat since the 1980’s due to increased educational opportunities (see table 3-1). China’s employment rate has decreased from 87.15% in 1990 to 81.63% in 2000. During this period, the male employment rate decreased from 90.07% to 85.96% while the female employment rate went from 83.82% to 76.88%, with the decrease in employment higher for females than for males.

Another basic employment feature is that the

Figure 3-1 Sex and region disaggregated employment rates from population censuses (%)



Data source: population censuses in 1982, 1990 and 2000 are from Social Gender Difference in China: Facts and Figures, Duan Chengrong (2006) ; Page 99, Report on the Study on Gender Gap and Poverty Alleviation in China , World Bank, 2006

employment rate of women has been always lower than that of men. The disparity between the two rates has been growing: in 1990, the employment rate of women was only 6% lower than that of men; in 2000 it was 9% lower than that of men, and in 2005, it was 14% less than the male rate. However, the employment rate for women ages 16-19 (especially young rural women) has been higher than that of men. The employment rates of women ages 16-19 in both rural and urban areas were higher than those of men in 2005, implying that girls enter into the labor market too early and women are in unfavorable status in terms of receiving education. Since education opportunities and the employment model of rural women are different from those of urban women, the employment rate of the former has always been higher than that of the latter. The employment rate of rural working-age women was 19% higher than that of urban working-age women in 2005.⁵³

The employment rate of Chinese women has been stably high. Since 2000, the proportion of employed women ages 16-54 to the total number of employees has been around 45%. For example, in 2006 the employed population in China was 764 million, and 347 million were women, taking up 45.4%.⁵⁴

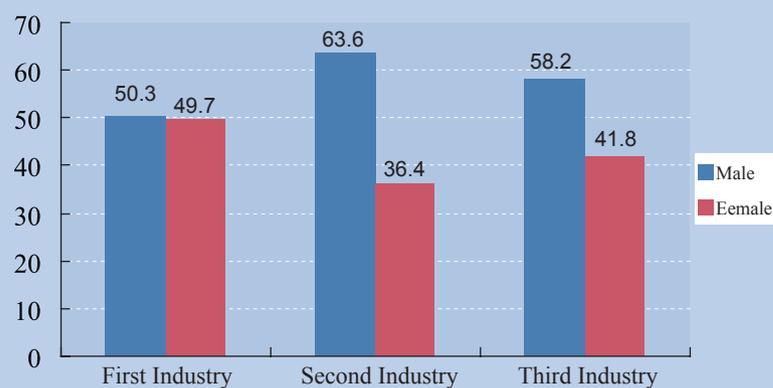
Increased opportunities for non-agricultural employment and increasing share in non-formal sectors:

for the past 15 years, large numbers of rural workers have entered into the non-agricultural sector due to urbanization and upgrading of industrial structures. According to the 1% Population Sampling Survey in 2005, though the proportions of employed men and women were almost the same in primary industry, the proportions of employed women in secondary and tertiary industries are 36.4% and 41.8%, respectively, much lower than those for men (see figure 3-2). Of the employed women, 64.4% work in primary industry, 15% in secondary

industry, and 20.6% in tertiary industry⁵⁵. This reveals that women have lagged behind in terms of gaining professional skills and qualifications and have thus not been able to attain better levels of employment, and that quality of employment does not happen simultaneously with the increase in non-agricultural employment. It is worth noting that rural women who have entered into non-agricultural sectors have mainly taken low-end jobs with low salary and little protection.

The occupational structure of the employed population also reveals the vulnerable status of women. Although more and more women have entered into high-technology industries such as computer, software, communication, and finance, most of the positions in party and government organizations, leadership of enterprises, manufacturing and transportation industries are held by men and the majority of the positions in the industries of agriculture, forestry, animal husbandry, fishery, business and service are done by females. In 1990, 75% of employed females worked in the industries of agriculture, forestry, animal husbandry and fishery, 8% higher than the amount of men employed in the same industries, at 67%. In 2005, 63% of employed women worked in these industries, 10% than for men at 53%. This means that there were more male farmers than female farmers transferring to work in non-

Figure 3-2 Distribution of employed population in three industries by gender, 2005



Data source: 1% Population Sampling Survey in 2005, State Council 1% Population Sample Survey Office, China Statistical Publishing House, 2007

agricultural sectors. Since the reform was initiated, the proportion of women employed in primary industry has increased from 48% in 1990 to 50% in 2005.⁵⁶

Along with the development of a market economy mechanism, more and more women are employed in non-formal sectors. The proportion of urban women employed in non-formal sectors is much higher than that employed in formal sectors, let alone the vast number of rural women. Non-formal employment lacks occupational and social security and is beyond the scope of the Labor Law. There is a big gap between women in non-formal employment and women in formal employment, and between women in non-formal employment and men in non-formal employment in terms of salary, social security and degree of organization. Non-formal employment has contributed to a widening income gap between men and women.⁵⁷

Income gap between men and women: according to the 1st and 2nd social survey on Chinese women, despite the fact that women's income has increased significantly in the period from 1990-2000, the income gap between men and women had been widened. The annual average income of an urban, employed women in 1999 was 7409.7 Yuan, 70.1% of a similar man, representing an increase in the income gap by 7.4 % from 1990. The annual average income of women employed in the agriculture, forestry, animal husbandry, and fishery industries was 2368.7 Yuan, 59.6% of that of their male counterparts, representing an increase in the income gap by 19.4% from 1990.⁵⁸

In 2005, 40.6% of urban employed women and 23.1% of urban employed men earned a monthly salary less than 500 Yuan. In the next salary bracket, 43.8% of urban employed women and 48.9% of urban employed men earned a monthly salary between 501 and 2,000 Yuan. The average income of women employed in the seven major industries was lower than that for men. The income gap between women and men was especially significant in the industries of agriculture, forestry,

animal husbandry, water resources (female average income was 68.6% of that for males) and two low-end industries of trade and service (female average income was 69.5% of that for males).⁵⁹

The 'Feminization of agriculture': since the 1980's male farmers have had more chances than female farmers to enter into non-agriculture sectors, either because of rational selection and allocation of family resources or because of men's comparative advantage in resources and skills. Since more and more male farmers have left the agricultural sector, feminization and aging of the labor force in the planting industry has emerged. Some scholars have described this situation by using the phrase "working men, farming women". Women have played more and more important roles in crop planting. The agriculture mainly maintained by women has been serving as the "safe valve" of life and employment for many rural households.

However, marginalization of female farmers has been very conspicuous according to the data regarding job opportunities, profession selection, income source, work locality and time, occupancy of agriculture resources, and rights for decision-making. For instance, female farmers haven't received enough support for education, training, credit, techniques, sale services and rural organizations. An increasing proportion of women employed in the planting industry does not necessarily mean that they are in a favorable position in terms of obtaining and controlling agricultural resources, let alone in terms of leading agricultural management and policy making. To be precise, "feminization" of agriculture in fact implies the further marginalization of rural women who are already vulnerable, in rural social and economic life. "Feminization of agriculture" can be treated as a result of the weakening of traditional agriculture and rural society by the process of globalization.⁶⁰

The vulnerability of rural women in terms of owning and controlling agricultural resources is embodied by how agricultural land is allocated and

used. The prevailing model in rural areas is that women always live in their husbands' houses after marriage, which means that they no longer enjoy the rights to use the land in their original homes. Women account for about 70% of people without land in rural areas. Reports on violation of the rights of married women and their children, women marrying urban men, and divorced/widowed women to contracted management of rural lands have been in newspapers from time to time. For most rural residents, farming land serves as production material, family property and guarantee for life. Therefore, many women who lose farming land are deprived of basic production and living resources. Gender inequality and injustice in property ownership weaken the foundation for improvement of women's social status and constrain women's potential and productivity.⁶¹

Social insurance and security: in recent years, the Chinese Government has constantly improved the social insurance system which covers pensions, unemployment insurance, medical insurance, work-related injury insurance and maternity insurance. A social assistance system focusing on a rural and urban minimum subsistence allowance has also been gradually developed. The proportion of women participating in various insurances and enjoying social security is increasing, but still remains lower than that of men (see Figure 3-3). In 2007, only about 40% of women were

enrolled in various insurances. However, most of rural women have not been covered in the employment-related social security system.

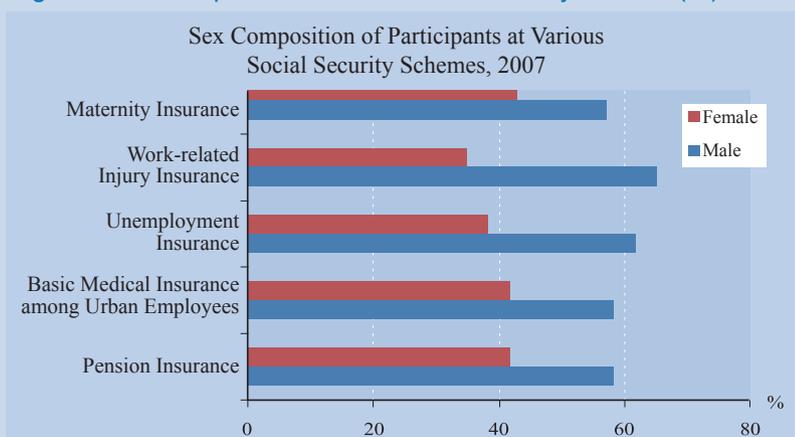
Other employment-related issues: Since the reform was initiated, gender equality has been a prominent issue in the intense labor market competition in both rural and urban areas. Compared to males, female university graduates have more difficulty in finding jobs; middle aged laid-off women outnumber their male counterparts, but have fewer opportunities to be hired again; female employees can not be guaranteed with special protection they are entitled to in private sectors; and the policy that women retire five years earlier than men, are all examples of gender discrimination in the labor market. According to the Mid-term Review of the National Plan of Action for the Development of Chinese Women (2001-2010), the proportion of enterprises granting protection to women in "four phases" (menstruation, pregnancy, perinatal and nursing) had decreased from 95% to 33.5% in the period of 1999-2004 and although it then increased slightly in 2005, the overall decrease was still over 60%. The proportion of enterprises obeying the rule of prohibiting women from taking inappropriate assignments had decreased from 85% to 29.7% in the period of 1999-2005, a decrease of 65%⁶². Both urban and rural female employees have lower education levels than male employees, which makes them less competitive in

the labor market, especially when they are applying for senior positions. The disadvantages of female employees in education level are an impediment for them to have equal opportunities and economic return with men.

3.2 Education

The monitoring indicators related with women's education in the MDGs are: (1) the literacy rate of 15-24 year-olds and, (2) the ratio of girls to boys in primary, secondary and tertiary education.

Figure 3-3 Participation in Various Insurance by Gender (%), 2007



Data source: Page 26, Science and Technology Statistics (2008b), NBS

During the 15 years since the ICPD, China has seen great achievement in the promotion of gender equality in education. Recently, the Chinese Government has given special attention to central and western rural areas, poor areas, border areas and ethnic minority areas while allocating public education resources and increasing input in primary education for the children of migrant workers and left-behind children. China began implementing the policy of “Two Exempt and One Subsidy” for compulsory education students in 2007 and expanded the policy nationwide in 2008. The policies have contributed significantly to shrinking inequality among regions, between rural and urban areas, and between boys and girls. The impact of these policies on the development of girls is immeasurable.

School enrollment and retention in all education levels: Since the 1990’s, school enrollment rates of boys and girls receiving compulsory education have been rising dramatically along with improvements in the education environment. The gender gap has been shrinking. The enrollment rates of boys and girls aged seven in 1990 were respectively 77.82% and 73.66%, and increased to 96.86% and 96.03% in 2000⁶³. In recent years, the opportunities for girls to be enrolled in primary school are almost the same as those for boys. At the end of 2005, the net enrollment rate of primary school aged girls reached 99.14%, and the gender gap had decreased from 0.07% in 2000 to 0.02% in 2005. The five-year retention rate of female students at primary schools was about 99% in 2005 and the drop-out rate was 0.47%. By the end of 2008, the net enrollment rate at primary schools had reached 99.54%, which is 99.50% for boys and 99.58% for girls, with the rate of girls a bit higher than that of boys. Gross enrollment rate at junior middle school was 98.5% and the promotion rate of junior middle school graduates was 83.4%. These figures show that the policies promoting universal primary education have been very successful with remarkable achievements.

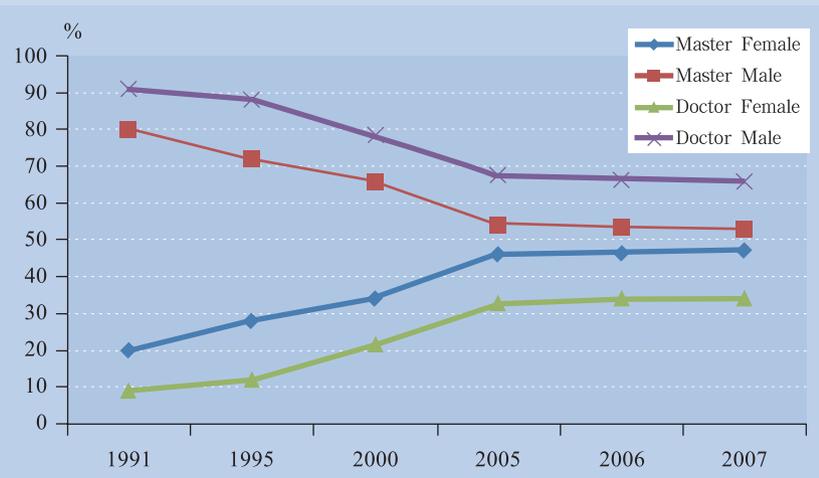
Compared to the 1990s, the issue of inequality

in the allocation of primary education resources has been partly addressed. Thanks to increased financial input from the central Government, girls living in old revolutionary base areas, areas of ethnic minorities, remote areas and poverty-stricken areas have more opportunities in terms of attending school and completing compulsory education than they previously did. However, there is still a serious imbalance between rural and urban areas and there exist some impediments in rural areas for girls to enjoy equal rights to education as boys do. These impediments include the conditions of operating schools, teaching facilities, location of schools, faculty, study conditions of students, concepts of parents and community residents, teaching content and quality. For example, traditional concepts about roles of women and men and traditional norms regulating women and men are still found in current teaching materials. In addition, equal opportunity for migrants/left-behind girls to receive compulsory education remains a hot topic.

Women have had more opportunities to receive high-level education. In the period 2000-2007, the proportion of girls enrolled in primary schools had decreased, that in junior middle schools had remained the same, but that in senior middle schools and universities had significantly increased: the proportion in senior middle schools had increased by 5% from 41.94% to 47.26% and the proportion in universities had increased by 8% from 40.98% to 49.12%⁶⁴. Compared to 2000, the gap of enrollment ratios between boys and girls had shrunk as well: enrolment ratio at junior middle schools was 98% for girls in 2005, 1.34% higher than that of boys; enrolment ratio at senior middle schools was 55.78% for girls, 2% lower than that of boys; and the enrolment ratio at universities was 27.23%, 2.89% lower than that of boys⁶⁵.

The number and rate of women receiving advanced tertiary degrees is increasing. The gap between the proportion of male master candidates and that of female master candidates had shrunk from 31.8%

Figure 3-4 Gender composition of students receiving doctor's degree and master's degree, 1991-2006



Source: data of 2007 were from page 32, Department of Social, Science and Technology Statistics of National Bureau of Statistics of China, Social Progress in 2008 (nationwide), Beijing; other data were from Page 82, Women and Men in China - Facts and Figures (2007), Department of Social, Science and Technology Statistics, NBS

Table 3-2 Education level of population ages 15 and above by gender, 1982-2005 (%)

Education level	1982*		1990		1995*		2000		2005*	
	F	M	F	M	F	M	F	M	F	M
Illiterate	49	21	32	13	27	10	14	5	17	6
Primary	25	36	34	35	34	34	34	28	29	25
Junior Middle	18	30	24	36	28	39	36	44	37	45
Senior Middle/ Secondary Technical school	8	12	9	13	9	13	13	16	12	17
Junior College/ University	--	1	1	3	2	4	4	6	6	7
Total	100	100	100	100	100	100	100	100	100	100
Gender composition										
Illiterate	69	31	70	30	72	28	73	27	74	26
Primary	40	60	48	52	50	50	53	47	53	47
Junior Middle	36	64	39	61	41	59	43	57	45	55
Senior Middle/ Secondary Technical school	38	62	39	61	41	59	42	58	43	57
Junior College/ University	26	74	30	70	36	65	38	62	43	57

Data source: national population censuses and 1% sampling survey* of the population issued by NBS

points in 2000 to 7.2% in 2006. The gap between the proportion of male doctor candidates and that of female doctor candidates had shrunk from 57% in 2000 to

31.8 % in 2006 (see Figure 3-4). By the end of 2007, the number of enrolled female master candidates had reached 530,000. Gender segregation in higher education however is a long-standing issue, a typical example of which is the unequal access to opportunities of employment after graduation.

Overall education level and education level by gender: The overall education level of Chinese men and women has dramatically gone up due to both education development and a decreasing number of the older population who are generally poorly educated. In 2005 the literacy rates of female adults and females aged 15-50 were respectively 83.85% and 94.7%⁶⁶. In 1990, 66% of women aged above 15 were illiterate or had only attended primary school; the proportion decreased to 46% in 2005, 20% lower than in 1990. During the same period, the proportion for men had decreased by 15% from 48% to 31% (see Table 3-2).

The average number of schooling years for both women and men has increased since 1990. In 1990, the average number of schooling for women was 5.5, 1.9 years lower than that for men; in 2005, it was increased to 8.4 years for men and 7.3 years for women.

Over this time, women enjoyed a quicker increase in their number of schooling years, with an increase of 1.8 years, and men's schooling years

only increasing by 1 year over this period. The gap between men and women had been shrunk to 1.1 years. There was almost no gap between men and women aged 6-19⁶⁷.

Illiteracy rate: Since the establishment of PRC, a significant achievement has been made in eliminating illiteracy, and the momentum has been maintained since the 1990's. The illiteracy rate of the adult population ages 15 and above has decreased by 8% from 15.88% in 1990 to 7.88% in 2006 due to increased education opportunities and a decreasing number of the older population who normally have poor education. The illiteracy rate of the population ages 15-50 had decreased by 8.4% from 10.38% in 1990 to 2.02% in 2006. The number of illiterate people has been reduced by over 120 million.⁶⁸

The gender gap in the illiteracy rate however remains wide. In 1990, illiterate females accounted for 70% of the total illiterate adults ages 15 and above, and the percentage increased to 74% in 2005, implying that three out of four illiterate people are women. The illiteracy rates of women are higher than men in all age groups, and the higher the age demographic, the wider the gender gap.

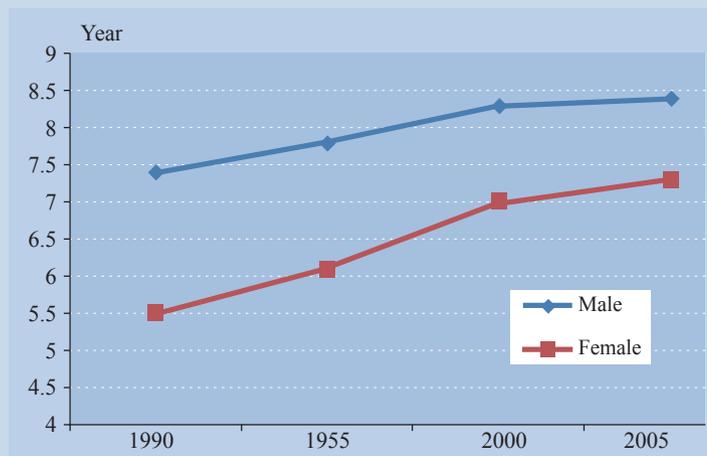
The gap between urban and rural areas in terms of the illiteracy rate is also very large. The illiteracy rate of rural women ages 15 and above was 2.4 times that of rural men in 1990, which increased to 2.6 times in 2005. In the same period, the ratio of illiterate women to illiterate men in urban areas had increased from 3 times to 3.4 times (see figure 3-6). Though the illiteracy rate of urban and rural women had decreased quicker than that of men, the illiteracy rate of rural women was still as high as 21.8%, with a large portion being young and middle aged women.

The gender gap in the illiteracy rate is on one hand due to women's longer life span

and lower reduction of the big elderly women group, and on the other, is also an embodiment of the fact that women's education levels have been lower than men's over the course of history. The gender gap in the illiteracy rate however has also been observed in youngsters under the age of 30, which requires adequate attention. Obviously, the gender gap in the illiteracy rate has given rise to gender gaps in private and public life.

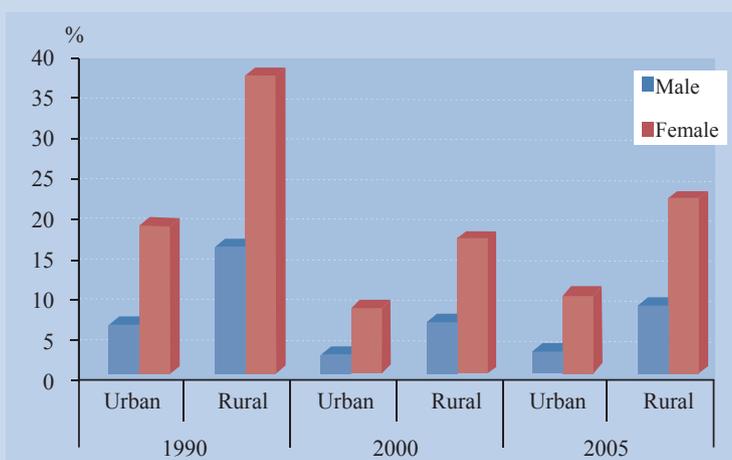
The gaps among provinces are even wider. The lowest five illiteracy rates of the population aged 15 and above are from Beijing, Liaoning, Tianjin, Shanghai and

Figure 3-5 Average number of years of schooling by gender, 1990-2005



Source: Page 78, Women and Men in China - Facts and Figures 2007, Department of Social, Science and Technology Statistics (2007), NBS

Figure 3-6 Rates of Illiteracy in the population aged 15 and above by gender, 1990, 2000 and 2005



Data source: population censuses and 1% population sampling survey in 2005

Guangdong at 3-4% while the illiteracy rate of Tibet is the highest and 11 times as high as that of Beijing. The male illiteracy rate of Tibet is the highest and 20 times as high as that of Shanghai which is the lowest; and the female illiteracy rate of Tibet is the highest and 9 times as high as that of Beijing which is the lowest⁶⁹. The illiteracy rates in developed areas are always lower than that of under-developed areas. The illiteracy rate gaps reflect the social and economic development processes of provinces over the past decades.

3.3 Health and medical care

With the Government increasing investment towards people's livelihoods, public health services for the general population including women have been improved significantly. The Government has increased input in healthcare facilities for women at grass-roots levels, strengthened management and service of healthcare for women, and conducted capacity building of healthcare workers. Women's reproductive health and their access to reproductive health services, as well as their overall health has improved (see Chapter 4 of this report regarding reproductive health and rights). Women's varying needs for health care service in all phases of their life have received more and more attention. The health of women living in remote and poor areas and migrant women has received unprecedented attention. However, the gaps in terms of health conditions and access to health care service among regions, between urban and rural areas, among different social groups and between women and men have been widening. For example, along with the fall of a collective economy, the rural cooperative medical system has lost its economic base.

Leading causes of death and morbidity among women: Similar to men, women also face dual burdens of chronic degenerative diseases and infectious diseases. The top five causes of death among urban women are cancer, cerebrovascular diseases, heart diseases, respiratory disease, and endocrine, nutritional and metabolic diseases whereas the top five death causes

for rural women are cerebrovascular diseases, cancer, respiratory disease, heart disease, and injuries and poisoning. It shows that the diseases closely related with living environment and sanitation conditions (respiratory disease, injuries and poisoning) are still the main causes of deaths of rural women. The proportions of rural and urban women dying as a consequence of mental diseases are higher than those of urban and rural men. The incidence of chronic degenerative diseases such as cerebrovascular diseases and cancer has also been increasing and they constitute a large portion of the diseases for rural and urban women⁷⁰.

A women's health condition is closely related to her social status throughout her life span. However over the years, women's health has been mainly taken care of from the perspective of maternal and infant health and family planning; other aspects of women's health have not received adequate attention in the process of policy-making. Moreover, the over emphasis on women's reproductive health and family planning has resulted in the fact that health conditions of women outside reproductive ages and health issues other than family planning have been neglected. Poverty, gender inequality and social marginalization have prevented women from accessing basic services for disease prevention and treatment.

In China, women's health status is worse than men's. According to national health surveys in 1993, 1998 and 2003, women's health conditions are worse than men's, as evidenced by subjective indicators of two-week morbidity and the incidence of chronic disease and objective indicators of a two-week hospital visit rate and hospitalization rate. The gap in terms of health condition and health care between rural and urban women is also very wide (see tables 3-3 and 3-4).

Life expectancy at birth: Women enjoy are longer life expectancy than men. Since the 1990's, Chinese women have had higher life expectancy than Chinese men with an ever widening gap. In 2005, life expectancy was 70.83 years for men and 75.25 years for

Table 3-3 Two-week morbidity and incidence of chronic disease by gender (‰)

Year	Area	Two-week morbidity		Incidence of chronic disease	
		Female	Male	Female	Male
1993	Urban	191.8	158.0	316.2	254.4
	Rural	138.1	118.7	142.9	119.0
1998	Urban	203.5	170.7	294.9	251.1
	Rural	150.1	125.1	131.1	106.3
2003	Urban	170.2	135.5	262.7	215.4
	Rural	150.6	128.7	135.3	106.4

Source: China Health Yearbook, Ministry of Health (2008) Pages 209-216, 2008, Peking Union Medical College Press.

Table 3-4 Two week hospital visit and hospitalization rates by gender among urban and rural residents (‰)

Year	Area	Two-week hospital visit rate		Hospitalization rate	
		Female	Male	Female	Male
1993	Urban	217.7	179.4	54.5	46.2
	Rural	173.6	146.3	32.5	28.7
1998	Urban	175.1	148.5	49.4	47.1
	Rural	180.5	149.8	34.4	27.9
2003	Urban	132.9	102.6	43.6	41.1
	Rural	151.0	127.8	39.3	28.6

Data source: P166-168 and P171-173 from the same source of Table 3-3

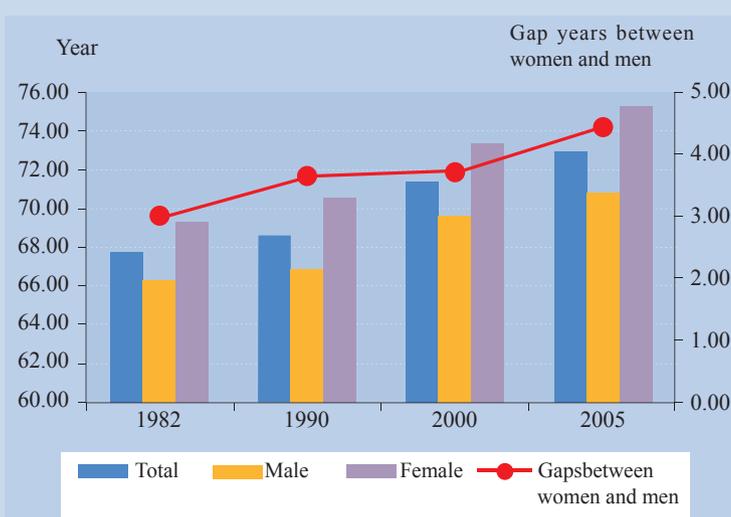
between urban and rural areas. In 1990, life expectancy of urban women was 4.1 years higher than rural women, and this gap has been further widened to 6 years in 2000.

The gap between different provinces is also huge. In general, areas with a higher per capita GDP tend to have a higher life expectancy. In 1990 Shanghai had the highest life expectancy at 74.9 years while Tibet had the lowest at 59.6 years, 15.3 years behind Shanghai; in 2000, the two still maintained their positions as in 1990, but the gap decreased slightly, to close to 14 years, with life expectancy of Shanghai as high as 78.1 years and that of Tibet merely at 64.4 years. Such geographic differences also apply to sex-disaggregated life expectancy. For example, in 2000 the life expectancy of women in Shanghai rose to 80 years and that of men to 76 years whereas the figures for Tibet were merely 66 and 63

women, with the gap between the two sexes expanding from 3.6 years in 1990 to 4.4 years in 2005. Worldwide life expectancy between men and women in underdeveloped countries differs little or even has no difference while huge differences are found in developed countries. The ever-increasing gap in life expectancy between men and women in China indicates a more rapid improvement in the health and well-being of Chinese women (see Figure 3-7).

Despite the ever increasing life expectancy for both men and women, the urban and rural gap in economic development, living environment, health care and way of life in China has caused obvious differences upon life expectancy of men and women

Figure 3-7 Life expectancy in China by gender, 1982-2005



Source: Page 6, 2008b, Statistics on the Situation of Women and Children of China in 2008, Compiled by Department of Social, Science and Technology Statistics, NBS

years⁷¹.

Health status of elderly women: The higher life expectancy of women also brings greater possibility and longer years of disability and living with disease among elderly women. The health of elderly women is poorer than their male counterparts. According to the 1% Population Sampling Survey of 2005, the percentage of elderly women who were reported to be healthy was obviously lower than that of men in all age groups. Moreover, the disparities between men and women are even more staggering in both the younger and oldest old groups (see Table 3-5). Elderly women account for a higher percentage of the elderly population who cannot work or properly take care of themselves and the percentage rises significantly as the age increases. Much research indicates that elderly women have greater problems in their social security, marriage, family and care. For example, a large percentage of elderly women ages 65 and above are widowed and the percentage increases with age. The health status of elderly women will be exacerbated with the death of their husband. In rural areas, the percentage of elderly people especially elderly women who lack basic health care and social protection is higher than that in urban areas and this percentage continues to increase rapidly. Therefore,

the elderly women of China face highly visible health hazards and vulnerability.

Vocational health and safety of migrant women:

Urbanization and industrialization have not only brought employment and development opportunities, but also vocational health and safety issues for women. Vocational hazards have a particularly adverse impact upon young migrant women, who mainly work in the informal manufacturing sectors such as private textile, rubber, shoe making, chemical, porcelain, toy and electronic enterprises, or in the entertainment industry in establishments such as entertainment parlors, bath houses and beauty salons. Their jobs are generally tiring, filthy and not well respected; they are the last jobs to be taken by the urban and local people. Some young women workers are chronically exposed to toxic and harmful working environments, where vocational hazards such as dust, toxicity, and noise seriously exceed state standards. Some enterprises even have severe safety hazards, putting the health and life of the migrant women workers in jeopardy of accidents such as work injury, acute poisoning, explosion and fire. Due to the absence of social services to promote and protect the health of these workers, and no trade unions in the informal sector, incidents of violation upon the rights of women such as long hours of work, lack/absence of labour protection and sexual harassment in the workplace have often been found⁷².

Table 3-5 Health situation for elderly people by age and gender, 2005

Age	Percentage of elderly people who are healthy (%)		Percentage of elderly people who cannot work or properly take care of themselves (%)	
	Female	Male	Female	Male
60-64	76.3	82.9	54.80	45.20
65-69	62.7	71.2	55.55	44.45
70-74	48.4	55.8	55.36	44.64
75-79	38.1	44.3	57.38	42.62
80-84	29.2	32.8	60.85	39.15
85-89	25.1	26.8	66.05	33.95
90-94	20.7	23.4	71.84	28.16
95+	18.0	24.7	78.77	21.23
Total	55.9	64.9	58.05	41.95

Source: Calculations based on data from the 1% Population Sampling Survey in 2005, source same with Figure 3-2

3.4 Combating violence against women

Despite great progress by China in combating violence against women, it remains a serious social issue. Women in every stage of their life cycle are subject to violence, including domestic violence, sexual harassment, sexual abuse, rape and trafficking. The second social status survey for Chinese women in 2000 indicated that about one quarter

of women had been physically abused by their partners, which was 9% higher than for male respondents⁷³. In 2005 alone, the number of women who were victims of criminal offences reached 905,000⁷⁴. Some regional research has also indicated that there are a variety of violence hazards faced by both the urban and rural women of China. For example, the trafficking of rural women, either sold to become wives or forced into prostitution, has not been completely eradicated despite numerous efforts to combat it. All forms of violence against women have caused a tremendous negative impact and severe trauma upon the life, physical and mental wellbeing and the development of women⁷⁵, which also jeopardizes the social stability and harmonious development of the nation.

No national legislation specialized in combating gender violence is in place so far despite a series of related policies and laws passed by the Government of China. Existing laws are underdeveloped, and compared with the prevailing international understanding, the definition of domestic violence by the Chinese legislation is too narrow and does not include sexual violence, psychological abuse, or financial exploitation. The related stipulations in the law are very abstract and the articles are not necessarily feasible for implementation. Although some progress has been made

in combating sexual harassment, domestic violence and human trafficking, gender violence has not been a priority in the agenda of the justice, public security and other departments at various levels.

In general, China has not formulated a prevention, intervention and assistance mechanism to combat violence against women. Public awareness and sensitivity is still not as high as the issue deserves. Many people still regard the issue as a private matter rather than a social issue, let alone as a human rights issue that violates the rights and dignity of women or is in conflict with the code of law. Many victims also refuse to tell the truth, or intentionally hide the truth. After they decide to report a case of violence, they often receive little effective assistance from the health department, the social security system, women's federations, NGOs, community-based groups or even family members to help them limit their risk of further harm or abuse.

3.5 High sex ratio at birth and high mortality rate for girls

Sex ratio at birth: The sex ratio at birth has been consistently on the rise in China ever since the 1980's, which has become one of the most severe challenges for the population and development of China. As indicated by Figure 3-8, the sex ratio at birth in 1982 stood at 108.5, which was already above the normal range, and it has continued to increase to 120.6 in 2008, a ratio which is seriously deviant from the normal range of 103-107. The sex ratio at birth in rural areas has been higher than that in urban areas. However, in both urban and rural areas, the sex ratio at birth after the first parity becomes increasingly imbalanced with the higher parity of births. In the year 2000, the sex ratio for the second birth was almost 152 and it was as high as 160 for the third and subsequent births (see Figure 3-9).

The disparities between urban and rural areas and among provinces in the sex ratio at

Figure 3-8 Sex Ratio at Birth, 1982-2008 (per 100 girls)



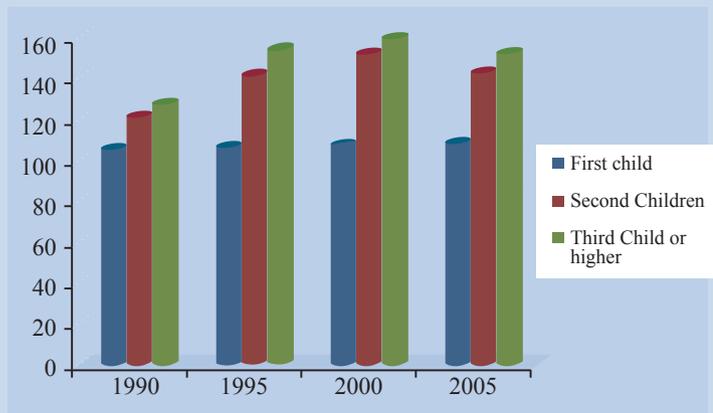
Source: Department of Social, Sciences and Technology Statistics, NBS. Social Progress in 2008 (National Volume). 2008a, P15; NBS. Statistical Communiqué of the People's Republic of China on the 2008 National Economic and Social Development, 2009, <http://www.stats.gov.cn/english/>

birth are even more disturbing. The imbalanced sex ratio at birth has spread in the urban and rural areas across China. In 2000 only Tibet (97.43), Qinghai (103.52), Guizhou (105.37) and Xinjiang (106.65) were still within the normal range for sex ratio at birth. The top ten most imbalanced provinces were: Jiangxi (138.01), Guangdong (137.76), Hainan (135.04), Anhui (130.76), Henan (130.30), Guangxi (128.80), Hubei (128.80), Hunan (126.92), Shaanxi (125.15), and Fujian (120.26)⁷⁶. Compared with the year 2000, the sex ratio at birth for the majority of provinces in 2005 became even more imbalanced and the imbalanced sex ratio at birth occurred in even more provinces; only Tibet remained within the normal range and some provinces exceeding the internationally recognized normal range by a large margin. Combating and reversing the imbalanced sex ratio at birth have thus become a pressing and significant challenge confronting China.

The strong preference of boys over girls has directly impeded the right to survival and development for the girl child. The subsequent severe sex imbalance will also reduce the number of women available for marriage and may cause further disastrous social implications such as multiple sex partners, prostitution, trafficking of women, sexual offences, proliferation of the sex industry and family instability. These actual and emerging risks may also further adversely impact upon social stability, economic development and even national security. Some research has predicted that in China, by around the year 2020, men aged 20-45 will outnumber women of the same age group by 30 million⁷⁷. According to the projections of the UN Population Division, the high sex ratio at birth in China will drop gradually in the decades to come, but will still persist until 2050 (see Figure 3-10).

Since the late 1980's, the Government of China has been attaching great importance to the issue of imbalanced sex ratio at birth. The Population and Family Planning Law promulgated in 2001, the Law on the Protection of Women's Rights and Interests revised in 2005, and related public policies have made a proactive response to the issue. In December of 2005, the Plan of Action on Caring for Girls and Comprehensive Management of the High Sex Ratio at Birth was issued by the General Office of the State Council on behalf of 12 government ministries including the National Population and Family Planning Commission, which spell out the specific responsibilities of respective

Figure 3-9 Sex Ratio at Birth by Birth Parity, 1990-2005 (per 100 girls)



Source: National Population Census and 1% Population Sampling Survey, source is the same as Figure 3-5, page 18.

Figure 3-10 Projections of Sex Ratio at Birth (Medium variant)



Source: United Nations, Population Division World Population Prospects: The 2008 Revision, 2009

departments. The Decision of the Central Committee of the Communist Party of China and the State Council on Fully Enhancing the Population and Family Planning Programme and Comprehensively Addressing Population Issues promulgated in 2006 listed combating the high sex ratio at birth as one of the priorities for national population and development initiatives. Government ministries and departments such as the National Population and Family Planning Commission have adopted a series of economic, administration and communication measures to address the issue. In particular, the Caring for Girls Programme was rolled out nationwide in 2005 after a two year pilot initiated in 2003. A series of dedicated campaigns have also helped create an enabling social environment for the survival and development of the girl child.

However, discrimination against women and girls has not been phased out with the rapid social and economic development and the adoption of gender equality as a basic national policy. The stark reality however is that rectifying women's inferior status and true gender equality are far from having been achieved in China. The belief that men are directly or indirectly superior to women is deeply rooted in society and has been reinforced by this apparent failures to change the status quo through poicy and development. The severely imbalanced sex ratio at birth has been worsened one way or the other by the traditional desire to have a son to carry on the family name, the underdeveloped social security system, the practical needs of raising sons to have support in old age, the strict family planning policy, and the abuse of ultrasound technology to identify a fetus's sex. In order to effectively combat the high sex ratio at birth, a sound working mechanism led by the government, supported by different social sectors and with involvement from the public still needs to be established.

Mortality rate for girls: With the rapid social and economic development of China a continuous decline has been witnessed in neonatal, infant and under five

mortality rates. The infant mortality rate has dropped from 39.9 per thousand in 1994 to 15.3 per thousand in 2007, with the decrease higher in rural areas than in urban areas⁷⁸. The third national population census in 1982 showed that the infant mortality rate for girls was lower than that for boys with the former at 37 per thousand and the latter at 39 per thousand. However, since the mid 1980's, the infant mortality rate for girls has been higher than that for boys. In 2000, the infant mortality rate for girls stood at 34 per thousand whereas it was only 24 per thousand for boys.

The urban/rural gap in the mortality rate is also widening. In 2000, the urban infant mortality rate among boys and girls was 11 per thousand and 15 per thousand respectively, while the corresponding figure in rural areas was 30 per thousand and 43 per thousand⁷⁹. Other than Heilongjiang, Xinjiang, Ningxia and Tibet, the infant mortality rate for girls is higher than that for boys in the remaining 27 provinces of China. According to the World Health Statistics, the infant mortality rate for boys was 16 per thousand in 2007 and 22 per thousand for girls⁸⁰. Discrimination against girls due to strong preference of boys is also observed in their access to food, nutrition and healthcare after their births.

3.6 Women's participation in state affairs and decision making

Since the 4th World Women's Conference was convened in Beijing in 1995, China has boosted its efforts to involve women in the administration and decision making of state and social affairs. The numerous efforts of the Organization Department of the Central Committee of the Communist Party of China (CPC), the Ministry of Civil Affairs and the All China Women's Federation (ACWF) have greatly improved women's participation in state affairs and decision making. During the course of the development and booming of a civil society, women's NGOs active in different development sectors have grown exponentially. For example, the Women's Federation system in China has a total of 830,000 Women's

Federations at the grass-roots and 76,000 women cadres and almost a million part-time volunteer activists⁸¹.

A series of policies and measures have been issued by the Government of China to train, select and appoint women leaders. Ever since 2000, the percentage of women officials has been on the rise in the CPC committees and in the government at various levels. By 2007, women officials accounted for around 10% of the officials at provincial/ministerial level and above, and for around 18% at the county level. The presence of women in the core leadership of the CPC Committee and in various levels of the government has also gradually increased (see Table 3-6).

However, discrimination and bias against women coupled with an underdeveloped training and selection mechanism have brought many challenges for women's equal participation in the administration of state and social affairs. In general, there are still very few women officials in the government and their proportion has failed to grow rapidly. Not many women leaders take up major positions in the Party, Government or other important government departments and their presence is highly restricted to certain areas. Fewer women can be seen towards the higher end of the hierarchy and often their voices do not carry much weight. For example, women officials usually take up positions in the areas traditionally deemed "appropriate" for them such as education and health. The majority of women officials are appointed as deputies and take up less important or non-decision making positions.

At present, there are still very

few senior women leaders in China. For example, in the National People's Congress, the highest state authority and legislation body of China, the percentage of women members has fluctuated at around 21% in the last 15 years (see Table 3-7). According to the Inter-parliamentary Union, the percentage of Chinese congresswomen (the number of women members elected for the 8th NPC) stood at 21% in January 1997 and ranked number 16 in the world, but by the end of September 2009, China had dropped to number

Table 3-6 Percentage of Men and Women Officials in various levels of the Government

Year	Provincial level and above		Prefecture level		County level	
	Male	Female	Male	Female	Male	Female
2000	92.0	8.0	89.2	10.8	84.9	15.1
2003	91.0	9.0	87.5	12.5	83.3	16.7
2004	90.1	9.9	87.4	12.6	83.1	16.9
2005	89.7	10.3	87.1	12.9	82.8	17.2
2006	89.6	10.4	86.7	13.3	82.5	17.5
2007	89.9	10.4	86.3	13.7	82.3	17.7

Source: Department of Social, Science and Technology Statistics, NBS, Social Progress in 2008, 2008a, Page 93

Table 3-7 Number of National People's Congress (NPC) and Chinese People's Political Consultative Conference (CPPCC) members and gender composition

NPC/CPCC(Year)	Total Members	Women		Gender composition(%)	
		No.	%	Male	Female
NPC					
8th NPC (1993)	2978	626	21.0	78.98	21.02
9th NPC (1998)	2979	650	21.8	78.18	21.82
10th NPC (2003)	2985	604	20.2	79.77	20.23
11th NPC (2008)	2987	638	21.4	78.64	21.36
CPPCC					
8th CPPCC (1993)	2093	193	9.2	90.78	9.22
9th CPPCC (1998)	2196	341	15.5	84.47	15.53
10th CPPCC (2003)	2238	375	16.8	83.24	16.76
11th CPPCC (2008)	2237	395	17.7	82.34	17.66

Source: Department of Social, Science and Technology Statistics, NBS, Social Progress in 2008, 2008a, Page 93

51 among 136 countries in the world. Although this percentage is still higher than the world average at 18.5%, it lags far behind the percentages of Nordic countries such as Sweden (40.4%) and Denmark (39.4%)⁸². There is still a long way to go before it meets the target proposed by the UN to have congresswomen account for at least 30% in national parliaments. The percentage of women members in the congress of provinces, municipalities and autonomous regions is also highly imbalanced; in 2006, women members accounted for 30.5% in the congress of Beijing while the figure was only 16.3% for Shandong as the lowest province⁸³.

Women's participation in decision making of public affairs at the grass-roots level is also limited in a male-dominated political and cultural context. The percentage of women among village committee members was merely 21.7% in 2008⁸⁴. Influenced by the traditional stereotyped views of men and women, women would be at the bottom or the margin of the power hierarchy in the village even if they could be elected into the village committee. The majority of women take up deputy and less important positions, which are supposed to match their traditional social roles. A survey on 100 villages in 10 provinces done by ACWF in 2006 found that only 0.5% of village committee directors were women and no woman was appointed as the secretary of village party committees⁸⁵. Members of some village committees and party committees were all men. The survey revealed the fact that women are absent in the village level power hierarchy. This not only has had an impact on the social status of women but has also prevented their experience, opinions, demands for rights and interests from being expressed and considered in the community.

3.7 Male participation⁸⁷

Adult men and boys have an indispensable role to play in promoting gender equality, in particular in fighting violence against women, promoting reproductive health and rights, and sharing of

housework.

Sharing of family planning responsibilities:

Although it has been emphasized by the Population and Family Planning Law that family planning responsibilities should be shared between a husband and wife, women have always taken the majority of the responsibility.

In terms of contraceptive methods used by the reproductive aged population in China, female contraceptives, in particular IUDs and female sterilization are the main ones. In 2000, only 13.11% of men used male sterilization or male condoms. In 2007, male contraceptive methods accounted for around 15% of all methods, among which 5% went to male sterilization and 10% to male condoms.

Alarming disparities are observed across provinces in terms of males sharing in family planning responsibilities. The percentage of male contraceptive methods in Beijing is the highest at 46.33%, 32 times greater than Shanxi with the lowest percentage at 1.45%. In terms of the use of male condoms, Beijing has a percentage of 46.08%, 45 percent higher than in Shanxi at 0.86%⁸⁸.

Sharing of housework: There is a highly visible gender difference in the time spent on paid economic activities and unpaid housework between men and women. For several decades, almost nothing has changed in the traditional pattern that women perform most of the household chores. According to the 1st survey on the social status of Chinese women conducted by the All China Women's Federation in September 1990, during non-farming seasons, rural women ages 15-64 spent three hours more than rural men on house chores per day; the 2nd social status survey in 2000 found that rural women though spending slightly less time, continued to spend almost three hours more than rural men per day. In 1990 and 2000, urban women spent over two hours per day more than urban men on housework⁸⁹. The time-use survey conducted by NBS in 2008 also found that participation of men in paid labour

Table 3-8 Ranking of China in the World Human Development Index

Index	Human Development Report 1995				Human Development Report 2009			
	Year	Value	Ranking	No. of countries	Year	Value	Ranking	No. of countries
HDI	1992	0.594	111	174	2007	0.772	92	182
GDI		0.578	71	130	2007	0.770	75	155
GEM		0.474	23	116		0.533	72	109

Source: Human Development Report 1995 (Chinese Version), 2005, UNDP; Human Development Report Overcoming Barriers: Human Mobility and Development, 2009. UNDP

stood at 74%, which was higher than women at 63%, while men's participation in unpaid labour stood at 65%, lower than women at 92%. From the perspective of hours spent on labour, in 2008 women spent 4 hours and 23 minutes per day on paid labour, which was 1 hour 37 minutes less than men; in stark contrast, women spent 3 hours and 54 minutes on unpaid labour per day, which was 2 hours and 23 minutes more than men.

The patriarchal culture where man serves as the breadwinner and woman as the homemaker is still deeply rooted in today's Chinese society. Women in urban and rural areas who also work are faced with much conflict and burden from their double roles, and are severely constrained by "time poverty". This constraint is more keenly felt among rural women who are left-behind when their husbands travel elsewhere for work. Due to the perennial gender inequality in rural communities, rural women are not only responsible for farming but also for unpaid and laborious housework such as cooking, washing, child raising and cleaning. Worse still, little credit is given to the invisible housework due to its private nature. The inequitable sharing of housework has therefore become one of the main causes for intra-household inequality.

Compared with other countries in the world, the Human Development Index of China has been constantly improving and the human development gap between men and women has also been gradually bridged over the decades. However, from the perspective of the Gender Development Index

(GDI) and the Gender Empowerment Measure (GEM), two indicators often used by international studies⁹⁰, the GDI of China rose from 0.578 in 1995 to 0.770 in 2007, while the GEM of China only increased from 0.474 to 0.533 (see Table 3-9). China has plummeted in the global GEM ranking from 23rd in 1995 to 72nd in 2009. China had achieved significant human development before its reform and opening up initiative in 1978 with a low per capita GDP. Since then, gender inequality and inequity in literacy, employment, income, healthcare and decision making in public affairs have loomed even larger in the complexity of social injustice⁹¹.

In conclusion, gender equality in China is still confronted with a wide range of challenges. Although gender equality was highlighted as a basic state policy following the World Women's Conference in 1995, China still lags behind international frameworks and goals in gender mainstreaming both in terms of public policies and administrative regulations of government ministries. The existing policies often fail to be implemented or to be properly implemented at the local level. In reality, both urban and rural women still face all kinds of gender-based discrimination and obstacles to their development. A huge gap still exists between actual gender equality and the meaning of this term as stipulated in laws. There is still a long way before China can meet the goals associated with gender equality and equity and empowerment of women in the ICPD PoA and the MDGs.

Chapter IV Reproductive Health and Reproductive Rights

Introduction

Reproductive health and reproductive rights was one of the core topics during the International Conference on Population and Development (ICPD) and was the most important content of the ICPD Programme of Action (PoA) jointly signed and adopted by countries attending the conference. As a cross-century framework for comprehensive development to influence global population programmes, the PoA defines the concept of reproductive health, comprehensively interprets the basic rights related to reproductive health and family planning, and puts forward the development goal of universal access to reproductive health. Hence, reproductive health has, for the first time, been formally included into international documents that guide the population and development actions of countries and has become a realm of policy recognized and accepted by all countries and established as a priority for consideration and action.

China acknowledged the principles and spirit of the ICPD and the MDGs. In the past 15 years, China has developed various measures to fulfill its international commitments of achieving the goals and targets of the ICPD PoA and the MDGs on schedule. In this way, as a reflection of a people-oriented scientific concept and a main component of promoting equality in the provision of basic public services, promotion of reproductive health has been integrated into national initiatives to develop social infrastructure which focuses on the improvement of people's lives.

1. Background Information

1.1 Connotation and meaning of reproductive health

The essence of “reproductive health” is demand and rights-driven and emphasizes participation and responsibility. This concept of reproductive health reflects a profound transition by international society in the way of thinking about population and development and the recent adoption of the philosophy that reproductive health should be “people-centered”. This also highlights a historic shift away from focusing on population growth in the narrow sense -merely emphasizing setting population targets with traditional population policies to controlling population growth. Reproductive health is now intended to meet the needs of groups or individuals so as to improve their health

Text box 6

Reproductive Health

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

- Report of the International Conference on Population and Development, Article 7.2, UN Publication A/CONF.171/13/Rev.1, Page 37

(including reproductive health) and quality of life under a framework of basic human rights. In other words, the shift is a milestone marking the change from focusing on the means of development to the objectives of development.

Reproductive health is a broad social concept encompassing more than the biomedical sense and includes economic, social, cultural and behavioral factors. Essentially, reproductive health is a development issue. Consequently, reproductive health is not only demand-focused and people-oriented; it upholds reproductive rights as a basic human right. The ICPD PoA re-iterated that the contents of reproductive rights are comprised of every one having a basic right to freely and responsibly decide the number of births, the interval and the time to give birth (see Text box 6). It is also comprised of the right of all to make decisions concerning reproductive health, free from discrimination, coercion and violence and taking into account the needs of their present and future children as well as their responsibilities to society.⁹²

The target of “universal access to reproductive health” set by the ICPD PoA was initially not incorporated into other international development frameworks and was only accepted and taken seriously by international society as awareness of its key role in the comprehensive, coordinated and sustainable development of society increased. In 2004, the World Health Assembly renewed its global commitment in the field of sexual and reproductive health, and indicated the need to adopt global reproductive health strategies in order to accelerate the achievement of the international development goals. These goals include the promotion of the ICPD’s proposed “universal access to reproductive health”. Similarly, the MDGs established by the World Summit in 2000 did not include a target for reproductive health but only relevant indicators for women’s and children’s health care. The importance of reproductive health for human development was recognized at the next World Summit in 2005, which for

the first time emphasized the importance of sexual and reproductive health in the achievement of MDG targets related to gender and health. It was also suggested that the target of “universal access to reproductive health” be incorporated into the framework for monitoring indicators and MDG development. At the 2006 United Nations General Assembly, the proposition to bring the “universal access to reproductive health” target into MDG5, suggested in the report of the Secretary-General of the United Nations, was adopted.⁹³ As a result, reproductive health formally became a component of international society’s most comprehensive, definite and authoritative indicator system in the field of development.⁹⁴

The concept of “universal access to reproductive health” gives expression to the value and meaning of human life. It also promotes the individual’s ability to contribute to their development and to enjoy life. A high level of reproductive health contributes to equality for people at the start of life and to greater chances for future development.⁹⁵

Reproductive health is comprehensive and includes family planning, maternal and infant health care, prevention and treatment of sexually transmitted infections (STIs) (including HIV) and genital diseases, prevention of unsafe abortions, better sexual health, etc. It represents the most fundamental human requirement and expresses people’s basic right. It also reflects important aspects of social development, population survival, life and quality of life. So far, the target of “universal access to reproductive health by 2015” is the most basic and the most comprehensive social development strategy in the field of international health.

While influenced by social, economic, and cultural factors, reproductive health plays an active role in human social, economic and cultural development. The practice of many countries shows that achieving the set target of reproductive health and reproductive rights is crucial for the promotion of development, poverty elimination and achieving MDGs.⁹⁶ It also plays a key

role in developing education, improving productivity and promoting quality of life. Poor reproductive health is a direct obstacle to sound development. Unfavorable reproductive health affects the development process through lowering women's quality of life, weakening and even threatening the survival of women in poverty and increasing the burden on families and communities.

1.2 The target of MDG5B: “universal access to reproductive health” and its monitoring indicators

In the MDG monitoring system there are four global monitoring indicators for the specific target of “universal access to reproductive health by 2015”, namely contraceptive prevalence rate, adolescent birth rate, antenatal care coverage (at least one visit and at least four visits) and unmet need for family planning. Obviously, these four indicators are insufficient for policy-making and action on the national level. The use of more comprehensive indicators and information is required to reflect ongoing progress towards achieving this MDG target.

Thus the World Health Organization (WHO) and UNFPA jointly developed an indicator framework aimed at defining the target of “universal access to reproductive health” and its decisive factors, including a system of indicators for national level monitoring of reproductive health progress. This framework and system of indicators emphasized four priority aspects of sexual and reproductive health, which are:

- Family planning
- Maternal, perinatal and infant health care, including prevention of unsafe abortions
- Sexually transmitted diseases (STI) (including HIV),

sexually transmitted infections and reproductive tract infection (STI/RTI) and other genital diseases (including cancer)

- Sexual health, including sexual and unhealthy behaviors among adolescents

The system of monitoring progress was developed from four dimensions: policy and a supportive social environment, access to services (availability, information/requirement, and quality), service utility and output/influence.

This report acknowledges the system of monitoring indicators and its rationale. Analysis of China's national progress of implementing the ICPD and MDG5B “universal access to reproductive health” will be developed in line with this system and its priority aspects based on the currently available data.

1.3 China's Action

In the past 15 years, China has drawn on the progressive international philosophy in the addition of reproductive health into the population and family planning program. China has established a benefit-

Text box 7

Reproductive Health Priorities and Monitoring Reproductive Health

—The WHO's international strategy targets five priority aspects of reproductive health: improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning (including infertility services); eliminating unsafe abortion; combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynecological morbidities; and promoting sexual health.

—In 1999 and 2001, the United Nations Inter-Agencies Meeting proposed 17 indicators for monitoring international sexual and reproductive health. These include total fertility rate, prevalence of low birth weight, prevalence of HIV infection in pregnant women etc. These indicators could be chosen according to specific national conditions. The WHO also offered documents for data collection, analysis and interpretation.

—“The State of the World Population 2007” by UNFPA adopted 10 indicators in three categories (mortality, education and reproductive health) as monitoring indicators in the achievement of the ICPD goals. The indicators of reproductive health include adolescent birth rate (ages 15-19), contraceptive prevalence rate (any method/modern methods), and HIV prevalence rate (15-49) (male/female).

oriented system and social security system according to its situation through developing Quality of Care (QoC) in reproductive health/family planning, promoting informed choice on contraception, normalizing sexual and reproductive health education for adolescents and strengthening prevention of HIV/AIDS and other major diseases. As a result, people's reproductive health has been gradually improving and maternal and infant mortality have been continuously decreasing. The degree of satisfaction for reproductive health/ family planning (RH/FP) services also continues to increase.⁹⁷

China is currently in a special period of rapid economic growth, social transition, health care transformation and population transition during which both the social structure and population dynamics have dramatically changed. The phenomenon of unbalanced regional development is still apparent. Various social groups with a rapidly-improved quality of life have raised higher and more diversified individual demands. Compared with those in previous periods, the individual circumstance and group characteristics of those who make the most use of the RH/FP services have changed. In addition, people's consciousness about rights and their complaints are increasing. All of these factors lead to new challenges for the goal of better RH/FP services aimed at meeting people's demands and protecting rights in RH/FP.

The Ministry of Foreign Affairs of the P.R.C. and the United Nations in China jointly published the "Report on China's Progress towards the MDGs (2008)". Although target 5B, "universal access to reproductive health" is on track, it is one of the 4 targets which have been slow to make progress among the 14 targets relevant for China. It is rated in the lowest status ("potentially") of goal achievement, below the other two categories, "already met" and "likely to be met". In addition, for the status on "level of national support", MDG target 5B is rated in the category of "good", below the category of "strong".

The timeline for achieving the MDGs has

already passed the halfway point and the target of "universal access to reproductive health" has become an urgent one. It is thus an exercise of lasting and overall significance to review China's national progress in achieving the ICPD agenda and MDG goals at the occasion of ICPD+15. This process allows examination of both the experiences and remaining challenges in the field of RH/FP so as to accelerate efforts for attaining the targets and realizing overall, coordinated and sustainable national development.

II. Supportive Social Environment and Main Progress

In 1994, China sent a high-level government delegation to participate in the ICPD, and presented a five-point proposal on China's population and development issues. The Chinese government stressed that the essence of population issues lied in development and advocated fundamentally solving population issues through means of education, health care, family planning, improving women's status and environmental protection, etc., while promoting comprehensive economic and social development. The Chinese government also pointed out that while implementing the population and family planning program, "the government should provide acceptable, accessible and affordable high-quality family planning services to all those in need and help all couples and individuals to freely make reproductive decisions."⁹⁸ It particularly pointed out the need to "provide reproductive health and family planning information, education, counseling and other services to women." This summarises the Chinese government's basic position and attitude on RH/FP and was important groundwork for the introduction of reproductive health concepts and actions into family planning in China.

2.1 Family Planning/ Reproductive Health

China endorses and accepts the ICPD concepts of "people-oriented" and "reproductive health".

As the response and commitment to international communities, the National Population and Family Planning Commission formally proposed in 1995 to achieve the “two transformations” in its guidelines and approach to RH/FP. The transformations meant that the approach to reproductive health would “change from centered on family planning to combining economic and social development, and adopting comprehensive measures to solve population issues; and changing from social constraints to an integrated mechanism of combining interest, orientation, promotion and education, comprehensive services and scientific management with social constraints”. Since then, a “prelude to the reform of China's family planning”, declaring a historical change from “population control” to “reproductive health” in China’s family planning has been commenced.⁹⁹ At the same time, the National Population and Family Planning Commission initiated the pilot project of “quality of care” in rural areas with good socio-economic conditions, aimed at realizing the transition of family planning work from “simply completing the population plan and controlling the excessive growth of population size” to “supplying comprehensive services and QoC services to women of reproductive ages”.¹⁰⁰

Entering the 21st century, China has accelerated its pace of reform and development in the field of population and family planning, and a number of important policies, regulations and government documents have been published successively including:

—In 2001, the State Council promulgated the Regulations on Family Planning Technical Services and its associated supporting file entitled, Ordinance Rules of Family Planning Technical Services Management in order to regulate family planning services, to improve service quality and to safeguard peoples’ rights to RH/FP.

In the same year, the State Family Planning Commission, the Ministry of Finance, the Ministry of Health and the State Planning Commission jointly

issued “the Notice on the Implementation of Supplying Free Contraceptive Technical Services to Rural Couples Who Practice Family Planning”.

—At the end of 2001, the Population and Family Planning Law of the People's Republic of China was officially issued after many years of research and development. It clearly stipulates the rights that citizens are entitled to in FP/RH. Subsequently, all Chinese provinces, municipalities and autonomous regions began to amend their relevant local laws and regulations in line with the reforms China put in place to protect people’s civil rights, to emphasize reproductive health and to highlight service changed in the field of population and family planning.

—In late 2006, the Central Committee of CPC and the State Council issued the Decision on the All-round Strengthening of Population and Family Planning Programmes to Comprehensively Solve Population Problems (also know as “the Decision”). It proposed to “comprehensively solve population issues by promoting people’s overall development” and to constantly improve the administration, social management and public services.

—In 2009, the State Council updated and enacted the Regulation on Family Planning Work for the Migrant Population. It explicitly describes the need to safeguarding the legitimate rights and interests of migrants, to strengthen the RH/FP services for migrants, and to implement relevant incentives and preferential treatment policies.

Echoing the policies and regulations mentioned above, China has made significant progress in social activities and the practice of reproductive health/family planning.

—Experiences from the Quality of Care pilot programme have been integrated into national policies and systems. Quality of Care refers to providing informed choice of contraceptive methods during family planning and reproductive health services and protecting the reproductive rights of the public. With

the promotion of the government, it has been spread to more and more areas and different groups of people, from the pilot project areas to other parts of the country. Quality of Care has brought about many positive impacts and changes to the ideas, policies and services of China's population and family planning program, as well as to individuals. It has helped change the rigid and oversimplified management and service models, helped improve policies step by step, contributed to the protection of the rights and interests of the public and made it easier to meet their needs. As a result, the rigid rule to demand that women of reproductive age should accept IUD insertion after giving birth to one child and vasectomy or tubal ligation after having two children has been canceled. In this way, reproductive health has been highlighted and the quality of family planning services has greatly been improved.¹⁰¹ In 2002, the National Population and Family Planning Commission launched the campaign for developing family planning Quality of Care advanced districts (counties and cities), and so far, 719 family planning Quality of Care advanced districts (counties and cities) have been recommended, accounting for a quarter of the 2,859 county-level administrative units throughout the country.¹⁰²

—The composition of contraceptive methods for the reproductive aged population has undergone a relatively significant change. Before the 1990s, China's family planning program was characterized by rigidity, a strong administrative system and control of the population size was the dominant stance. Therefore, the contraceptive methods for couples of reproductive age were quite standard and there was little choice. One striking characteristic was to demand that women of reproductive age must "accept IUD insertion after giving birth to one child and tubal ligation after having two children". With the spread of reformation on family planning and quality of care, the composition of contraceptive methods for the married population of reproductive age has undergone a

relatively significant change. Data show that in 1992 before the convening of the ICPD, the percentage of married couples of reproductive ages who underwent sterilization (including vasectomy and tubal ligation) as form of contraception was 53.46%, while the percentage of the women of reproductive age adopting an IUD was 40.12%. They represent a total of over 93 % of all the married women of reproductive age interviewed. A similar survey was conducted in 2006 and showed that the percentage of married couples of reproductive age who had undergone sterilization (including vasectomy and tubal ligation) had dropped to 39.26%, and the percentage using an IUD had risen to 47.99%; condom users accounted for 9.99 %.

—The proportion of contraceptive methods determined by users has increased sharply. The "informed choice" of contraceptive methods is an important concept of reproductive health according to the principles of the ICPD. Decision-makers of contraceptive methods reflect from a certain side the level of informed choice among the reproductive aged population. As for the decision-makers of contraceptive methods surveyed in 2006, the decision jointly made by husbands and wives, the decision made by women themselves and the decision made by family planning management staff ranked the top three places. The contraceptive users who made a decision on their own regarding their chosen method of contraception,

Table 4-1 Distribution of who made the choice of contraception for married women of reproductive age, 2006

Decision-maker of contraceptive methods	Percentage (%)
By women themselves	37.85
By spouses	1.97
By both wives and husbands	38.31
By other family members, relatives or friends	0.2
By family planning technicians	2.61
By family planning management staff	18.76
By other people	0.3

Source: calculated from the Data Collection of the 2006 Survey of China's Population and Family Planning edited by Mr. Zhang Weiqing and published by the China Population Press in 2008.

accounted for more than three quarters (see Table 4-1).

—**Reproductive health services for migrants has gradually gained attention.** In 2006, the Chinese government proposed the social development goals of accelerating the equalization process of basic public services. The focus of the goals is to improve the public services for underprivileged and marginal social groups by rationally deploying public resources. In accordance, some municipal governments have gradually paid more and more attention to the family planning and reproductive health issues of migrants by appropriating specific funds to offer such services to migrants.

— **International cooperation and projects: New concepts and practices**

Between 1998-2009, the Chinese Government in cooperation with UNFPA conducted a national project on family planning/reproductive health in three country programme cycles. , The focus of the 4th-country programme (1998-2003) was on improving the practice of FP/RH service delivery, including the removal of the birth quota, expansion of service coverage and improvement of quality of services in 32 counties of 22 provinces and autonomous regions in western China where socioeconomic development was relatively backward. The project was designed to implement the goals of the ICPD PoA. The goal of the 5th country programme (2003-2005) was to spread FP/RH services to 30 project counties and cities of the 30 provinces, autonomous regions and municipalities in China’s mainland, including: the expansion and protection of citizens’ rights through social advocacy and project activities; promotion of informed choice of contraceptive methods; delivery of standard services; reform of management and evaluation; reproductive tract infection (RTI) and AIDS prevention; sexual and reproductive education and services for adolescents; promotion of social-gender equality; and improvement of male participation. The objective was to provide an efficient working model for the demonstration of reproductive health/family planning services. During

2006-2010, the Chinese Government in cooperation with the UNFPA are carrying out the 6th country programme which further shifts the focus to the provision of better quality and client-oriented, comprehensive FP/RH services with a strategic gender focus. The project has a special emphasis on the unmet FP/RH demands of migrants, adolescents and other vulnerable populations and makes efforts to provide services to them. At the same time, China has developed bilateral and south-south cooperation, and other multi-lateral projects with Japan and Australia.

The international cooperation projects have not only introduced China to international, advanced concepts on population and reproductive health, but served to highlight China’s innovative practice of population and family planning as a reference for other countries.¹⁰³

—**Active Social Intervention and Institutional Innovation**

In order to reverse the abnormal situation of the high sex ratio at birth which began in the mid-1980s, a document was released in 1999 jointly by the Publicity Department of the CPC Central Committee and the National Population and Family Planning Commission to launch the “Campaign of Letting the New Trend of Marriage and Human Reproduction Prevail in Millions of Families”. It was a plan of social action advocated and promoted by the Chinese government. The objective of the campaign was to spread and promote a new reproductive culture and style of marriage which was in line with modern society. It promoted harmonious gender-based interactions between men and women and the creation of a favorable social environment and atmosphere for the healthy growth and development of girls, especially girls living in rural areas. The campaign has so far experienced a three-stage development.¹⁰⁴

In 2001, the National Population and Family Planning Commission (NPFPC) launched a comprehensive reform of the population and family planning program at the county/prefecture level. The

objective of the reform was to build a long-standing working mechanism by which “information, education and communication (IEC) is taken as the guiding factor, administration is carried out in accordance with laws, villagers’ and residents’ autonomy is practiced, quality of care is provided, policies are implemented and comprehensive measures are adopted”. The reform was done in order to match the socialized management of the government, the public service system and the working mechanism so that the country could be governed according to law, a service-oriented government could be built and the “people-oriented” concept could be reflected.¹⁰⁵

To mitigate the practical difficulties of rural families which have practiced birth control, to improve the population and family planning policies, to guide peasants to practice birth control of their own accord and to promote the concerted development of population and economy in rural areas,¹⁰⁶ in 2004, China initiated a pilot experiment on the “system to grant rewards and subsidy to rural families which have practiced birth control”. The system was then implemented in all of China in 2006. Official statistics show that by the end of 2008, a total of 5.23 billion Yuan had been granted to rural families who had practiced birth control, with 6.06 million beneficiaries.¹⁰⁷ In 2008, the Chinese government began to implement a special subsidy system for the families which practiced birth control (i.e.the Subsidy System for the Families with Their Only Children Suffering from Wounds, Disabilities or Deaths”) throughout the country. In 2009, the government went on to further raise the standards of rewards and subsidies for families which had practiced birth control, while increasing the coverage of the target population for the “Fewer Births and Getting Rich Quickly” Project in West China.

In addition to the basic, free-of-charge family planning contraceptive services, China has also undertaken projects such as the “Project of Safeguarding the Reproductive Health Rights of Women in Mid-

western Regions of China”, “Family Planning Service Vehicle Project”, “Birth Defect Intervention Project” and “Women’s Reproductive Tract Infection Intervention Project”.

All these social campaigns and practices have not only reflected the main theme and major trend of population and family planning reform in China, but they have also been implemented in unison with China’s development in the light of social equity and justice, and the principles of the ICPD.

2.2 Women and Children’s Health

Maternal and child health, as an important component of reproductive health promotion strategies is the field with “the largest social effects and most comprehensive benefit coverage in the health sector”. Maternal and child health is often regarded as “one of the most important, progressive health indicators”. Improvements in maternal and child health policies and services will directly benefit more than two thirds of the population. The improvement of maternal and child health and survival will bring multiple positive effects to China’s economic and social development.”¹⁰⁸

Since the 21st century, China has strengthened its social construction by focusing on improving people’s livelihoods. Maternal and child health, as an integral part of the fundamental public health service, has been incorporated into the government’s policy framework and major public service projects, to become a fundamental strategy for improving people’s livelihoods. It is highly valued by the government and it has gained substantial policy support.

—In 2002, the Ministry of Health issued the Implementation Program for Carrying out the Outline for the Development of Chinese Children (2001-2010) and the Outline for the Development of Chinese Women (2001-2010) , and proposed many targets including: “improving the health of newborn babies”; “ensuring safe delivery for pregnant women”; “reducing infant and child mortality under the age of five”; “improving children’s nutrition status and

health growth”; “strengthening education on children’s health”; “guaranteeing women’s access to basic health services to their health status” and “improving the living environment”. It pointed out that maternal and child health was an important duty of the government at all levels and requested that governments put maternal and child health strategies into their planning while setting up relevant policies and increasing financial input to ensure the above objectives.¹⁰⁹

—In 2006, the Ministry of Health issued the Guidance on Further Strengthening the Work of Maternal and Child Health, clearly stating that China’s policy on maternal and child health would be “centered on health, taking reproductive health as the basis, and would combine health-care with clinical practice for the groups, especially at the grass roots level”. The goal of the policy on maternal and child health was to reduce the mortality rate of pregnant women, infants and children under five; to improve the quality of births, preventing and reducing birth defects; to continuously meet people’s reproductive health needs; to establish a suitable model of maternal and child health services for migrants; and to gradually narrow the gap in indicators between urban-rural areas, various regions and other areas.

—In 2009, Suggestions on Deepening Medical and Health System Reform by the Central Committee of the CPC and the State Council and the Notice of Recent Implementation Plan for Medical and Health System Reform by the State Council were issued. In order to meet the requirement of the two documents (i.e. to provide a national public health service), the Ministry of Health initiated and/or strengthened three significant maternal and child health services for rural women. These services included: (i) to develop “two-cancer” (cervical cancer and breast cancer) examinations for rural women across the country by using special subsidies from the central government¹¹¹; (ii) to supply rural women with folic acid before and during early pregnancy to prevent neural tube defects¹¹²; and (iii)

to continue to implement the hospital grant project for rural pregnant women delivering in hospital¹¹³.

—In 2009, the Ministry of Health, the Ministry of Finance and the National Population and Family Planning Commission co-issued the Suggestions on Promoting Gradual Equalization in Basic Public Health Services, which described the inclusion of vaccination, child and maternal health care and infectious disease prevention in basic national public health services. Services that major public health services should provide include: the prevention and control of major diseases such as tuberculosis and AIDS; national immunization programs; hospital delivery in rural areas; supply of folic acid for rural women before and during early pregnancy; and breast and cervical cancer examinations for rural women¹¹⁴.

In order to accelerate improvements in maternal and children health, the Chinese government has been increasing its financial investment to gradually establish and perfect the three-level (i.e. county-, township- and village-level) service network for maternal and children health care and to strengthen monitoring of maternal and children mortality. In 2001, the Ministry of Health launched the Project, “Reducing Maternal Mortality and Eliminating Infant Tetanus”. The number of poverty-stricken counties benefiting from this project has increased from 378 to 1200 and this project has substantially improved the maternal health care and obstetric services for poor rural women. Since 2003, major health indicators for migrants have been included in the annual report on women and children’s health development. Many governments at provincial and municipal levels have formulated local policies to ensure the right of migrants to access local health care services”.¹¹⁵

In recent years, China has also implemented a number of health promotion projects in the field of children’s health including the “asphyxia recovery project” and “nutrient supplementation project for children in four provinces of western China”.

Maternal and children health is a sensitive indicator of public health and the development level of a country. Nowadays, it is a common practice worldwide to use infant mortality, the under-five child mortality and maternal mortality as basic indicators of women's and children's health status and as important comprehensive indicators of the development quality and level of a nation or region. In the past 15 years, China has made significant progress against these indicators.

—China's infant mortality rate has steadily declined. Since the 1990s, the infant mortality rate has gradually declined from 39.9 per thousand in 1994 to 14.9 per thousand in 2008, a decline of more than 60% over 14 years and representing a significant achievement. In the process of infant mortality decline, similar trends have been shown both in urban and rural areas. In fact, the decline has been faster in rural areas than in urban areas, progress which has obviously narrowed the gap between urban and rural areas (see Figure 4-1).

—The under five mortality rate met the MDG target in advance. Reducing child mortality is the 4th MDG goal. Since the 1990s, both nationally and in urban and rural areas, there has been a decline in under five mortality, similar to that of infant mortality. MDG targets require that the under five mortality rate be reduced by two-thirds between 1990 and 2015. The under five mortality rate in 1991 (data was lacking in 1990) was 61 per thousand. By 2008 the rate had been reduced to 18.5 per thousand and thus China's MDG target of 20.1 per thousand had already been met ahead of schedule.

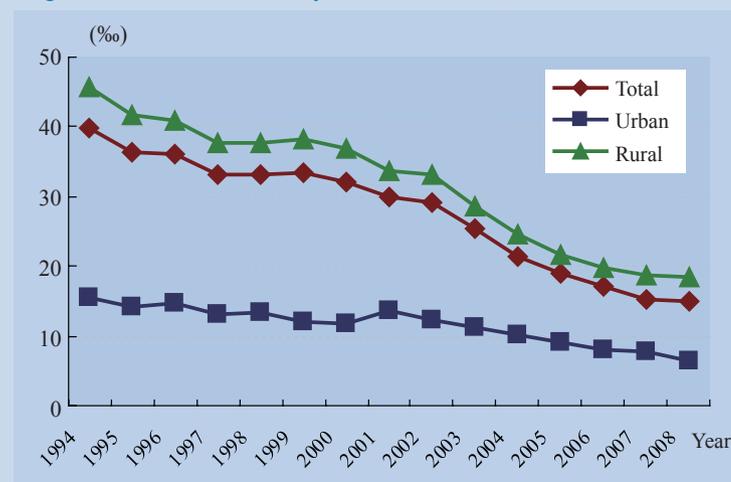
—The maternal mortality rate declined rapidly, which has been attributed to a more rapid decline in rural areas. Improving maternal health is MDG number five; the target is to

reduce the maternal mortality rate of 1990, by three quarters by the year 2015.

During the period since the ICPD, maternal mortality in China has been declining with some fluctuations (see Figure 4-2) according to surveillance data of women's and children's mortality. Maternal mortality has reduced from 64.8/100,000 in 1994 to 34.2/100,000 in 2008, a reduction of more than 47%.

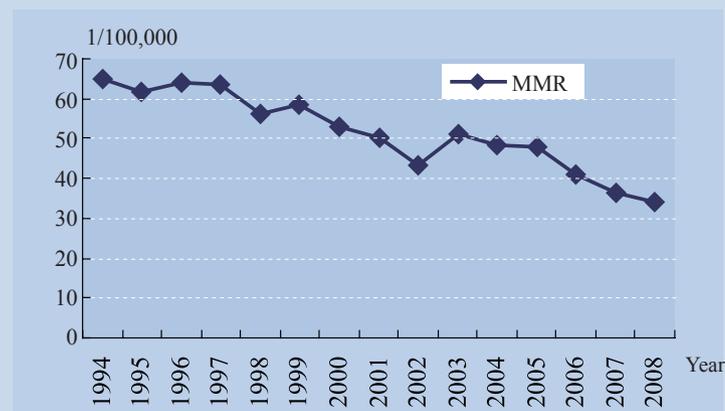
Although maternal mortality data in China also reveal considerable urban-rural and inter-regional disparities, it is encouraging that in recent years, these

Figure 4-1 Infant Mortality Rate in China, 1994-2008



Source: The source for data from 1994 to 2007 is the Ministry of Health of the P.R.C., China's Health Statistics Yearbook (2008), published by Peking Union Medical College Press, 2008. The source of data for 2008 is the website of the Ministry of Health of the P.R.C., "A Circular Letter of National Monitoring Result on Women and Children Health, 2008", July 31, 2009.

Figure 4-2 Maternal Mortality Rate (per 100,000) in China, 1994-2008



Source: The same as Figure 4-1.

disparities have been shrinking rapidly (see Figure 4-3). From 2000 to 2008, the disparity between maternal mortality in rural areas and urban areas has been reduced from 2.33 times to 1.24 times. The main reason is that the maternal mortality in rural areas declined by 46.3 % over the eight year period. Such decline not only narrowed the gap between urban and rural areas, but also brought about the positive effect of significantly speeding up the decline of national maternal mortality.

Meanwhile, the maternal mortality rate in western China was as high as 114.9/100,000 in 2000, a rate 5.41 times higher and 2.20 times higher than those in eastern China and central China, respectively. By 2008, the disparities had been narrowed to 2.66 times and 1.50 times, respectively. Pregnant women benefited the most from the Government's policy of subsidizing hospital deliveries in rural areas, especially women in western China where greater financial investment was made.

—The accessibility to women's and children's health services continues to increase. Access to women's and children's health services can be embodied by indicators such as the hospital delivery rate, the prenatal examination rate and the comprehensive immunization rate of children under the age of one.

In 2007, the hospital delivery rate reached 91.7%, while 13 years ago (in 1994) it was only 65.6%. Specifically, the hospital delivery rate for urban areas increased from 76.4% in 1994 to 95.8% in 2007, and in rural areas it increased from 50.4% in 1994 to 88.8% in 2007. The latter being a far bigger leap than the former.

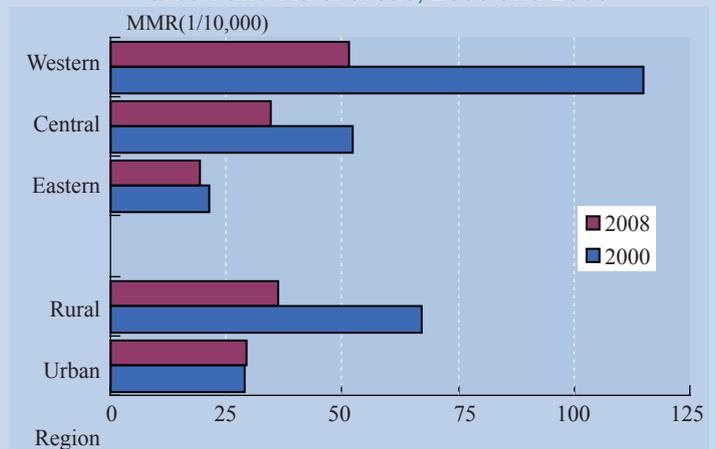
Compared with the hospital delivery rate, the prenatal examination rate has displayed a relatively moderate increase in the past decade because of a high base-line. The national prenatal examination rate increased from 76.3% in 1994 to 90.9% in 2007.

In 2007, among the immunizations for

children under one year of age, the vaccination rate of Bacillus Calmette-Guerin (BCG), DPT, polio vaccine (OPV) and measles vaccine (MV) reached the 99.0%, 99.0%, 99.1% and 98.6%, respectively. These four vaccinations have thus almost covered the entire target population of the country.

—The number of induced abortions has declined remarkably. In the field of family planning, induced abortion reflects client's unmet need for family planning and management features from the view of service providers. Since the ICPD in 1994, the number of induced abortions in China has decreased drastically. Although the number of induced abortions nationwide

Figure 4-3 Maternal Mortality Rate by Regions and by Urban and Rural areas, 2000 and 2008



Source: "A Circular Letter of Monitoring Results on Women and Children Health, 2008", the website of the Ministry of Health of the P.R.C., July 31, 2009.

Figure 4-4 Number of induced abortions in China, 1971-2007



Source: Ministry of Health of the P.R.C. China's Health Statistics Yearbook(2008). Peking Union Medical College Press, 2008.

has risen slightly since 2001, in the years directly prior to that the average annual number of abortions remained at the level of about six to seven million, which represented a 50% decline compared to the “high plateau” period between 1981 and 1994 (see Figure 4-4).

2.3 STIs and HIV/AIDS

The Regulation on the Prevention and Treatment of HIV/AIDS enacted in 2006 put national work on HIV/AIDS prevention and control into China’s legal system. In the same year, China’s Program of Action on HIV/AIDS Curbing the spread, Prevention and Control was formulated and took effect. In 2007, the Government further formulated China’s Framework of Supervision and Evaluation on HIV/AIDS Prevention and Control (trial), hence accomplishing the establishment of three frameworks, i.e. a national scheme, a coordination mechanism and a supervision and evaluation system, promoted by the UN. Under these frameworks, a comprehensive prevention and control strategy was formed which focuses on integrating: social participation; cooperation between government bodies; promotion and education; comprehensive measurement of interventions; and treatment and prevention. In recent years, the government has been increasing its financial investment in the comprehensive treatment and control of HIV/AIDS, and the amount reached 0.944 billion Yuan in 2007¹¹⁶.

China has adopted the policy titled “Four Exemptions and One Care” regarding the treatment of HIV/AIDS patients. Antiretroviral treatment has covered 1,190 counties (districts) in 31 provinces, autonomous regions and municipalities around the country. China is also undertaking research on the comprehensive treatment mode and the prevention of opportunistic infections.

China first commenced STI/AIDS monitoring work in the 1980s. Currently, 329 national-level AIDS monitoring sites and more than 400 AIDS provincial-level monitoring sites have been established. There are also 105 STI monitoring stations. Epidemic monitoring,

behavioral monitoring and monitoring of pathogenic drug tolerance are also being undertaken. In addition, China has set up a statistical reporting system, and an online network for direct STI epidemic reporting at the central and provincial (autonomous regions and municipalities) levels. At the same time, more than 2,600 high-risk behavioral intervention teams have been set up nationwide, covering more than 1,000 counties around the nation. Governments in 28 provinces, autonomous regions and municipalities have launched model pilot experiments on comprehensive treatment and control of STIs and AIDS.

In the past two years, promotion and education activities related to HIV/AIDS prevention have become more and more extensive and in-depth. For example, primary and secondary education courses have incorporated topics including health education on HIV/AIDS prevention, information on the dangers and how to stay away from drugs and the awareness of environmental protection.

In 2009, the National Population and Family Planning Commission in cooperation with UNFPA China formulated the Integrated Framework of AIDS Prevention and Reproductive Health/Family Planning Services. This framework provides an action plan for the integration of reproductive health/family planning services and AIDS prevention in the field of population and family planning, thus expanding the path and increasing the methods of comprehensive treatment and control of AIDS.

2.4 Reproductive Rights and Social Policies

Reproductive health is not only an important health issue; it is also a development issue. Moreover, it is an issue of human rights. Acknowledgement of and respect for reproductive rights is a guarantee which ensures all people have equal access to good quality reproductive health care services. The government’s social responsibility for public reproductive health not only embodies providing quality of care services to meet growing and individualized demands, but also

embodies respecting and guaranteeing people's basic reproductive health rights during the process of policy-making and service provision.

The evolution of family planning in China over the last 30 years has been a process of continuous improvement and development. It has also been a process which has had growing emphasis on the protection of basic RH/FP rights.

From the larger view of the social environment, China has signed 25 international conventions on human rights.¹¹⁸ Human rights have been written into China's Constitution and the recently issued "Human Rights Action Plan of China". These actions show that respect and protection of human rights has become one of the core concerns and tasks for national construction and social development in China.

In order to promote the protection of people's right to family planning/reproductive health and to implement the basic strategy of "governing the nation in accordance with the law", "administration by law" was then developed nationwide in the field of population and family planning. In 2008, the National Population and Family Planning Commission (NPFPC) issued "A Framework of Protection of the People's Right to Family Planning". As part of the China/UNFPA sixth country programme the RH/FP project piloted the establishment of a complaint mechanism, the gradual reduction of social compensation fees, repealing the requirement for birth spacing permits, offering quality of care in reproductive health/family planning, comprehensive reform and management performance assessments for the protection of people's right to family planning/reproductive health. These activities aimed to establish a system and create standards for administration and service provision and to ensure the rights of the public for family planning/reproductive health, as a response to the call to build China into a country governed by the rule of law and with a law-based Government.

The core philosophy of "giving priority

investment to the overall development of people" was proposed by Research on the National Population Development Strategy. Furthermore, the national documents, such as the "11th five-year Plan for the National Economic and Social Development", the "Population development plan for the 11th five-year plan period and by 2020", and the "Decision Made by the Central Committee of the Communist Party of China and the State Council on the All-round Strengthening of Population and Family Planning Programmes to Comprehensively Solve Population Issues" were released to offer a framework from different angles and to guarantee people's basic right to family planning/reproductive health. These regulations all emphasize people-oriented services, the protection of people's rights as well as meeting people's demands in family planning /reproductive health.

Apart from helping residents in urban and rural areas to better benefit from the family planning/reproductive health services provided by the Government so as to enjoy their right to reproductive health, the Chinese government has also become fully aware of the importance of social and economic progress such as education, elimination of poverty and improvement of women's status in order to enhance people's level of health and their capacity to protect their own rights. As a result, the central government and all local authorities are making efforts to explore ways and supportive policies that better link and integrate family planning/reproductive health with broader social and economic development policies concerning education, employment, medical care and social security.

Since 2003, China has been implementing the New-type Rural Cooperative Medical Care System, which "is expected to basically cover all rural residents by 2010". A medical relief system that supports the poverty-stricken population to join the New-type Rural Cooperative Medical Care System and provides extra subsidy is also in operation. As a result, basic medical

care services will be available in all urban and rural areas in 2010. Since 2007, the Children’s Immunization Program has also been expanded, providing all children with 12 types of vaccines. The central government provides free vaccines and syringes to those in less-developed regions and provides extra subsidies to the medical personnel there. All of these efforts have created a favorable policy environment for further improvement in the medical care services for women and children.

Since the reform and opening up, especially since 2002, China’s rural social security system has attained historical progress. A series of crucial decisions, has helped the Chinese Government to successfully achieve the “primary formulation of the rural social security system composed mainly of the Rural Subsistence Allowance System, the New-type Rural Cooperative Medical Care System, the Rural Medical Treatment Relief System, the Supportive System for Households Enjoying the Five Guarantees (childless old persons and those in poor health are guaranteed food, clothing, medical care, housing and burial expenses) and the Natural Disaster Relief System”.

III. Challenges ahead of China in RH/FP

In the last 15 years since the ICPD, China has attained remarkable achievements in the improvement of reproductive health work. However, compared with the ICPD and the MDG principles and spirit and in the context of rapid reform and development in the country, China is still facing serious challenges in the field of reproductive health and reproductive rights.

3.1 Infant mortality rate: disparities remain apparent among regions and between urban and rural areas.

Imbalance between regions and between

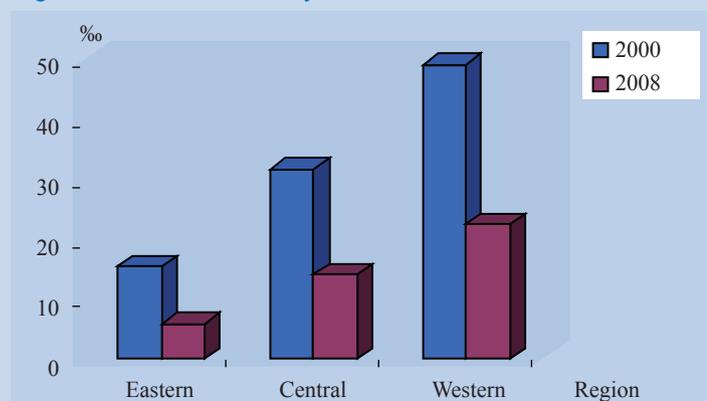
urban and rural areas is one of the basic characteristics of Chinese society and is typically reflected in the health of women and children. Over the past 15 years, urban-rural differences in terms of infant mortality have been greatly mitigated, an important step in China’s development. However, the present infant mortality rate in rural areas is still 2.8 times that of urban areas.

In China, disparity in the infant mortality rate between eastern, central, and western regions is a salient phenomenon (see Figure 4-5). In 2000, the infant mortality rate in the most underdeveloped western regions of China was 3.19 times that of the most developed areas in eastern China. In 2008, despite increased public service input and the national strategy to accelerate development in western China, the disparity of infant mortality was not narrowed at all, with an even higher figure, 3.86 times that in the east.

Source: “A Circular Letter of National Monitoring Results of Women’s and Children’s Health, 2008”, the website of Ministry of Health of the P.R.C., July 31, 2009.

Note: The national monitoring data from 2000 to 2006 are based on the regions of three categories: regions along the coast, inland, and remote areas; since 2007, the categories were changed to east, central, and west.

Figure 4-5 Infant Mortality Rate in China, 2000 and 2008



Source: “A Circular Letter of National Monitoring Results of Women’s and Children’s Health, 2008”, the website of Ministry of Health of the P.R.C., July 31, 2009.

Note: The national monitoring data from 2000 to 2006 are based on the regions of three categories: regions along the coast, inland, and remote areas; since 2007, the categories were changed to east, central, and west.

west.

In order to further reduce the infant mortality rate in China, narrowing the urban-rural and regional gap will be of key importance. It will be a challenge for disadvantaged counties to bring their infant mortality rates in line with developed countries, and with national development.

3.2 Under-5 Child Mortality: an unsatisfactory process

China has achieved the MDG goal of reducing under-five mortality rate in only half of the time allocated. However, from a development perspective, the under-five mortality rate in China is still unsatisfactory if compared with other countries.

In the 2008 annual report of The State of World's Children by the United Nations Children's Fund, worldwide under-five mortality was sorted in an ascending order (i.e. the country with the lowest under-five mortality rate was ranked number one). China was ranked at 99th position among 192 countries/regions. Compared with some countries, both the under-five mortality rate and its rate of reduction were unsatisfactory.

It revealed that the under-five mortality rate in China is not only much higher than that in socially and economically developed countries such as Korea, Japan and Singapore, but that it is also higher than some developing countries such as Thailand, Sri Lanka and Vietnam. At present under-five child mortality in Korea, Japan and Singapore has reached an extremely low level of 3-5 per thousand. Thus the disparity is tremendous and China has a long way to go. Thailand is at the same development level as China, but its under-five mortality rate is only one third of that in China.

From 1990 to 2006, the amplitude of the decrease in the under-five mortality rate has been larger than that of the annual increase in the GDP in some countries such as Vietnam, Thailand, Sri Lanka, Malaysia, Japan and Singapore. Among those countries, Japan and Singapore have had a continual decrease in the under-

five mortality rate even when the mortality rate was already within a very low level. Singapore has managed to lower its under-five mortality rate by as much as 6.9%. Thus, although China has achieved the MDG child mortality reduction target, there is still a long way to go to improve child survival compared with the speed of national development and its requirements.

Similar to the infant mortality rate, obvious differences also exist in the under-five mortality rate between urban-rural areas and different regions. In 2008, the under-five mortality rate in western China was 28.5 per thousand, 4.01 times of that in eastern areas, at 7.1 per thousand. The regional differences in the under-five mortality rate are higher than that of the infant mortality rate. Therefore, narrowing the urban-rural and inter-regional gap is even more urgent in terms of reducing the under-five mortality rate.

3.3 Maternal mortality rate: strong efforts must be maintained

Akin to the infant and under-five mortality rates, disparities also exist in the maternal mortality rate between urban and rural areas and between different regions. Furthermore, in recent years, the maternal mortality rate in urban areas has been increasing instead of decreasing with rates of 24.8, 25.2, and 29.2/100,000 occurring in 2006, 2007 and 2008 respectively. The main reason for the increase may be that along with an increase in the number of migrants moving to urban areas, the maternal mortality of migrants has directly influenced the general level of the maternal mortality rate in urban areas and brought about the reversal in the previously declining urban maternal mortality rate.

According to the expected value for the maternal mortality rate reduction contained in the MDGs, the situation in China is not optimistic: in 1990, the maternal mortality rate in China was 88.9/100,000 and by 2015, it should have been reduced to 22/100,000. However, as revealed by the monitoring data from the Ministry of Health, in 2008, the maternal mortality rate was 34.2/100,000. Estimates based on the current speed

in reduction of the maternal mortality rate reveal that China can not afford to slacken its efforts to achieve the MDG target of reducing maternal mortality rate by three-quarters by 2015 (see Figure 4-6).

3.4 Women’s and Children’s Health Services: most deaths could be avoided by access to services

The hospital delivery rate and the leading causes of maternal and child deaths are typical indicators of the level and quality of health services for women and children. In 2007, the regional disparity in the hospital delivery rate remained significant. In some developed regions such as Beijing, Shanghai, Tianjin, Jiangsu and

Zhejiang, the hospital delivery rate was more over 99%, while in regions including Tibet, the rate was as low as 43.26%. In Guizhou, the rate was only 62.89% and in Yunan and Gansu provinces it is less than 80%.

According to the Joint Review of the Maternal and Child Survival Strategy in China released by the Ministry of Health, UNICEF, WHO and UNFPA in 2006, “postpartum hemorrhage is the leading cause of maternal deaths in China, followed by hypertensive disease in pregnancy, embolism of amniotic fluid, prenatal hemorrhage and postpartum infections. According to evaluation materials, 75% of maternal deaths could be avoided with basic obstetric services.”¹¹⁹

According to recently announced 2007 surveillance data in the China Health Yearbook 2008, the composition of the above-mentioned causes of maternal death had not changed much: the leading cause of maternal mortality was “obstetric hemorrhage” (44.81%); followed by “medical complications” (29.90 %); “hypertensive disease during pregnancy” (10.65%) and “others” (13.45%).

In the same year, “obstetric hemorrhage”, as the leading cause of maternal mortality, accounted for over 30% of maternal deaths in most regions, except for a few regions where there were very few maternal deaths and the rate fluctuated irregularly. The maternal mortality rate was much higher or very high in the western areas, indicating that women’s and children’s health services are still poor quality in the western regions (see Table 4-2).

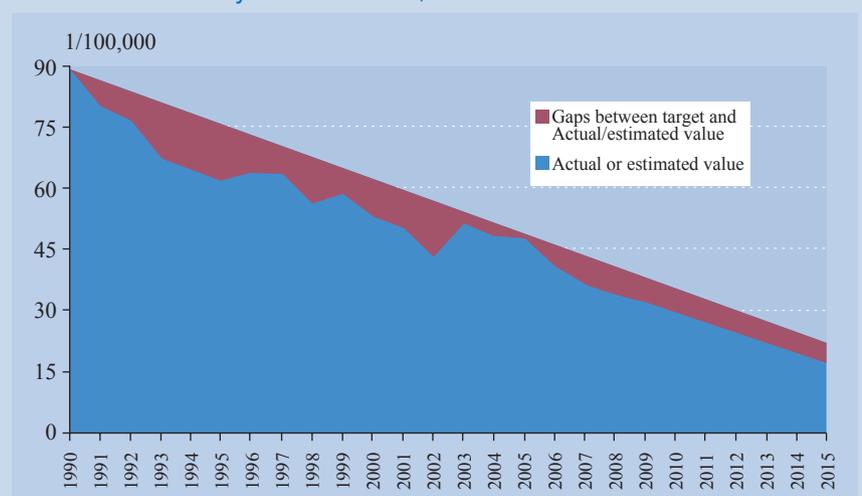
The Joint Review of the Maternal and Child Survival Strategy in China also pointed out that “asphyxia of newborns and birth

Table 4-2 Proportion of Obstetric Hemorrhage in all Maternal Deaths by Region, 2007

Proportion of Obstetric Hemorrhage in all Maternal Deaths(%)	Region
>51	Chongqing, Sichuan, Guizhou, Yunnan, Tibet, Gansu, Qinghai
31-50	Tianjin, Hebei, Shanxi, Jiangsu, Zhejiang, Anhui, Fujian, Jiangxi, Shandong, Henan, Hubei, Hunan, Guangdong, Guangxi, Shaanxi, Xinjiang
11-30	Inner Mongolia, Liaoning, Jinlin, Heilongjiang, Shanghai, Hainan, Ningxia
<10	Beijing

Source: the Ministry of Health of the P.R.C. China’s Health Statistics Yearbook (2008). Peking Union Medical College Press, 2008.

Figure 4-6 Actual, Estimated and Target values of the Maternal Mortality Rate in China, 1990- 2015



Source: the same with Figure 4-1.

trauma, premature birth and low birth weight, injuries and pneumonia are the main causes of infant and child deaths (in China).” Of all infant and child deaths, more than 75% are “caused by conditions that can be prevented or cured.”

3.5 Contraceptive methods: imbalanced changes across regions

In 2006, among all married women at child-bearing age in urban areas, female sterilization accounted for only 16.07% of all contraceptive methods; while in rural areas sterilization accounted for 50.48%, 3.14 times higher than in urban areas. In contrast, the proportion of women choosing to use condoms as the contraceptive method was as high as 19.30% in urban areas but only 5.49% in rural areas (see Figure 4-7). These disparities are still obvious even when taking into consideration the accumulative effect of previous uses in both areas.

Disparities can also be observed across various regions which have differing levels of economic development. The general characteristics of the method of contraception among married women of reproductive ages, can be described as follows: eastern areas have the highest proportion of IUD use, followed by sterilization, and the highest proportion of condoms use among all three areas; the central areas have the highest proportion of sterilization, followed by IUD use and the lowest proportion of condoms use; the western areas are in the moderate range for all three contraceptive methods.

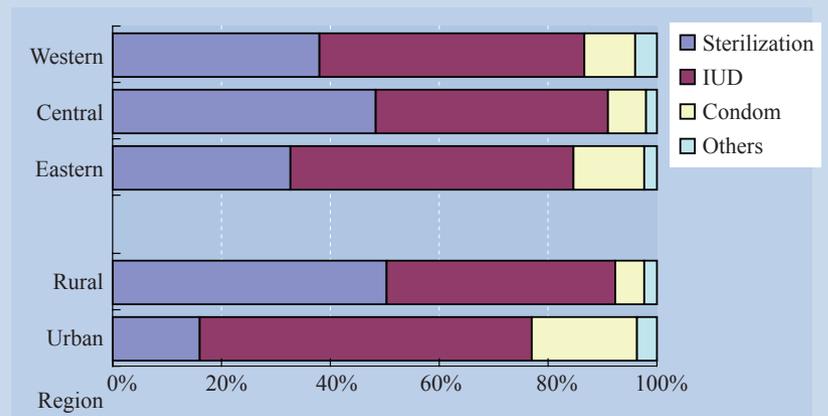
3.6 Induced Abortion: recovered

with the reduction in the number of births

China has one of the most relaxed abortion policies in the world. Looking at the annual number of abortions in the history of China’s family planning program, there were an average of five million abortions per year in most of the 1970s, thereafter, there appeared a “high plateau” of abortions from the early 80s to the early 90s with the average number of abortions reaching ten million and above per year.

In 2001, the number of abortions dropped to the lowest level. Since then, however, the number of

Figure 4-7 Composition of main contraceptive methods by regions and urban/rural, 2006



Source: The numbers were calculated based on data from the 2006 Survey on Population and Family Planning, Zhang Weiqing, China Population Press 2008.

Figure 4-8 Changes in the abortion-birth ratio in China, 1994-2007



Source: The numbers were calculated based on data from the 2006 Survey on Population and Family Planning, Zhang Weiqing, China Population Press 2008.

induced abortions in China has gone up again, which has led to a continuing increase in the abortion ratio at birth despite the fact that the annual number of births has stabilized (refer to Figure 4-8). This ratio however, only reflects the numbers obtained from the health system. The actual number of induced abortions in the country may be far more than this number since China's medical service has become diversified nowadays. It should be pointed out that the increase in the number of abortions at present carries a different social connotation from that in the 1980s and 90s. The causes for the increase of abortions are quite complicated. However, the annually increase in the number of abortions, as a remedial measure for contraceptive failure, reflects from one aspect the unmet needs of the public for family planning services.

Up to now, China has no authoritative and comprehensive data of induced abortion among the unmarried population. According to uncompleted statistics in certain localities, in recent years the number of abortions among the unmarried population has been gradually increasing, and may account for between one-third and one half of the total abortions in some big cities.¹²⁰

3.7 Reproductive tract infections (RTI¹²¹s): Over 40% of women suffering from RTIs fail to seek health services/treatment

The 2006 National Population and Family Planning survey showed that over one-third (34.1%) of reproductive aged women interviewed suffered from RTIs, 59% of whom suffer from more than two RTI symptoms. Rural women of reproductive ages had a higher prevalence of RTIs than urban women, at about 38%. They also had higher rates of suffering from at least two RTI symptoms, at 62.5%. The proportion of reproductive aged women suffering from RTIs is lowest in eastern China, followed by central China and the highest rates are in western China where the rate is 1.7 times higher than that in eastern China and 1.2 times higher than that in

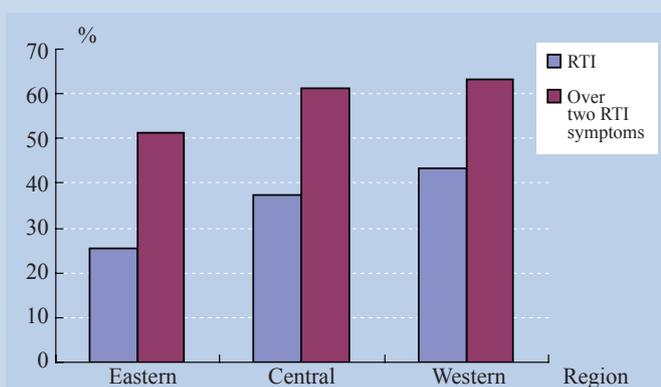
central China. The same trend applies to the proportion of reproductive aged women suffering from more than two RTI symptoms: western China having the highest RTI rate, followed by central China, while eastern China had the lowest rate (see Figure 4-9).

Of all the women with RTIs, less than 60% ever sought medical attention and there was not a great difference between urban and rural areas and among the three main regions, though rural women suffering from RTIs were in a slightly worse situation.

3.8 Knowledge of side-effects of contraceptive methods: Over one-third of married women of reproductive ages lack such knowledge

The 2006 National Population and Family Planning Survey revealed that of the reproductive aged, married women who were practicing contraception, 28.88% of them “knew very well” or “knew comparatively well” about the side-effects of contraceptive methods; 35.52% “had a general understanding”; 27.25% “didn't have a good understanding” and 8.35% “were completely ignorant”. This means that more than one-third of married women of reproductive ages had a poor understanding or were completely ignorant of the side-effects or the features of the contraceptive methods they were using. The proportion of rural women who similarly lacked adequate understanding of their contraceptive side-

Figure 4-9 The percentage of reproductive aged women with RTIs, 2006



Source: calculated from data in the 2006 Survey on Population and Family Planning, Zhang Weiqing, China Population Press 2008.

effects or features was 40.68%, higher than that of urban women at 25.10%. The proportion in eastern China, central China and western China was 28.57%, 42.66% and 37.56% respectively. Among the married women of reproductive ages who were currently practicing contraception, the highest proportion reported the use of “oral pills” as quite inconvenient and with a high level of dissatisfaction, followed by sterilization though the proportion was not high (see Table 4-3).

The levels of dissatisfaction to some extent reflect the unmet needs for services in the field of family planning/reproductive health, including how to help couples of reproductive age make an informed choice of contraceptive methods. More efforts are yet to be made to improve the level of family planning/reproductive health services.

3.9 Migrants: A vulnerable group in terms of access to sexual and reproductive health services

Since the 1980s, trans-regional migration has picked up speed and the number of migrants has increased, leading to one of the most important demographic phenomena in China since the adoption of the reform and opening-up policy. In 2008, migrants totaled 201 million people.¹²² The number of female migrants, is rapidly increasing along with the rapid growth of migrants as a whole across the country. In 2008, there were 112.52 million female migrants which means that “female migrants have increased by 30 times in the past 20 years, with an annual growth rate of 14.8%.”¹²³ Being a very active and young population, they are now presenting an enormous and immediate need for family planning and reproductive health services.

Restricted by the current regulations in China, migrants’ existence and life-style is quite different in their places of origin and destination, which causes them to encounter more sexual and reproductive health problems and inferior accessibility and availability of

Table 4-3 Level of contraceptive method satisfaction among reproductive aged married women in China, 2006

Contraceptive method	Satisfied (%)	Neutral (%)	unsatisfied (%)
Oral pill	62.66	26.58	10.76
Condom	72.36	25.80	1.84
IUD	76.36	20.62	3.02
Tubal ligation	78.97	15.29	5.74
Vasectomy	73.89	19.44	6.67

Source: the same as Table 4-1.

reproductive health services as compared with other groups. Therefore, the migrant group is considered as a marginalized group in terms of sexual and reproductive health services.

Migrants living in cities dominate the migrant group. Though their living conditions and the quality of life of individual migrant workers and their families may greatly improved when they move to cities, and their sexual and reproductive health as a whole is also better than those who stay in rural areas, they also face serious reproductive health problems.

-- The 2006 National Population and Reproductive Health survey shows that in urban areas 24.24% of migrant women do not receive antenatal care and 27.09% of them had undergone an induced abortion, of whom 21.22% had a medical abortion, a form of abortion with higher risk, in their most recent abortions. This proportion was higher than that among local urban women. Of these medical abortions, 6.11% had to be remedied through complete curettage of the uterine cavity after undergoing medical abortions.

-- Migrants have the right to get free induced abortion service according to family planning policies; however, 94% of migrant women of reproductive ages interviewed said they had been required to pay for induced abortions by themselves.

-- When migrant women had some negative reproductive system symptoms, 41.1% of migrant women in urban areas didn’t go to see a doctor.

-- The free family planning/reproductive health

services were not always available as expected to migrants in urban areas; however, it is clearly stipulated in the family planning regulations that they should have access to these services. The 2006 Population and Family Planning Survey showed that 48.49% of migrants in urban areas could not obtain free contraceptives, which was 21.96% higher than that for the remaining rural migrant population.

-- The proportion of migrants in urban areas who obtained contraceptive methods from unauthorized channels was higher than that for local urban residents and the rural population in their places of household registration. The 2006 Population and Family Planning Survey showed that 11% of migrants who failed to get free contraceptives reported that the contraceptives offered were of poor quality and consequently they refused to accept them.

-- Migrants in urban areas were not satisfied about the follow-up visit service after undergoing reproductive health operations. More than three-quarters (75.91%) of migrants surveyed said that they never received follow-up visits at home or at medical institutions after reproductive health operations, only 3.89% of migrant workers experienced follow-up visits at home or at medical institutions and another 9.63% of migrant workers reported that they had received follow-up visits at home.

-- The hospital delivery rate for migrant women in urban areas was only 66.89% and 28.83% of births were delivered at home. Only 25.77% of migrant mothers received follow-up visits by family planning service staff in the one month period following childbirth.

-- Among migrant women in urban areas undergoing induced abortion, 6.28% of them had the abortion at a privately-owned clinic where the proficiency of medical workers and necessary facilities were not guaranteed; 2.04% of them had an abortion conducted in their own home. These findings are contrary however, to the family planning regulations

which stipulate that medical service institutions and pharmacies should never sell medicines to individuals for performing induced abortion at home. Performing induced abortion at home is very likely to bring about complications, such as bleeding and infection, and thus cause physical and psychological harm to patients.

-- The goal of China's Population and Family Planning Development Program during the "11th five-year Plan (2006-2010)" is to realize 85% coverage of reproductive health services for migrant women of reproductive ages at their places of destination; however, the proportion of migrant women receiving free reproductive health services was below 60% at their places of destination in 2008, the half way point of the 11th five-year plan.

-- A survey done by the China Population and Development Research Center on the situation of reproductive health among migrant women of reproductive ages in Beijing in 2006 revealed that about 50% of migrants acknowledged that cohabitation was prevalent among unmarried male and female migrants. Provision of family planning/reproductive health services for this group remains a very challenging issue.

-- In the past, migrants have reported a relatively high level of satisfaction about reproductive health services, but the extent of satisfaction declined with time: it was 77.6% in the 1980s and the years before, but dropped to 71.1% in the 1990s and further to 69.7% in the years after 2000.¹²⁴

3.10 HIV/AIDS and sexually transmitted infections (STIs): the situation requires focused efforts

To date, China remains a country with a relatively low HIV/AIDS prevalence rate. However, due to its special demographic situation, China is considered to be one of the countries with the highest potential risk for the spread of HIV/AIDS. In recent years, the STI prevalence in China has also been on the rise. As a result, the Chinese government has listed the prevention and treatment of a number of infective diseases including STIs and HIV/AIDS in the current national

basic public health services program, and has listed the prevention and control of a few major diseases such as tuberculosis and HIV/AIDS in the national major public health services program since 2009¹²⁵.

Cumulatively, by the end of October 2009, there had been 319,877 reported cases of people living with HIV (PLWH) and AIDS, among which 102,323 cases were AIDS patients, 49,845 deaths due to AIDS had been reported¹²⁶. The actual situation may be much more severe than the reported one. The estimation made jointly by the Ministry of Health and WHO was that by the end of 2009, there were 740,000 HIV/AIDS infections and patients in China, with the HIV prevalence among the general population at 0.057% and the estimated number of new cases of HIV in 2009 at 48,000¹²⁷.

The epidemic report and its analysis demonstrate that there are about 500,000 undiscovered cases of PLWH, who are unaware of their infections. Unsafe sexual intercourse is pervasive among high-risk population groups; the STI epidemic intensifies the risk of HIV/AIDS infection and the existence of social discrimination has imposed potential threats of transmission¹²⁸. HIV/AIDS has brought about complicated and multidimensional negative influences on individuals, their families and the society as a whole.

In 2007, HIV/AIDS ranked 12th on the Chinese incidence rate list for Category A and B infectious diseases which must legally be reported, and its mortality rate ranked 1st. The fatality rate for HIV/AIDS is as high as 50%, ranking equal 2nd with of avian-human influenza, behind rabies¹²⁹. HIV/AIDS has become one of the diseases that have imposed significant threats to the life and health of the human race.

Death caused by HIV/AIDS may bring misfortune and catastrophe to families, especially the children. In current China, tens of thousands of orphans whose parents died of HIV/AIDS have not only had to suffer from tremendous emotional grief caused by

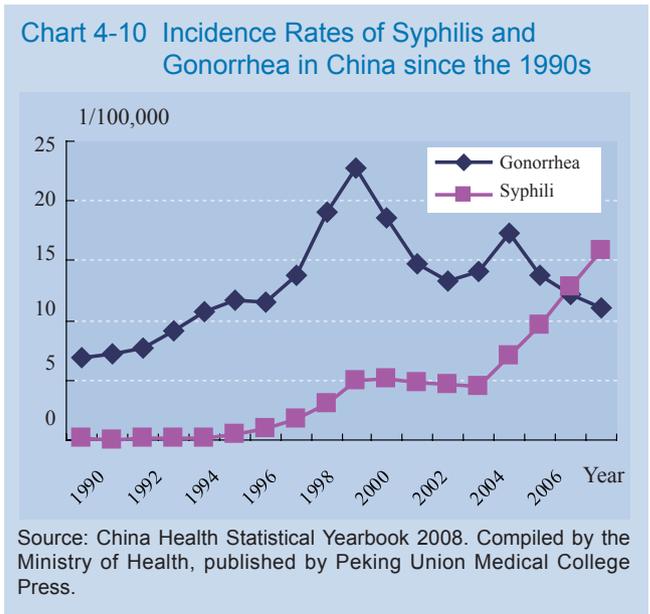
the death of their parents, but have also had to face a difficult situation in life. Sometimes they even suffer from the misunderstanding and discrimination from the society.

Since a lot of people still do not hold a scientific attitude towards HIV/AIDS, discrimination still lingers. Some surveys indicate that “about 40% of people are not willing to have physical contact with PLWH”¹³⁰.

The foremost challenge for China’s comprehensive HIV/AIDS prevention and control is the inadequate coverage and thoroughness of promotion and the public’s limited understanding and knowledge of HIV/AIDS.

Apart from further strengthening and intensifying advocacy and education as part of the national HIV/AIDS comprehensive prevention and control strategy, more efforts should continue to be made on aspects of: high-level promotion and training; coordination of government departments and resource integration; better targeting of advocacy initiatives and social participation; comprehensive interventions; supervision and evaluation among high-risk populations; and ensuring treatment, care and support for patients.

STIs have a long history in China. Since the founding of the New China in 1949, in 1964 China had basically eliminated STI throughout the nation.



However, in the past 30 years or so, STIs have once again become prevalent in some regions of China. The number of patients has been “soaring”, and “its negative impact has been more and more significant”. In addition, the prevalence rates of STIs and HIV/AIDS have been rising hand in hand, bringing ever prominent influences to society. The prevalence of STIs has become another significant social issue in China.

According to the latest statistics, syphilis and gonorrhea ranked 4th and 5th on the Chinese incidence rate list for Category A and B infectious diseases, with an incidence rate of 15.88/100,000 and 11.08/100,000 respectively. Experts have estimated that the ranks for both diseases might move upwards in the future¹³¹.

Since the 1990s, the incidence rate of syphilis has increased dramatically from 0.09/100,000 in 1990 to 15.88/100,000 in 2007; the incidence rate of gonorrhea soared in the 1990s, but in recent years it displays a rapidly declining tendency with fluctuations (see figure 4-10).

In the past 10 years or so, the syphilis epidemic has been worsening, with its incidence rate rising with an annual growth rate of 20% to 30%. In some regions, the incidence rate is even doubling or tripling each year. “In 2007, among all the 31 provinces (autonomous regions and municipalities) around the nation, the incidence rates rose in 30 provinces.”¹³²

Although the history of STIs is much longer than that of HIV/AIDS in China, due to the relatively weak communication initiatives about STIs, public awareness of them lags far behind that of HIV/AIDS which is very worrisome.

In essence, STIs and HIV/AIDS are diseases closely related to social, cultural and behavioral factors. Undertaking education and social promotion on STI and HIV/AIDS prevention requires long-term public education through a systematic social programme. Such a programme must establish comprehensive prevention and control strategies, undertake comprehensive planning and integration and build up a socially supportive environment in favor of STI and HIV/AIDS

control, which requires governmental guidance and support, cooperation among various bodies and public participation. It must be prevention-oriented and take proactive prevention measurements. It requires the institutional arrangement in terms of policies, resources and investments. China still has a long way to go in these aspects.

3.11 Reproductive Rights and Social Policies

There are still certain gaps between the current family planning policies and reproductive regulations and the fertility desires of some people in China. According to the 2006 Survey on Population and Family Planning, 62.6% of women of reproductive ages interviewed reported the ideal number of children was two or more; and the proportion reached 67.5% for rural women. Women interviewees with agricultural household registration and non-agricultural household registration reported an average ideal number of children at 1.78 and 1.60 respectively; and women interviewees in eastern, central and western China reported on average an ideal number at 1.70, 1.74 and 1.77 respectively, all these being higher than the average number of 1.5 births stipulated by the current family planning policies. Analysis of these numbers as a reflection of fertility desire indicate that “women with non-agricultural household registration expressed more about their personal fertility desire, while the number provided by women with agricultural household registration is closer to the actual number or planned number of births”.

Within such a social background, China’s population and family planning work emphasizes “maintaining a low fertility level”, and advocating for reproduction in accordance with the law remains one of the core tasks of population and family planning work. As a result of China’s unique population situation, China’s recognition and understanding of reproductive rights lags behind those widely accepted by the international community. Under the current

social conditions in China, couples of reproductive ages are not able to “freely” and “responsibly” “decide the number, spacing and timing of their births”. This is a consequence of the compromise between collective rights to survival and development and the individuals’ rights and between the nation’s rationality and the individuals’ rationality, and is therefore a temporary choice. Although in recent years, China has been improving the family planning policies by reducing the social compensation fee and gradually lifting the restrictions on birth spacing by region, thus making progress in returning the rights back to the people, significant gaps remain. How to safeguard citizens’ rights to health, rights to know, to participate in and to supervise the conduct of family planning services while at the same time guide people, especially rural couples of reproductive ages to reproduce in accordance with the law is an issue which requires tremendous attention. The implementation of policies and the protection of rights should be accomplished without sacrificing one another. The recognition of reproductive rights is a commitment of the Chinese government to the ICPD spirit and principles.

Many years of experience have proved that the lack of a comprehensive and systematic basic social pension and social security system in rural areas is a crucial factor constraining China’s population change and family planning. It is of decisive significance for population and family planning to accelerate the establishment of a universally-accessible rural pension security system and medical security system. Despite the huge progress of the rural social security system in China in recent years, the incomplete coverage and low

use of the rural social security system is still apparent. The rural social security system needs to cover more than 700 million people (in 2008) and more than 100 million of the elderly population aged 60 or above in rural areas. It should also account for the reversed population ageing level in urban and rural areas (higher in rural areas than in urban areas). At the same time, the rural-urban and regional disparities are also substantial, in rural areas a functional mechanism for social security is yet to be developed, financial support is limited and the fundraising mechanism is not sound. All of these factors indicate that the practice of bringing up children for the purpose of being looked after in old age in rural areas is not only a symbol of spiritual comfort and the embodiment of the offspring’s social values, but is also a “rational” choice in line with older people’s expectations for future care and support. This practice has given momentum to selective reproductive behaviors such as son-preference. The improvement of the rural social security system is an indispensable requirement for coordinated population and social-economic and for the protection of citizens’ rights to family planning and reproductive health.

The elimination of poverty, the promotion of gender equality and equity, the construction of culturally-sensitive livelihoods and communities, the acceleration of universal access to basic education and the spread of knowledge, the improvement of infrastructures and the enhancement in quality of public services as well as their providers are all irreplaceably items in order to protect citizens’ reproductive rights and reproductive health.

Chapter 5 Youth Sexual and Reproductive Health (SRH)¹³³

Introduction

From a global perspective, the number of youth is unprecedentedly large. With drastic socioeconomic transformation and globalization, especially with the rampancy of HIV/AIDS, the SRH of youths has increasingly become a global challenge for development. Since the mid-1990s, the international community has become increasingly aware that the access to SRH information and services is not only a primary need but also a basic right for youth. The health and development of this group is critical to the future of the nation, therefore, investing in them has increasingly become a global consensus.

In 1994, the ICPD acknowledged for the first time that reproductive health challenges faced by youths are different from those of adults and it called for attention to be paid to meeting their SRH needs in addition to their overall health and well-being. Its Programme of Action states that “The reproductive health needs of youths as a group have been largely ignored to date by existing reproductive health services. The response of societies to the reproductive health needs of youths should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to youths that can help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility.” To this end, “countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health

information and care for the young.”¹³⁴

Most of the MDGs are concerned with youths. In 2005, heads of nations gathered in New York to review progress in the five years since the adoption of the Millennium Development Declaration. They committed to achieve four additional targets, including universal access to reproductive health before 2015. This resolution was then passed at the 62nd session of the UN General Assembly in 2007. Major monitoring indicators concerning youth SRH in the revised MDG framework include: (1) Adolescent birth rate; (2) HIV prevalence rate amongst youth aged 15-24; and (3) the percentage of youths ages 15-24 who have correct and comprehensive knowledge of HIV/AIDS¹³⁵. This shows that the ICPD and the MDGs are consistent and mutually support each other in youth SRH. The international community has paid unprecedented attention to youth, and in particular youth SRH issues.

Since the 1990s, the introduction of advanced international concepts and the adoption of scientific notions for national development have provided a favorable environment for fulfilling the ICPD and MDG commitments. The mid-1990s served as a watershed in China’s history of youth SRH development. Policies and programs aiming at meeting the needs of youths for SRH information, education and services have increasingly developed.

I .Background : the youth group in China

China has the biggest youth group in the world. By the end of 2007, youths aged 15-24 accounted for 14.93% of the total population¹³⁶, numbering around 196 million. Due to the lowered birth rate and the change in population structure, both the number and proportion of

youths in the total population are declining. According to estimates by the UN Population Division the proportion of youths aged 15-24 in the total population will drop to 16.9% in 2010, and further to 12.1% in 2030 and 10.4% in 2050 and their number will however still be about 147 million in 2050¹³⁷, remaining as the largest youth group in the world.

In terms of education, Chinese youths have received much better education than their parents and grandparents. The literacy rate amongst those aged 15-24 rose from 94% in 1990 to 98% in 2005, and the illiteracy rate of male youths declined from 3% in 1990 to 1% in 2005; for females, it dropped from 8.6% to 1.5%. Meanwhile, the number of both male and female youths who are receiving or have received higher education has increased remarkably.¹³⁸

In a dramatically transforming society like China which is compounded with urbanization, marketization and globalization, the environment and other factors which effect youths' survival and development are quite different from that of their parents. Value orientation and identification has dramatically changed for the whole society, with the public attitude towards premarital sex becoming more and more open and tolerant. Many factors have directly and indirectly accelerated the changes of youth sexual attitudes and behaviors, including such factors as massive population migration, diversified lifestyles, change of family composition and weakened family influences, high divorce rates, increased single-parent families, rampancy of pornography, and development of information and communication technologies. Over the past 15 years, considerable changes, both positive and negative, have taken place in this area.

II. Supportive environment

2.1 National legislation

Although there is no specialized national level legislation, many laws and regulations adopted or

revised after 1994 have included articles on youth health and development rights¹³⁹. For example, Article 46 of the revised Constitution in 1994 states that “citizens of the People’s Republic of China have the rights and obligations to receive education, and the Country is obligated to promote all-round development of youths, teenagers and children”. Other such laws include the Law on Maternal and Child Health (1994), the Criminal Law (revised in 1997), the Law on Preventing Crime of Minors (1999), the Marriage Law (revised in 2001), the Population and Family Planning Law (2001), the Law on Protecting the Rights and Interests of Women (revised in 2005), the Law on Protection of Minors (revised in 2006) and the Compulsory Education Law (revised in 2006). The Law on Protection of Minors revised in 2006 for the first time includes prohibition of sexual harassment against minors in the national law and Article 19 of the revised law in 2006 states that “schools shall provide life skills education, psychological health education and puberty education that are commensurate with the characteristics of their maturity level”.

With the rapid spread of HIV/AIDS, China has attached growing importance to HIV/AIDS prevention and treatment for youth in its laws, regulations and policies. The State Council formulated a series of plans including the Medium- and Long-Term Programme for HIV/AIDS Prevention and Control in China (1998-2010), the Action Plan on HIV/AIDS Control, Prevention and Treatment for 2001-2005, and the Action Plan on HIV/AIDS Control, Prevention and Treatment for 2006-2010. These documents all pay close attention to the HIV risk and vulnerability of the youth group. For example, the Medium- and Long-Term Program pointed out that youths, women and other high-risk groups are the key targets for HIV/AIDS prevention.

2.2 Policy measures

Since the 1990s, a number of national action plans and programs have started to focus particular attention on the physical and psychological health

and development of youth from different dimensions. In May 2001, the State Council issued the National Programme of Action for the Development of Children in China (abbreviated as NPA for Children) (2001-2010). Many of the targets set by this NPA were also seen in other policy documents, such as the 10th and 11th Five-Year Plans for National Economic and Social Development. The National Plan of Action for Human Rights (2009-2010) adopted in 2009 also contains specific sections on the rights of ethnic minority groups, women, children, senior citizens and people with disabilities. These national initiatives have created a sound policy environment for protecting youth sexual and reproductive health rights in China.

Administrative regulations and decrees on health education in schools have also been adopted. As early as in 1988, the State Education Commission and State Family Planning Commission jointly issued a Notice on Introducing Puberty Education in Middle Schools. In 1996, the State Education Commission and the State Family Planning Commission, in conjunction with 11 other ministries, jointly issued the Notice on Further Developing Population and Puberty Education in Middle Schools. In December 2008, the Ministry of Education, in its Outline of Guidelines for Health Education for Primary and Middle Schools, defined five major areas of health education in primary and middle schools: healthy behavior and lifestyle; disease prevention; psychological health; physical development and puberty; and personal safety and emergency response.

Since the 1990s, puberty education has been introduced in some localities, focusing on sexual

physiology, psychology and ethics for junior high schools and healthy child birth and rearing for senior high schools. Some pilot courses on reproductive health have also been introduced in some colleges. Some local governments have even gone further: Shanghai, for example, adopted the Outlines for Life Education in Primary and Middle Schools (interim) in 2005, defining life education including puberty education as one of the priorities for moral education in primary and middle schools.

2.3 International cooperation

Over the past 15 years, international organizations have played an instrumental role in promoting SRH among youths in China. The China office of the UNFPA has started to work on youth issues since the fourth cycle of its country program (1998-2002) and has developed a number of innovative interventions (see text box 8). Other multilateral,

Text box 8

Endeavors of UNFPA China to promote youth SRH in China

- During the fourth cycle (1998-2002), UNFPA funded a condom social marketing pilot program in Beijing and Shanghai, making condom vending machines available in campuses and communities. The agency also endeavored to provide peer education on HIV prevention among college students. Since the late 1990s, it has been attempting to incorporate youth SRH into reproductive health provision in its project counties.
- During the fifth cycle (2003-2005), the UNFPA RH/FP programme encouraged SRH advocacy for youths at the county level and established a national youth network. The National Center for Women and Children's Health (NCWCH) under the China Center for Disease Prevention and Control attempted to provide youth-friendly services in its intervention projects implemented in six counties; it has also developed a guide for providing health services for clinics.
- For the ongoing sixth cycle (2006-2010), youth SRH is one of the eight priorities in the RH/FP programme, and its ultimate objective is to reduce HIV-related risky behaviors amongst the migrant population, youths and other vulnerable groups and to increase their ability to protect themselves.
- In 2007, the UNFPA China office sponsored two publications "An Analysis of Chinese Policies and Regulations on Adolescent Reproductive Health" and "Current Status of Research in Chinese Adolescent Sexual and Reproductive Health: A Synopsis of Literature and Review of Projects (2003-2007)". In 2009, the office sponsored a national study conducted by the Population Institute at Beijing University on (unmarried) youth access to reproductive health in China.

bilateral and non-governmental partners, including UNAIDS, UNDP, UNICEF, EU, the Department of International Development (UK), the Overseas Development Agency (Canada), the Ford Foundation, Global AIDS Foundation, the Bill Gates Foundation, Save the Children (UK), Oxfam Hong Kong, etc., have also supported in different ways exploratory projects aiming to improve the knowledge and awareness, living skills and HIV/AIDS prevention among youths both on and off campus.

2.4 The Role of NGOs

Non-governmental organizations (NGO) are playing an exemplary role in providing SRH information and services for youths. Marie Stopes International China (MSIC) established in 2000 is one of the most active NGOs specializing in this area. MSIC has positioned itself in the domain of youth SRH since its establishment. Since 2003 it has set up six “You & Me Adolescent Health Service Centres” in Qingdao, Xi’an, Zhengzhou, Nanjing and Nanning. These centres work to provide such health services as contraception, abortion, treatment of RTIs, STIs, HIV/VCT and referral. Though not an independent NGO, the China Youth Network (CYN) attached to the China Family Planning Association with support from the UNFPA, has been working since its establishment in 2004 in the 30 project counties of the UNFPA sixth cycle country program in promoting youth participation, establishment of websites and peer education. Another example is the Green Apples’ Home, a non-profit organization devoted to advocating for adolescent sexual health education was set up in 2003 and co-founded by the Ministry of Science and Technology, the Department of Publicity of the Central Committee of the Chinese Communist Party, the Ministry of Education and the National Population and Family Planning Commission (NPFPC).

III. Progress and challenges

The past 15 years have seen great improvements

in China’s policy and practice as well as in the social supporting environment for youth SRH. However, neither the current situation of SRH knowledge, attitude and practice among youths, nor the result of efforts made to improve their SRH is satisfactory. Intervention measures haven’t produced expected results and the youth SRH conditions haven’t been improved fundamentally.

3.1 Puberx growth

Due to improved living standards and nutrition, the onset of puberty is earlier for youths in both the urban and rural areas of China than in past generations. The Fifth National Survey of Physical Development and Health of Students of Multiple Ethnic Groups indicated that in 2005, the average age of first menses was 12.64 years for urban Han students and 12.73 for rural Han students in 30 provinces, municipalities and autonomous regions. The youngest age of first menses in urban areas was 12.14 years in Shanghai and in rural areas 11.56 years in Guangxi. For Han students, the age of first nocturnal emission averaged 14.02 years in urban areas and 14.24 in rural areas. Compared to the first survey in 1985, the age of first menses was advanced by 0.5 years for urban students and 0.9 years for rural students.¹⁴⁰

3.2 Marital status and sexual activities

Since the 1990s, the average age at first marriage of Chinese women of reproductive ages has been postponed. Population census data have indicated that it was 23.6 years in 1990 and 24.5 years in 2000.¹⁴¹ The 1% National Population Sampling Survey in 2005 showed that the average age at first marriage was 24.61 years for the total population, and from a gender perspective, it was 23.49 years for women and 25.86 years for men, with men 2.4 years later than women.¹⁴² In both the urban and rural areas and for both men and women, the average ages at first marriage are much later than the minimum ages legally allowed for marriage which is 22 for men and 20 for women. Due to the fast pace of a modern life, stress from work and changing attitudes

towards marriage, youths are inclined to marry at a later age, with some even preferring to remain single throughout life.¹⁴³ Correspondingly, their average age at first child birth is also deferred: in 1990 it was 23.6 years for women of reproductive ages and in 2000 it rose to 24.5 years, and in 2006, further to 25.7 years, 2.1 years higher than in 1990.¹⁴⁴

Due to the lowering in age of sexual maturity and the deferred age at first marriage, plus the increasing number of people remaining single, the possibility for youths to have pre-marital sex has increased considerably. Many research studies indicate that youths tend to date at younger ages and pre-marital sex is considered to be widespread in certain groups. The National Working Committee on Children and Women (NWCCW) sampling survey on “Youth access to reproductive health in China”, conducted by Peking University in 2009 with support from UNFPA China, has indicated that among youths aged 15-19, 12% of males and 9% of females are sexually experienced and the median age of sex debut was 18 years; and among youths aged 20-24, 43% of males and 36% of females were sexually experienced and the median age of sex debut was 22 years. Pre-marital sex has generally been acknowledged as widespread among certain youth groups. With more freedom and empowerment, youths are also facing more challenges for SRH. It is an undisputable fact that sexually active youths are faced with a host of unprecedented risks, threats and crises.

It should also be noted that early marriages and early child birth is also observed among youths. The rate of early marriages among youths has declined considerably since 2000: it has declined to 0.29% in 2005 for males from 1.78% in 1990, and to 1.33% for females from 4.63%. The 2007 Sampling Survey on Population Change revealed that the adolescent birth rate for girls aged 15-19 was 3.83 births per 1000 women; being 1.22 births in urban areas and 4.94 births in rural areas. The World Health Organization estimates that the adolescent birth rate is 5 births per 1000 women in China. These figures are far below the UN Population

Division estimates of 9.74‰ for adolescent birth rate in China for the period of 2005-2010, and are also well below the world average at 51.98‰ for the same period.

3.3 Sexual and reproductive health

Since the 1990s, SRH-related problems among youths, such as pre-marital pregnancies, unwanted pregnancies, induced abortions, complications related to pregnancy/abortion, infertility, STIs, HIV/AIDS, forced sex and sexual violence, have gradually increased and become more complicated in China.

Induced abortion. Since the mid-1990s, there has been a steady decline in the incidence of induced abortion among married women. In 1994, there were 9.47 million cases of induced abortion, and by 2007, that number had dropped to 7.62 million.¹⁴⁵ In contrast, however, the incidence of induced abortion among unmarried women has been increasing steadily and a relatively high rate of repeat abortions has also been observed. According to the above-mentioned 2009 survey by Peking University on “Youth access to reproductive health in China”, the abortion rate was 1.6% for girls aged 15-19 and 7.4% for girls aged 20-24; this was 1.6% and 7.1% respectively in urban areas and 1.6% and 7.7% respectively for rural areas. It should be highlighted that many youths, after unexpectedly getting pregnant, are reluctant to tell the truth to their parents and teachers. Many purchase drugs to abort their pregnancies on their own or resort to illegal private clinics. In addition, late-term abortions are also very common within this age group. This warrants serious attention from the public.

RTIs and STIs: RTIs are also common among youths, particularly among sex workers. According to a 2006 survey on population and family planning, 18.4% of women ages 15-24 had at least one RTI symptom¹⁴⁶

In the 1960s, China declared that it had successfully eradicated STIs, however, in the late 1970's there was a re-emergence of STIs. In fact, the incidence of STIs has been rising drastically among youths. Data suggest that between 1994 and 2000, the incidence of

STIs grew by more than 100%¹⁴⁷ for the age group of 15-19 and 20-29. STIs have become a serious public health problem threatening the reproductive health of youths. More worrying is the rapid rise of syphilis. Data from the China Center for Disease Prevention and Control suggest that between 1995 and 2007, reported syphilis cases grew by 27.91% (26.26% for males and 29.79% for females). Syphilis now ranks fourth in Category B of legally reported infectious diseases in China, after TB, hepatitis B and diarrhea. The age group 20-29 is the most vulnerable group.¹⁴⁸ It is high time to prevent and control STI among the young.

HIV/AIDS: As sex is increasingly becoming the main channel for HIV transmission, youths are becoming more exposed and vulnerable to HIV. Although compared with other countries, China's HIV prevalence rate is not high (0.1% among the age group 15-24¹⁴⁹), HIV risk factors are prevalent and its incidence is rising among youths. According to a report issued by the Office for HIV Prevention and Treatment in 2007, about 30% of HIV carriers and AIDS patients were aged 20-29. This was true in both annual reported numbers and in cumulative reports.¹⁵⁰

Forced sex and sexual exploitation: Involuntary or forced sex exists among Chinese youths. A small number of young women face sexual harassment or violence from their teachers, relatives and peers. From the early 1980s, prostitution made a comeback and grew into a huge and profitable industry. Many young women with limited employment opportunities, resources, or low-incomes are forced into prostitution. Gender inequalities turn economic exploitation against women into sexual exploitation. Many young women, due to poverty, stress from life and the lack of "bargaining power" in sex, fall victim to high-risk behaviors.¹⁵¹

The social inequities that exist today in Chinese society are also reflected in the way youths access reproductive health services. Due to the great rural-urban divide that exists in China today, youths in rural areas have very limited access to reproductive health information, and their awareness level and

behaviors are worrisome. Due to the disconnected relations with their family and community, many young men and women working in cities are exposed to high risks. The National Report on Population and Development in China released in 2004 admitted that "youths in the underdeveloped regions and among the migrant population face more and more complicated sexual and reproductive health risks than their peers due to their special living conditions and lifestyles, limited education, and lack of self-care awareness and capabilities."¹⁵²

The unmet needs for sexual and reproductive health among youths – particularly unmarried youths – have been exacerbated by globalization. What we have seen and heard so far, however, may only be the tip of the iceberg. More worrying is the fact that many of these problems are still irreversibly deteriorating. What we know for sure is that if the needs of this group are not met and their rights not protected, it is simply impossible to realize the goals and the commitments for universal access to reproductive health. If left unattended, it will lead to consequences beyond comprehension.

3.4 Knowledge, Attitude and Practice

Knowledge: Literature reviews done by domestic scholars suggest that the majority of youths today have some knowledge of sexual and reproductive health, including reproductive physiology, contraception, abortion, STIs and HIV/AIDS. However, their knowledge is fragmented and incomplete, and is sometimes inaccurate and even misleading.¹⁵³ For example, many youths do not know how to prevent unwanted pregnancies or practice birth control, nor do they know the kinds of contraceptive methods available and their proper use. Some know little about the harms that can be done by induced abortions, and their awareness of safe sex is very low.¹⁵⁴

There is also a huge gap among youths of different age groups and with different marital status in terms of knowledge. Although there is little difference

between unmarried women and married people in terms of awareness of the ways of HIV transmission, unmarried women know far less about the methods of contraception and the function of condoms in preventing HIV transmission.¹⁵⁵ This was evident in the 2006 National Population and Family Planning Survey which indicated that 19.6% of unmarried young women had never heard of any method of contraception; in contrast, only 0.3% of married women had never heard of it. Similarly, 14.3% of women in the 15-24 age group had never heard of any method of contraception, whereas the rate for women in the 25-49 age group was a mere 0.34%¹⁵⁶.

The awareness of youths about HIV/AIDS prevention is also worrisome. According to the baseline survey of the fifth cycle of the HIV/AIDS prevention project conducted by the Global Fund, only 50% of women aged 15-24 and 55% of men of the same age group in China had correct knowledge about HIV/AIDS prevention and treatment¹⁵⁷, and the awareness of HIV/AIDS prevention knowledge increased with age. In remote and underdeveloped rural areas and among migrant youths, it was more difficult for them to access such knowledge, information and education.

Attitude: Contrary to lacking knowledge about sex, youths are becoming more open towards pre-marital sex, contraception, cohabitation and pre-marital pregnancy. This trend is more evident with increase of age¹⁵⁸ and men are more open to these issues than women¹⁵⁹.

Practice: Among youths, the age at of sexual debut is being lowered and pre-marital sex and cohabitation are becoming widespread. Sexual experience differs greatly with age, socioeconomic background and education. Specifically, it is more widespread in the following groups: higher age groups; men; vocational secondary schools than in ordinary middle schools; migrants; and more in single-parent or divorced families than in normal families. Forced sex constitutes a certain proportion of first sexual acts¹⁶⁰. The Survey Report on the RH Conditions of Migrant

Youths in 2006 indicated that about one-fifth of the respondents were sexually experienced, with the first sexual debut on average at the age of 19.9 years, with 19.9 years for males and 20.1 years for females¹⁶¹.

Some small-scale surveys also reveal the same trend among youths. A survey in some communities in Jiangsu showed that 7.7% of youths aged 15-24 had sexual experience, with the sexual debut occurring on average at 19.4 years of age. On average, they had 1.7 sex partners¹⁶². A survey in the Haidian District of Beijing discovered that among middle school students aged 12-18 who were sexually experienced, 33.3% had sex with multiple partners¹⁶³. For sex workers, high-risk behaviors are more widespread. Youths face an unfavorable situation in terms of both knowledge, attitudes and practice.

3.5 Information and services

China has paid unprecedented attention to SRH, needs and rights among youth over the past 15 years. With the introduction of advanced international concepts and cooperation with international organizations, China has implemented a number of SRH education and service projects that comply with international practice. Unfortunately, both policymakers and the public have inadequate knowledge, understanding and concern about the health risks, vulnerability and challenges faced by this group. To a great extent, youth needs for RH information, counseling, services and skills have been neglected and unmet and such needs still haven't been included in the overall policy framework as an urgent social issue.

Government and NGO projects: Over the past 15 years, the Chinese government has rolled out measures and programs one after another. Traditionally, reproductive health services in China have been focused around family planning and maternal and child health care. Starting in the 1990s, however, more attention has been paid to gender equality, women's empowerment, male participation, violence against women, youth SRH, STIs and HIV/AIDS. The population and family

planning authorities have undergone a significant shift in their administrative model and service provision, with a considerably expanded scope of services and clients. Inter-agency or multi-agency cooperation has also increased.

NGOs have played a positive role in exploring promotion of youth SRH in schools, communities and clinics. For example, the China Family Planning Association since the late 1990s has implemented a number of pilot projects in collaboration with UNFPA, International Planned Parenthood Federation (IPPF), the Bill Gates Foundation and etc. The best known is the international cooperative project to promote reproductive health of Chinese youths (the adolescent sexual health project) (see Text box 9) implemented jointly with the Program for Appropriate Technology in Health (PATH). Experiences of the project have been expanded to other regions of the country after the project concluded.

Peer education in youth SRH is also carried out in all over the country, mostly by young volunteers in colleges. Since the mid-1990s, a number of international and civil organizations have conducted peer education of various forms among university and middle school students, factory workers and migrant workers at recreational or service venues. Contents of peer education include values, love ethics, dating, pre-marital sex and unwanted pregnancy, behavior change, condom promotion and use, and HIV/AIDS prevention. As an equal, open and interactive form of education, peer education also focuses on changing behaviors and improving living skills in addition to disseminating knowledge, injecting new vigor into the SRH education for youths.

Other intervention measures are also being implemented. Various public media have started to “break the ban” to provide related information and knowledge to youths. Some have attempted to adopt new service modes such as condom social marketing. Condom vending machines have appeared in university campuses and communities, playing an advocacy role and facilitating the needs of youth as well. In some localities, such as Zhabei District of Shanghai, the Family Planning associations also provide counseling and guidance at drugstores for youths who have come to buy contraceptive devices. Some others have opened SRH hotlines for youths. Research in this area has also produced good results, advancing SRH education and services¹⁶⁴ and also providing a sound basis for policy advocacy.

However, most of these projects are usually unsustainable. Some only cover a small scope with limited results. For example, the CFPA-PATH project covered only 1.6% of China’s youths and project activities were carried out mostly in urban areas¹⁶⁵. Various projects are usually separate from each other.

Text box 9

PATH project to promote RH among Chinese youth

The adolescent reproductive health project, spanning from 2000 to 2005, is aimed to improve and promote the SRH conditions of youths aged 10-24 and unmarried youths. Implemented in 12 cities (Beijing, Tianjin, Shanghai, Chongqing, Harbin, Qingdao, Ji’nan, Xi’an, Hangzhou, Guangzhou, Shenzhen and Wuhan) and two rural counties (Peixian in Jiangsu and Shangcai in Henan), the project targeted youths in schools, urban and rural communities, enterprises, construction sites and military camps, through providing skill-based information and education concerning puberty, interpersonal communication, anti-drug use, unwanted pregnancy, STIs/HIV/AIDS, sexual behavior and decision-making, and planning for the future. Project activities also included advocacy among policymakers, training of parents, teachers and other adults, and theoretical and practical exploration on youth-friendly services. Some localities have re-organised the existing FP service stations, clinics, counseling rooms in schools, and public and private hospitals to provide additional services. In total, there are 2,000 such institutions that have been reshuffled to provide services such as counseling, emergency contraception, safe abortion and referral for youths. The adolescent sexual health project is also devoted to mobilizing various social resources, winning government support and promoting interagency cooperation. It has played a positive role in enhancing public awareness and creating a supportive environment.

Some start out well but end up nowhere. Obstacles in vision, fund and execution often make projects unsustainable. Due to restriction in registration and a limited number, NGOs in this area have very little room for development, and their capacity and technical skills also need to be improved. Although intervention measures in certain areas are fruitful, it is obviously inadequate for improving the overall SRH conditions of youths in the country.

Formal Schooling: Despite a series of statutes and policy documents on health education in schools since the late 1980s, health education in school is still far from meeting the actual needs of adolescents. Due to the impact of the decisive exam-oriented education, the health education is given much less emphasis by schools. In addition, the content and teaching methods of health education in various regions and in urban/rural areas are substantially different. School students in urban areas usually receive education on reproductive physiology, but lack systematic education on social relationships between different sexes, safe sexual behavior, contraceptives and life skills. Adolescents in rural areas may have never received any health education, and their knowledge in this field is scarce. Qualified teaching staff and suitable teaching materials are also hard to find.

The National Population and Family Planning Commission admitted in China Population & Development Report released in 2004 that “the policies, laws and statutes concerning sexual and reproductive health education for adolescents have not been fully implemented, and the actual work has only covered high schools in cities and pilot areas. The main content is the introduction of physiological and anatomical knowledge and lacks introduction of psychological and ethical guidance and knowledge on safe sexual behaviors and contraceptives. The formal education on sexual and reproductive health does not start early enough, and most adolescents only have the chance to receive sexual education after they have already

entered puberty. What is more, current sexual and reproductive health education only targets married and unmarried groups respectively, but underemphasizes the different features and needs of adolescents of various ages, genders and growing environments on sexual and reproductive health.” “The teaching staff who conduct sexual education for adolescents do not have a good command of skills of inter-personal communication and counseling skills; the participation of the adolescents is limited; the forms and contents of education are hard for the adolescents to accept.”

Considering the fact that adolescents are reaching sexual maturity earlier and that marriage is generally occurring later, it is of crucial importance to equip adolescents with knowledge of self-protection and information based on life skills as early as possible so as to prepare them against unexpected and unsafe sexual activities. In the dramatic social changes, the risks and challenges faced by college students and high school students are evident. The education on safe sexual activities for students before graduation may change their life course. The current “bottleneck” of formal health education undermines the necessity to overcome obstacles to providing adolescents with education on contraceptives and safe sexual behaviors.

Informal Schooling: The obstacles for meeting youth RH needs also come from government bodies, communities, hospitals, clinics, and the mass media, among others. Due to the influence of traditional concepts and cultural values, the issue of sex and contraception is still a “forbidden area” for youths in some regions. Adults such as parents, teachers, medical care providers and decision-makers find it embarrassing to talk about sexual issues with youths. Some adults also lack the necessary knowledge and skills to be able to educate youth in such areas. Other people feel concerned that the information and services for sexual and reproductive health may “arouse” puppy love, premature sex and even encourage promiscuous behaviors. There are some people who are even opposed

to talk about sex frankly with youths. Last but not least, the sexual health education in schools and in society is usually detached from each other.

The youths who are eager to acquire knowledge about sex but fail to do so through authorized channels end up seeking help from the mass media available to them and their peers. According to a survey, only 7% of adolescents received sexual education from their parents; 80% find that sexual education at school does not fulfil their needs; 6.4% would consult their parents when they want to know about sex; 7.3% would consult the teachers. The absence and lack of sexual education for adolescents at school and home can be seen in this survey. Consequently, youths acquire incomplete, incorrect and even misleading information. The information acquired from mass media is often vague and misleading.

A great deal of international research and policies has shown that if society encourages youths to practice abstinence-unless-married, avoids talking about sex and contraception or constrains youth's access to contraceptives or abortion, the effect may actually be the opposite of the intended outcome, i.e. unsafe sexual behaviour will increase instead of decreasing. Restricting youth's access to services and knowledge only urges youth to abandon practicing safe sexual behaviors instead of encouraging them to limit sexual behavior. It is an ostrich policy to carefully avoid mentioning sexual and reproductive health risks and challenges faced by the adolescents.

Medical Care Services: Since the ICPD, some departments/organizations have introduced the new idea of youth-friendly services and have conducted pilot operations. Some have had considerable influence, such as “Green Apple Clinic for Boys & Girls” (Beijing), “Shanghai Service Center for Adolescent Health Guides” (Shanghai), “Qinqing Care Club” (Shanghai), “Emergency Contraception Aid Center for Adolescents with Unexpected Pregnancy” (Chongqing), “Reproductive Service Center for Adolescents”

(Shenzhen), “Puberty Care Center” (Jinan) and “Niwo (You & Me) Adolescent Service Center” set up in places like Qingdao by the MSI China Office.

The above-mentioned clinics are mainly located in population and family planning clinics and/or women's and children's health centers in cities. It is a pity that most medical care services accompanying the program also finish when the program does and very few continue to function afterwards. The Qingdao Niwo (You & Me) Adolescent Service Center is undoubtedly a model for providing high-quality medical services to adolescents. Its pioneer exploration in the field of reproductive health services for adolescents is consistent with the ongoing international trend (see Text box 10).

To date, the government authorities have not formulated any policies concerning what, how, by

Text box 10

Qingdao Niwuo (You & Me) Adolescent Service Center

Set up in September of 2003, the Qingdao Niwuo Adolescent Service Center is a non-profit NGO providing health education and medical services to adolescents. It is characterized by integration of global concepts and local experience so as to effectively integrate education with medical services. After several years of exploration and practices, the Center has gained rewarding experience in terms of the content and methods of education and services. Its peripheral activities cover adolescents in factories, colleges and the entertainment industry, especially the marginalized underprivileged groups such as migrant workers and sex workers. The clinic in Qingdao not only provides client-centered, customized services in the cozy, neat and private rooms, but also innovatively practices global ideals such as anonymity, privacy, confidentiality, respect, no moral judgment and adolescent participation. All these practices are conducted in daily consulting and medical services. It insists on conducting full escort accompany services, especially “communication between hearts” so as to eliminate unnecessary fear and other psychological burdens for the adolescent. It also upholds the non-profit principle, providing free services such as abortions and syphilis & HIV screening to adolescents under the age of 24. The integration of education and services rooted in the local needs has guaranteed its sustainable development.

whom and when health services should be provided to youth. The policies and measures concerning public health and medical care services rarely cover youth and the few that do cover youth are dealing with the prevention and control of STIs and AIDS. Although policy documents such as the Decision of the Central Committee of CPC and the State Council on Strengthening the Population and Family Planning Work to Maintain a Low Fertility Level, and the Decision on Fully Strengthening the Population and Family Planning Work to Comprehensively Address the Population Issue have borrowed some principles and the spirit of the ICPD PoA, they do not specifically mention youth when talking about citizens and the population of reproductive age. There are various shortcomings in both the current policies and their practical implementation.

Women's and children's health care has always been a priority issue in China's public health services and there are more than 3,000 women's and children's health centers with a total staff of about half a million people. However, this network has long been dedicated to prenatal, perinatal and postnatal health care. In the medical care service system, patients under age 14 are treated as children, whose treatment and health care are provided by the department of pediatrics; patients above age 14 are treated as adults, who need to consult a doctor in the medical department or other departments for adults. Youths aged between 15 and 24 and unmarried adults have never been given priority as a vulnerable group. In the context of the market economy, the quality of services is facing great challenges. Unfriendly attitudes of the medical staff, excessively high medical payments, long waiting periods for treatment and a lack of privacy protection are all major obstacles for youths seeking medical care.

Although the population and family planning policies have made indications to cover youth in service delivery, up to now the focus has mainly been targeted at married women of reproductive ages. Unmarried youths are still facing various difficulties in

acquiring RH information, consultations and technical services. For example, although the Population and Family Planning Law of the People's Republic of China stipulates that "couples of reproductive ages practicing family planning are entitled to free family planning technical services listed as national basic items", unmarried youths without payment capacity are unable to enjoy their legitimate rights. Although the policies and legal regulations emphasize the provision of services for citizens and the reproductive age population, unmarried youths, as citizens and as part of the reproductive aged population are excluded from the coverage of the actual work. Some family planning service providers are reluctant to provide contraceptive services to unmarried youths. Some service providers in this field have never even received any professional training in providing information and services to youths. The lack of rights protection for privacy, confidentiality and informed choice also keeps youths away from services.

The absence of policies and measures for youth SRH have also been observed in other aspects as well. China has not yet established a functioning promotion, coordination and evaluation mechanism for conducting youth reproductive health education and services; the cooperation between governments and NGOs is limited; the participation of youths and their organizations is not adequate; the existing promotion, education and service system does not fully cover the underprivileged groups among youths, especially the youths in poverty-stricken areas and remote rural areas and the migrants in cities. The lack of gender disaggregated data by ages also impedes the formulation, implementation, promotion and advocacy of relevant policies and projects for youth SRH, which will also directly influence the judgments of risks and challenges related to youth sexual and reproductive health as well as the interventions.

It is evident that the information, education and medical care services for youth sexual and reproductive health are too inadequate to meet the actual needs of the

youth. There is a substantial gap between the current situation in China and the goals of the international community to universalize the access to reproductive health and the global concept of emphasizing and prioritizing youth sexual and reproductive health. The lack of development in this area is greatly disproportional to the large size of the youth population,

the seriousness of youth sexual and reproductive health issues and the role of youth in future sustainable development. To meet the special needs of youth for sexual and reproductive health and to safeguard their rights has become a policy area requiring urgent and sustained attention.

Chapter 6 Basic Conclusions and Policy Recommendations

The agenda of the International Conference on Population and Development (ICPD) held 15 years ago was to review population and development issues in a broader framework, to introduce new concepts of reproductive health, to stress the need for sustainable development of populations, resources, the environment, the economy and society, and to further advocate for the promotion of gender equality and equity. The United Nations Millennium Summit at the beginning of 21st century not put new momentum on to the goals of the ICPD but also provided a "road map and timetable" for action. The ICPD Programme of Action (PoA) and the Millennium Development Goals (MDGs) endorsed at the Millennium Summit are integral to each other, jointly building a development path and common standards for today's society, as it deals with the challenges brought by a changing world and to meet mankind's common future. As one of the signatories and countries who made a commitment to the ICPD PoA and the MDGs, China has taken proactive actions to implement international population plans and to achieve human development goals.

China is now in a unique historical period featuring social and economic transformation, and demographic and health transitions. Thirty years of Reform and Opening Up has comprehensively raised the 1.3 billion Chinese people's material and spiritual standards of living. Rapid economic growth has promoted health, education and other public services, helping China's Human Development Index to reach an unprecedented high¹⁶⁶, and other basic development indicators (such as primary education) to become similar

to those of developed countries. Several indicators have been achieved ahead of time and progress has been made on most of the other indicators. "China is setting more ambitious social development goals beyond the MDGs fit for middle-income developing countries."¹⁶⁷ In the new century, the Chinese Communist Party and the Government has brought forward the strategic development objectives of building a moderately prosperous and harmonious society, emphasizing the implementation of a scientific outlook on development which focuses on "putting people first". It aims to balance urban and rural development, development among regions, economic and social development, the relationship between man and nature, and relations between domestic development and opening-up to the outside world, to accelerate the social construction with a focus on improving people's livelihoods, and to promote equal access to basic public services. All these are objective requirements for China's further development, and they provide a favorable social environment for China to achieve the ICPD PoA and the MDGs.

After 30 years of unremitting efforts, China has basically achieved the modern demographic transition of "low birth rate, low death rate and low growth" ahead of its socio-economic development, and has become one of the low fertility countries in the world. Currently China is in a new historical stage of maintaining a low fertility level and comprehensively addressing population issues. Along with a significant slowdown of population growth, China is also undergoing dramatic changes in the structural characteristics of the population with rapid population ageing, high sex ratio at birth, and a rapid urbanization of a population with large numbers. The first half of the 21st century is a complex period

in which China's population will undergo a historic transition and structural issues will be intertwined. In light of such contexts of development and population, this review for China at ICPD +15 years on the progress and challenges of China's implementation of the MDGs and the ICPD PoA is of special importance.

2009 marks the 60th anniversary of the founding of new China, and it is also the 31st year of the country's adoption of the Reform and Opening-up policy. There are only 6 years remaining for the full achievement of the MDGs and the ICPD PoA. While having achieved or even exceeded some of the indicators and tasks contained in the ICPD and the MDGs, they must be acknowledged and more attention must be paid to the challenging issues identified in this report. In light of the basic principles of the ICPD and the MDGs, this report conducts an objective review and analysis of the achievements made since the 1994 ICPD and discusses the challenges faced by China from the aspects of population and development, gender equality and equity, reproductive health and rights (including youth reproductive health and rights). This report presents the following major findings, including basic conclusions, major challenges and relevant policy recommendations.

I . Basic Conclusions

China's population and development operates in a unique social environment and under different conditions to all other countries. For China, a developing country with a population of 1.3 billion and growing, the tremendous pressure on resources and the environment brought about by the huge population will exist in the long term, and sustainable development of the population, resources and the environment has always been a long-term strategic challenge. To achieve overall and coordinated development of the population, resources, environment, society and the economy, China needs to make a more concerted effort in the long term than perhaps any other country.

During the past 15 years, China has made

significant progress in population and sustainable development, gender equality and equity, reproductive health promotion and protection of reproductive rights.

- The ICPD PoA and the MDGs help China and other countries further recognize the importance of poverty elimination, universal education, improvement of health, promotion of gender equality, maintaining environmental sustainability for global and human development and its "orientation of values"; recognize the indivisible and interrelated close relationships between population and development; and recognize the starting-point and direct significance of education and health in national development. To this end, China has endeavored to organically integrate the achievement of the ICPD PoA and the MDGs into all kinds of development strategies, planning and macroeconomic policies at all levels in the last 15 years.

- The spirit and principles of the ICPD has changed the trajectory of China's population and development, and has promoted China's transformation in the field of population and family planning. Comprehensive, coordinated and sustainable development has become a basic principle for national development strategies, and the concept of reproductive health has been fully introduced into family planning management and services. Compared with 15 years ago, China's population and development have undergone tremendous changes and made historic progress.

- The practice of reform makes China, a country in transition, pay more attention to the importance of social development, to the overall modernization process, and to the importance of balanced development of economy and society. At the same time, in recent years China has reassured the long-term and strategic position of population in the development process, put forward the new concept of "priority given to investing in people's development in an all-round way", and in particular, has increased efforts to promote equal access to basic public services. All these are in line with international development trends and are fit for China's

basic reality.

- In the past 15 years, China has made great efforts and achieved significant progress in the following areas: integrating population factors into comprehensive national plans and programs; eradicating and reducing poverty; giving priority to developing education; improving the overall health of the population; actively promoting employment; coping with an ageing population; accelerating the pace of urbanization; promoting gender equality through policy and legislation; improving maternal and child health status and providing ●●family planning/reproductive health services; conducting comprehensive prevention of and advocacy for sexually transmitted diseases and AIDS; and advocating for adolescent sexual and reproductive health. China has formed a mechanism framework with leadership from the governments, assisted by relevant sectors and participated in by society.

- China shows a great deal of respect for and actively promotes "putting people first" in the comprehensive, balanced and sustainable development, and has accelerated the construction of a resource-saving and environment-friendly society and an innovation-oriented country, which in turn makes remarkable contributions to addressing climate change.

- Just as demonstrated by the National Human Rights Action Plan of China, in recent years the Chinese government has committed to the progressive realization of people's (as rights holders) right to access social services and has further committed to strengthening the capacity-building of service providers (as duty-bearers) to provide better services.

- For China new ideas and development goals bring not only today's success, but more importantly, long-term impacts and guidance for the future. The new concepts of "reproductive health", "reproductive rights" and "sustainable development" put forward by the ICPD have poured new vitality and momentum into China's population and family planning and even into national

development. On the basis of these great achievements in population and development and family planning, China now stands at a new starting point and these concepts provide principles and ideas for the realization of an historic leap.

II . Major Challenges

At the 15th anniversary of the ICPD, in order to further fulfill the principles and spirit of the ICPD, to realize the MDGs, and to meet the requirements of the country's development strategy of building a overall moderately prosperous and harmonious society, China needs to be more aware of and better understand the gaps and challenges at this new historical starting point.

Challenge 1: The tremendous long-term pressure of and huge demand from the large population on resources, the environment and development.

China's total population will continue to grow in the next two decades due to huge population inertia. Experts' predictions indicate that China will usher in three peaks, namely the peaks of total population, working-age population and elderly population, in the first half of the 21st century.¹⁶⁸ During this period the working-age population aged 15-64 will continue to increase steadily to reach a peak by around 2016; around 2033, China's total population will reach its peak and then decline; China's elderly population will continue to increase in the first half of the century. These three peaks combined with the huge demand caused by the large population will be long-term challenges for China.

Under the assumption that the demand for labor force will not significantly increase, China will continue to face a situation where the labor force supply exceeds the demand in certain periods, and the provision of jobs to the vast workforce will remain an important task for the government. At the same time, China needs to cope with the constraining factors affecting the improvement of employment quality due to problems in security,

stability, wage levels, labor intensity, labor relations and social security coverage.

The current market-oriented employment situation reveals obvious, unusual employment features. "Migrant workers" in cities have become a particular social group that cannot be ignored, they face problems of unstable labor relations, poor employment stability, low-income and a lack of social security.

Challenge 2: There is a need to re-examine population and development in the context of resources, environment and climate change.

In the fields of resources and the environment, industrialization and urbanization increase the demand for natural resources and put pressure on land use, forest management and environmental protection. There is hence an urgent call for comprehensive, coordinated and innovative ways to speed up the process of ecological restoration and to find ways to reduce energy consumption per unit and carbon emissions in the face of China's coal-dominated energy consumption structure. A lack of advanced technology results in low efficiency of energy use, and there are challenges on how to develop, promote and use "new green technologies" and how to introduce low-carbon models of infrastructure, construction, energy, and transportation industries. China's per capita arable land is small, and agriculture faces dual pressures of climate change and ecological degradation, which requires rational adjustment of the distribution and production structure of agriculture in order to prevent the spread of desertification. Water shortage is another national reality, and the threat caused by water pollution is relatively severe, requiring immediate improvements in water resource management, optimization of water resource allocation, promotion of water-saving initiatives, and strengthening of the water conservancy infrastructure. Hence, it can be seen that in terms of resources, the environment and climate change China must strengthen its awareness and use of energy-saving devices, promote emission

reductions and environmental protection, and introduce a new development model. China, a country of 1.3 billion people, needs to strengthen population-related factors in the national programs addressing climate change and take comprehensive, strategic measures.

Challenge 3: The level of basic public services is still low, and there is a huge gap between demand and supply; the key to progress is to eliminate the significant disparities between urban and rural areas, across regions and among different segments of the population

In recent years the Government has introduced a number of basic public services policies which give greater priority to the rural and less developed areas. However, basic public services such as: the level of compulsory education; public health and basic medical care; basic social security; and public employment services still remain relatively low, and there is a huge gap between the actual needs of the whole society, especially in terms of basic pension security and basic medical insurance which are of great significance to population change.

The Chinese government has established a development strategy which gives priority to education, and the overall level of educational attainments nationwide has continued to improve over the past 10 years. Nevertheless, shortage of funds has always been an important factor constraining China's education development, and the ratio of public educational appropriations in the country's total education expenditures is still low; the imbalanced educational investment has been somewhat improved but has not yet been fundamentally changed.

The Government has set the goal of providing everyone with access to basic health care by 2020 but so far the country's medical and health service system is far from being perfect. Investment in public health is still insufficient and the proportion of public expenditure in total health expenditure is relatively low; the medical

security system has not yet achieved full coverage; health resource allocation is still irrational, with about 70% of health resources concentrated in cities; and rural health development lags behind, making it difficult to meet the growing demands for health care services of rural residents.

China has made significant achievements in poverty alleviation, but it remains an arduous task to eradicate poverty. The poverty criteria set by China is based on absolute poverty, which is significantly lower than that of the United Nations, and if counted against the latter standard, China's population living in poverty will be much more than the current number of 14 million, and the amount will be impressive if the low-income population are also included. In addition, for those populations still in poverty, their poverty level is relatively deep and they are more vulnerable, and they may come in and out of poverty from time to time.

In the fields of education, health care, basic social security and family planning/reproductive health, the overall progress in term of aggregate indicators cannot indicate the true level of different regions, urban and rural areas, and different groups. It remains an objective reality of society and a basic feature of public services that rural areas lag behind urban areas, and central and western regions lag behind the developed eastern regions. The needs for public services of marginalized or vulnerable groups such as the migrant population, poor women and populations in remote backward areas is far from being met; in particular there remain significant unmet needs in the fields of family planning/reproductive health services. The fact that most of the maternal deaths could be avoided through access to basic obstetric services reflects the outstanding problem of accessibility to services. To narrow the huge gaps between different regions, urban and rural areas, and between different segments of population in the shortest possible time is a major challenge China faces.

Challenge 4: Population structural problems

have become increasingly prominent, and there is an urgent need for strategic planning and institutional innovations

The pace of population ageing in China will continue to accelerate in the future, and the effects of the increase in the size of the elderly population will be visible in the next 60 years. With an ageing population, the increase in the oldest groups of elderly citizens will also be more significant. Impacts of population ageing on social security, the labor market and the consumption structure are extensive and long-lasting. To address the population ageing issues, China will face the dual pressures of a high proportion and a large scale of elderly population, and the opposing dual forces of economic and social needs. The next 20 years is the key period for China to cope with population ageing, so "precautious steps" must be taken to develop a forward-looking strategic planning and social institutional system.

To accelerate the migration of the rural labor force to urban areas and to non-agricultural sectors and to boost the level of urbanization is the inevitable choice for China to build a moderately prosperous society. The proportion of China's urban population has been increasing steadily during the past decade, yet the level of urbanization is relatively low compared with that of the world. So far population migration in China has been constrained by the dual urban-rural structures, which have given rise to the incompleteness of population migration to cities, conflicts and frictions between the existing social management system and the migrating population, and the large number of rural migrant workers in cities and towns having no equal access to social security and public services granted to local urban residents. It is estimated that China needs to migrate about 150 million of the rural surplus labor force in the next 20 years, therefore the process of China's urbanization will be continuously rapid, and the task of urban-rural integration will be urgent and arduous.

In the past 20 years, China's sex ratio at birth continued to rise and has severely deviated from the normal level; the girl child mortality rate has been high ever since the mid-1980s. The Government has adopted a series of economic, administrative, publicity and education interventions, but discrimination against women and girls has not diminished as a result of rapid economic development and implementation of the basic national policy of gender equality. The significantly imbalanced sex ratio at birth has become one of the major national and overall population problems. The long-lasting imbalanced sex ratio at birth originating from "boy preference" may generate multiple, complex and adverse consequences on future social life, including on marriage and family relations, and may bring risks for social harmony and stability. Hence there is an urgent need to enhance social intervention efforts.

The overall education quality of the population hardly meets the needs for economic and social development. China faces a historical task to transform from a country of a huge population to a country of huge human resources.

Challenge 5: Gender equality is far from perfect, and youth reproductive health requires special attention

With a further developed socio-economy in China today, the status quo of gender equality is far from being perfect. The pace of gender mainstreaming is still lagging behind the international ideals, and the existing policies and regulations are often not implemented or not well implemented at local levels. In real life, women still face a lot of gender discrimination and numerous obstacles to development. The fact that China's rank in the international Gender Empowerment Measure has declined greatly deserves special reflection.

The potential and real inequality between men and women in the fields of employment, income, health and public decision-making is still relatively prominent. The unequal development opportunities and capabilities lead to overall weakness of women in economic, social

and political participation. In China, an income gap exists between men and women, the rate of women's participation in social security is lower than that of men, the issue of gender equity in both urban and rural labor markets is dominant, and the protection of women's special rights is unsatisfactory.

The process of urbanization and industrialization has not only brought employment and development opportunities for women but also occupational health and safety problems. Migrant women are facing double or even multiple weaknesses in both the urban and rural labor markets; their incomes are low and benefits poor, and they lack employment protection and social security.

Although significant progress has been made in preventing violence against women, it remains a serious social problem in China. Neither national, special gender-based violence prevention and control legislation nor a long-term mechanism for prevention, intervention and rescue to prevent violence against women has been developed in the country to date.

There is no remarkable change in terms of women's political participation and decision making in the last 20 years. Women face many obstacles in equal participation in state and social affairs. The proportion of women leaders at all levels is still low with slow growth, and the proportion of women taking key posts in the party, government and other key government departments is low and its structure unreasonable. In short, the quality of women's political participation is not ideal.

Men are not well involved in the elimination of gender discrimination and violence against women. Women take too many responsibilities in contraception and family planning. There are distinct gender differences in time spent on paid economic activities and unpaid housework, and the pattern of women bearing most of housework has been barely changed for decades.

In light of the fact that sexual concepts are

become increasingly open and that youth are reaching puberty earlier but the marriage and reproductive ages are being continually postponed, the provision of sexual and reproductive health information, education and services to youths lags far behind their actual needs. There is a remarkable gap compared with the internationally prevailing concepts and practice which attaches great importance and priority to adolescent sexual and reproductive health. In recent years, the number of unwanted pregnancies, unmarried abortions and sexually transmitted infections has increased rapidly among youths, whose knowledge of related information is poor. Adolescent sexual and reproductive health has not yet gained its deserved place in the national education system, and public awareness of its importance is still not in place. Out-of-school education is considerably weak. Existing youth reproductive health services are underdeveloped with extremely limited scope and coverage and they lack institutionalized and routine guarantees. Unmarried youths still face many obstacles in accessing information, consultations and technical services. Many sexual and reproductive health service providers know nothing about youth-friendly services. Social action and intervention programs have a serious problem of sustainability, and the services provided are more of symbolic meaning than their exerting actual social effects.

III. Policy Recommendations

Policy recommendation 1: Further emphasize the concepts of a human-oriented, rights based approach including rights holders and duty bearers in the field of population and development.

International society advocates the principle of human rights based programming in national policy and plan development, namely human rights principles should be reflected in national policy and development frameworks. It also emphasizes that human rights are the most basic standard which guarantees people's freedom and a life with dignity, and that they are embodied in

such principles as universality, indivisibility, mutual dependency, equality, non-discrimination, etc.¹⁶⁹

Adopting human rights based planning and programming is in nature bestowing rights on the people and governing for the people, and therefore requires further emphasis on the concepts of duty bearers and rights holders. The government and social organizations which bear the duties of providing basic public services and protecting the rights of citizens are duty bearers and every individual member of society as a "Human being" in capital letter is a rights holder. The principles of human rights offer criteria based on a set of values guiding government work and other social and political practice. In this regard, duty bearers should take equality, equity, and justice as its core values and make greater efforts in building up its competence. On the other hand, rights holders should have rights awareness, be able to effectively exercise their rights, and obtain required information and services.

In the field of population and development including family planning and reproductive health, the Government and its officials bears the duties of protecting the rights of citizens and providing public services while the overwhelming majority of people act as the rights holders. Therefore, the officials in the Government and its departments must further emphasize their responsibility, competence, and performance. They should pay special attention to the needs and rights of the ignored and marginalized groups and by extensive social participation and empowering people they will be able to further demonstrate the social responsibilities of the Government in population and development including reproductive rights.

Policy recommendation 2: Study the interactions between population and climate change and ensure sufficient adequate human elements in the nation plan on the climate change.

"Climate change is not only an issue of energy efficiency or industrial carbon emission but also am

issue of population dynamics, poverty, and gender equality.”¹⁷⁰ It is an issue that concerns the development mode of human beings, social justice, and sustainability. In global process responding to climate change, the element of human beings and population plays a significant role. China, being a developing country with a huge population of 1.3 billion, has a very close and direct connection between population growth and resources and environment. The negative influences that the global climate change will bring upon human development include: “threatening life, reducing living standards, broadening the gap between the rich and poor and the inequality between men and women”, “putting extra pressure on the vulnerable sanitation system”, “driving the migration of population”, etc. These phenomena are seen both directly and indirectly in China. For example, more than two thirds of the employed women in China are concentrated in “natural resource dependant” industries such as agriculture, forestry, animal husbandry and fishing, which calls for greater recognition of the roles than gender plays in responding to climate change. Given the actual situation of gender inequality in China, women must enjoy as much rights as men in employment, health care, and public decision-making in order to further engage women’s participation and positively respond to climate change. In addition, at present there are as many as 200 million people “floating” into cities in China and their life style, production role, and consumption structure have undergone essential transformation which in turn exerts an extensive and long-term influence on the national development mode, resources, and environment including climate change. Hence these issues require that “more consideration be given to the human elements” in the discussion of climate change. “A bottom-derived, sustainable, and human-centered solution”¹⁷¹ must be established. Incorporating the population element into the national plan responding to climate change, and combining the understanding of population dynamics, gender and reproductive health

and the discussion of environment including climate change has special significance and value for China.

Policy recommendation 3: Take providing basic public services for all members of society and reducing disparities across regions, between urban and rural areas, and between different segments of population as the focus and gravity center of the nation.

In the process of achieving the Millennium Development Goals (MDGs) and implementing the International Conference on Population and Development Program of Action (ICPD PoA), it is necessary to further strengthen the obligation of the nation in providing all members of the society with compulsory education, public health, basic health care, basic social security, and public employment services, and to focus on reducing the disparities across regions, between urban and rural areas, and between different segments of population. Reproductive health should receive special attention as one of the basic needs.

Thus, the Government needs to make favorable policies and strengthen the protection of less developed areas, backward rural areas, and marginalized and disadvantaged populations. Obstacles to their fair access to basic public services should be cleared. More attention should also be paid to the improvement of the basic pension system in rural areas, rural public health and basic health care services in urban areas, and the needs of ignored or disadvantaged groups should be taken into consideration and addressed.

To date, in the reproductive health field, a considerable proportion of disadvantaged women of reproductive ages have not obtained due information and services. The abortion rate among the unmarried population is growing, and the relevant knowledge level and health awareness are in urgent need of improvement. More attention should be paid to service coverage and the unmet need, especially in providing quality service for the migrant population, the

poverty-stricken population and people in remote and backward regions. In particular, “informed choice” of contraceptives should be promoted in a more extensive and intensive way; strengthening public awareness of their rights for reproductive health; and reducing the disparities in the infant mortality rate and improving maternal health between urban and rural areas, across regions, between different segments of population and across countries. The 2009 World Population Report by UNFPA says, “The achievement by the ICPD in popularizing reproductive health, improving girls’ education, and promoting gender equality can not only help in realizing health and development goals but also in reducing the birth rate and the emission of greenhouse gases”.

Policy recommendation 4: Further promote gender equality mainstreaming and the construction of a long-term mechanism.

In China gender equality and empowerment of women is a bittersweet story. In the existing culture and institutional environment of China, the enhancement of gender equality and promotion of women’s status is a systematic project full of hardship and challenge. Both short-term policies and long-term strategic plans are needed.

In this regard, relevant laws and public policies must be made, improved, and effectively implemented, including laws and policies concerning anti-violence against women, protection of women’s rights (like land deeds and inheritance of property, etc.). For example comprehensive laws can be made to forbid violence against women in both public and private domains. Specific laws can also be made to stipulate that the Government is held responsible for intervening and advocating against domestic violence against women as well as for rescuing the victim of violence. The victim needs to observe laws and protect their own rights and benefits, and judicial intervention, publicity and education and social assistance should all be conducted

under the law.

The mainstreaming of gender equality should be promoted in the design, implementation, supervision, and assessment of policies and plans in all social fields of politics and economics by the Government and government departments. This will help the Government officials and organizations form a proper understanding of how to mainstream gender equality and will equip them with ability to analyze their work from a gender perspective.

The Government should implement favorable policies for women in employment, education, occupational training, and healthcare in order to make up for historical and social inequalities.

The policies should be effectively implemented so that compulsory education for girls in remote and bordering areas can be improved. Within primary health care, family planning should be integrated with reproductive health so that the whole life circle of a women can be covered with appropriate and affordable quality services.

Women’s ability to manage national and social affairs and decision-making should be improved. Women’s participation in political affairs and in grass-root democracy should be constantly increased. The Government should also make great efforts to uncover and remove the intense discrimination against girls in rural areas. Men should shoulder greater responsibilities and play a more active role in contraception, sexual life, reproductive behavior, and public and family life. Relevant mechanisms should be improved that help raise women’s status, including collecting, analyzing and putting into practice gender disaggregated data.

Policy recommendation 5: Putting youth sexual and reproductive health on the national agenda.

Providing integrated, quality, gender sensitive, and age-appropriate reproductive health information and services for youths is a social responsibility of

the Government which requires joint efforts from individuals, family, communities, the society, and in particular relevant departments of the Government.

Governments of all levels should improve their consciousness and understanding of the importance and urgency of youth sexual and reproductive health. Efforts should be made to advocate among decision-makers about the importance and urgency of the problems that youths face in reproductive health and help them better understand the rights, actual needs, and expectation of the youth group. The problem deserves strategic attention and should be connected with the future and destiny of the country and nationality, and will require policy actions.

In the process of establishing and improving systematic protection through laws and policies, it is worthwhile to explore the inclusion of youth sexual and reproductive health into the new National Programme of Action for Child Development and the National Programme of Action for the Development of Chinese Women (2011-2020) and even other more comprehensive social and economic development plans. Meanwhile, policies and measures will be adjusted to specify the rights of youth to obtain friendly information and services. Furthermore, a long-term working mechanism where the Government leads, the various departments collaborate and the whole society participates together should be established and enhanced. It must be ensured within their compulsory education curriculum youths can receive health education that is appropriate for their physical and mental characteristics and that includes life skills which also focuses on health, in particular reproductive health as an important content. Initiatives should be taken to integrate youth-friendly services into the various existing service institutions including large-sized hospitals in the cities, primary healthcare institutions, NGO clinics, private clinics, pharmacies, etc. The settlement of the issue should also be combined with promotion of employment, health, education, and

elimination of violence against women. In addition, attention should be paid to the diversified problems and needs of the youth, and long-term mechanisms should be developed and/or improved that involve youth participation in the design, implementation, supervision and assessment of policies, projects and services. The roles that non-government organizations play in protecting youth sexual and reproductive health should be further strengthened and the positive effects that family and parents can exert should also be emphasized. At last, gender perspectives should also be integrated into the information and services provided for youths.

Policy recommendation 6: Further reform and improve policies and regulations concerning reproductive health and family planning so as to better coordinate individual interests and national interests, achieve gradual fulfillment of people's expectations and deliver commitment to the international society.

In the past 15 years, China's most pronounced change in the field of population and development is not only the advent of a historical stage where the growth of the population has shown a low fertility rate, but also that family planning has experienced changes it had never met before in terms of its social environment and target audience.

First of all, with the fast social and economic development in the last 15 years, the living standards of both urban and rural residents have made significant improvements in China. In addition, social concepts of the value of children and reproductive behaviors have transformed greatly which has created favorable social conditions for the further internal transformation of population behaviors including reproductive behaviors. Fewer and better births and small-sized families have become the voluntary choice of more and more families including couples of reproductive ages in rural areas. The modern rationalism behind reproductive behaviors has been strengthened and the gap between the

requirements of the state policy and the people's desire to reproduce has been gradually reduced.

Also, the family planning policy has been adjusted frequently: during the mid-1980s toward the direction that “ensures (family planning work) be a reasonable work that is supported by the public and can be easily taken up by Government officials”,¹⁷² in the mid-1990s, piloting and scaling up of family planning quality services, the introduction and widespread recognition of the ICPD concept of “reproductive health”, and family planning reform featured by the “two transformations”; in the 21st century, the implementation of the “people-centered” Scientific Outlook on Development which proposes solving the issues of population in a comprehensive manner. These are all signals that family planning and reproductive health in China are marching towards the direction that is centered upon the comprehensive development of human beings and better protection of reproductive rights.

Furthermore, the basic tendency of population growth in recent years shows that the demographic transition into a modern pattern has been essentially completed in China and the country has walked into a new era with a low birth rate, low death rate, and low natural population growth rate. China's total fertility rate now also belongs to one of the world's low fertility rate countries and comes neck to neck with the United Kingdom, the United States, Australia, and other developed countries. The National Population Development Strategy Report also put forth that “if the total peak population (excluding Hong Kong and Macau Special Administrative Region and Taiwan) can be controlled at approximately 1.5 billion, the total fertility rate should maintain at around 1.8 in the next 30 years. Excessive deviation from the figure will impair the coordinated development of population, economy and society.”¹⁷³

The above shows that with the gradual release

of inertial potentials of population growth in China, the persistent low fertility level and addition of population structural problems, the time is right for the adjustment and improvement of the family planning and other relevant policies. In recent years, some provinces (municipalities directly under the central government and autonomous regions) have made practical progress in lifting birth spacing, granting birth permits for a second child to couples of which only one party is a single child and reducing the social compensation fee, which have been positively echoed by observing no violent changes in population dynamics in these locations. The more liberal policies not only aim at “better settling population problems in a comprehensive manner”, but more at reducing the gap between requirements of the state policy and the reproductive will of the people in a more extensive scale, and working towards bestowing the rights to people and meeting people's expectations. Meanwhile it also creates conditions for reducing the gap with the international prevailing understanding of reproductive rights and will help China to deliver its commitments to the ICPD.

Against China's background of fast socio-economic development and intensive social transformation many factors concern the wellbeing of the unprecedented 1.3 billion population, and the harmony and happiness of every family and the whole society. These factors include: promoting equal access to basic public services; achieving the target of universal access to reproductive health; priority investment in youth; focusing on gender equality and equity; and enhancing a comprehensive, coordinated and sustainable development of the population, resources, the environment, the economy, and society. Confronting these challenges is a great enterprise for the future, it will impact on the happiness of future generations, and contribute to the development of China and the entire human race.

ICPD+15 FIELD INQUIRY (FI) QUESTIONNAIRE FOR CHINA

Purposes

The FI aims at documenting the actual implementation of the PoA in China, with due emphasis on achievements and success stories, as well as on constraints and difficulties faced in implementing the PoA. The ICPD +15 FI is linked with the FI for ICPD + 10, but has been adapted for China in 2009.

The purposes of the FI are (a) to describe, from an operational perspective, the progress made by countries in implementing specific actions of the ICPD PoA and to analyse patterns of constraints; (b) to compare and contrast the progress made across different regions; and (c) identify emerging opportunities as a result of actions taken and key future actions.

Content

The FI examines all major sections of the PoA, with a more in-depth examination of certain aspects. The questions listed here have been selected for their importance and for the sake of avoiding duplications with the review component presented in the report.

Questionnaire

I. Population and Development

1. Since ICPD, were there significant actions taken in your country that focus on integrating population concerns into development strategies?

- Strong action taken
- Some action taken
- No action taken

If action taken, briefly summarise the salient action taken, indicating specifically the policy, the plan/strategy, PRSP, etc. in which population issues have been integrated.

The Chinese Government emphasizes coordinated and sustainable development between population, economy, society, resources and environment. It

integrates initiatives in attaining ICPD and MDG into development strategies, plans and macro policies of various types and levels. In 2000, China issued the White Book on China's Population and Development for the 21st Century. It points out that the issue of population has become the key factor and primary problem restricting China's economic and social development.

In 2000, Decision of the Central Committee of the Communist Party of China and the State Council on Strengthening Population and Family Planning Programme and Stabilizing the Low Fertility Level came into force. It points out that, the issue of population is a significant issue to be faced for a long time during the initial stage of socialism and the basic national policy of family planning should be adhered to for a long period of time. The essence of population issue is an issue of development.

In 2006, Decision of the Central Committee of the Communist Party of China and the State Council on Fully Enhancing Population and Family Planning Programme and Comprehensively Addressing Population Issues came into force. It points out that, without exception, all substantial issues that China encounters in its efforts to achieve better and faster economic and social development are closely related to quantity, quality, structure and distribution of the population. It is also requisite for China to fully implement the scientific development concept, prioritize investment in all-round human development, stabilize the low fertility level, upgrade population quality in terms of health and education, improve population structure, guide rational geographical distribution of population, ensure population security, promote the transformation of China from a populous country to a country competitive in human capital and facilitate coordinated and sustainable development between population on the one side, and economy, society, resources and environment on the other. It also clarifies five concrete tasks for population and family planning

programme in the future period, including: 1) stabilizing the low fertility level with all efforts, 2) vigorously upgrading the general health of newborn population, 3) comprehensively address abnormal sex ratio at birth, 4) constantly improving the management and service delivery system for migrant population, and 5) actively responding to population ageing.

However, current performance evaluation system with per capita GDP as a major indicator leads governments at various levels to concentrate on the control of population size alone; and vertical administrative mechanism made the grassroots level focus largely on implementation rather than effectiveness

2. Are population factors, especially population and environment interactions, taken into account in national and/or sectoral development plans?

No Yes

[If yes, how? Please briefly describe]

China has taken protection of environment as its national strategy and attaches great significance to the interrelationship between population and environment. In 1994, China adopted China's Agenda for the 21st Century of China, i.e., the White Book on Population, Environment and Development for the 21 Century. On the basis of concrete national conditions and the general situation of environment and development, it has put forward the general strategy and policy measures and programmes of promoting the mutual coordination and sustainable development of economy, society, resources, environment, population and education, and become a guideline document for formulating mid-term and long-term plans for national socioeconomic development of China.

The Eleventh Five-Year Plan for National Economic and Social Development (2006-2010) has put forward the strategy 'consider as a whole China's

population distribution, economic patterns, national land use and urbanization structure in the future’.

Overall, the Chinese government adheres to human-oriented approach and sustainable development, considers economic development, social development and ecological construction as a whole, insists on the basic national policy of family planning, saving resources and environment protection, gives priority to invest in the strategy for overall development of people and, on the basis of stabilizing the low fertility level, takes great improvement of quality of life of the people as the key link to realize the effect of replacing resources and environment by human capital and promote the harmony between human and nature.

However, pressures on resources and environment caused by the too large number of population will exist for a long time. Industrialization and urbanization increase demands for natural resources and create pressures on land utilization, forestry development and environment protection. Human aspects of climate change have not yet been fully addressed and comprehensive measures are required to cope with climate change.

3. Since ICPD, has there been any major policy initiatives in your country addressing the special needs of older persons, that is the elderly?

No initiative Some initiative

Major initiative

Please mention one major initiative, if any

The Law of the People’s Republic of China on the Protection of Rights and Interests of the Aged promulgated in 1996 points out that, the state protects the statutory rights and interests enjoyed by the aged, perfects the social security system for the aged and gradually improves the conditions that will ensure their lives and health and their participation in social development in order to provide the aged with

living support, medical services, working conditions, educational opportunities and recreational facilities. With UNFPA support, this law is undergoing revision.

Great efforts have been made in advocacy of policies on old-age support. In 2000, the State Council issued the Circular on Printing and Distributing the Plan for Experimenting the Urban Social Security System, to improve the basic old-age insurance system that was in the process of establishment and to gradually set up individual accounts. In 2005, Decision on Improving the Basic Old-Age Insurance System for Employees of Enterprises was issued by the State Council. Since 2009, the pilot work of a new type of rural social old-age insurance has been carried out in 10% of the counties (cities and districts) in China, and the establishment of a social security system covering the rural and urban people would be accelerated.

With regard to emphasis on special needs of the elderly, there is clear explanation about related policies in the Decision of the Central Committee of the Communist Party of China and the State Council on Strengthening the Ageing Work issued in 2000. It is pointed out in this Decision that the elderly is an important component of the society, the ageing issue concerns many fields such as politics, economy, culture and social life, and therefore it is a significant social issue related to national economy and people’s livelihood and long-term stability of the country. The Decision calls on the whole society to pay great attention to and really strengthen the ageing work, and demands the people’s government at various levels. The ageing undertaking has been included into mid-term and long-term plans and annual plans for national economic and social development. Social security system has been improved and community construction for the elderly has been strengthened.

4. Has your Government adopted explicit policies and programmes to influence internal migration movements to help achieve a more balanced spatial

population distribution?

No Yes

[If yes, please describe a salient measure taken]

China adheres to the strategy of integrating the coordinated development between urban and rural areas and different regions. With the implementation of policies favouring the coastal areas to develop first at the start of reform and opening up drive, the Chinese Government has noticed that development in central and west China was relatively slow and the gap of income level, living level and enjoyment of public services of the residents between urban and rural areas and different regions were expanding. Thus the Government successively put forward some policies and plans such as four types of function zones, namely, optimized, prioritized, limited development and banned exploitation, regional revitalization plan, the strategy of overall planning of the urban and rural area development, implementation of the western development drive, revitalization of the old industrial base of northeast China and promotion of the rise in central China, so as to achieve a balanced development across regions in China, which in turn influences internal migration and promotes the balance between population distribution, economic pattern and resources and environment.

The more than 200 million migrants in China are in the forefront of industrialization and urbanization. Realistic safeguarding their rights and interests will contribute to rational movement and migration, and realization of relatively balanced spatial distribution of population. Some Opinions of the Central Party Committee and the State Council on Promoting the Construction of A Socialist New Countryside puts forward the wish to “gradually establish a social security system for migrants and explore methods for old-age insurance which are adaptable to the characteristics of migrants”. Some Opinions of the State Council on

Solving Problems Related to Migrants clearly wishes to “actively and reliably solve the social security problem for the migrants, include them into the scope of insurance against injury at work in accordance with law, give priority to solving the problem of medical security for serious illness, and gradually solve the problem of old-age security”. In 2009, Ministry of Human Resources and Social Security issued the Provisional Measures Regarding Transition and Continuation of Credentials of Basic Old-Age Insurance for Employees in Rural and Urban Enterprises, which stipulates that credentials of old-age insurance of inter-provincial migrants should be transferred at the same time to the place of their employment, so as to fully safeguard their legitimate rights to enjoy old-age insurance when they migrant for employment and promote rational allocation and orderly movement of human resources.

II. Gender Equality, Equity and Women’s Empowerment

5. Has your Government taken any measures to address gender-based violence, in particular against girls and women (trafficking, female infanticide, domestic and sexual violence, etc.)?

No Yes

[Please describe in one paragraph any successful strategies used in your country]

China government has taken legislative measures to prohibit gender-based violence. The Law on Marriage, the Law of Protecting the Minors, the Law on the Protection of the Rights and Interests of Women, the Law on Maternal and Infant Health Care and the Law on Population and Family Planning all have paid special attention to gender-based violence issues. These laws prohibit any kind of discrimination or violence against women/girls, including domestic violence, fetal sex identification and sex-selective abortion without medical

grounds, and trafficking. For instance, The Combating Trafficking in Women and Children in China Action Plan (2008-2012) published in 2007 involves protection in various fields, including protection, hitting, victim assistance, repatriation, rehabilitation and international corporation.

III. Reproductive Rights and Reproductive Health

6. Has the Government taken any policy measures, or made legislative changes and/or institutional changes or other major measures at the national level to enforce Reproductive Rights (such as free informed choice and informed consent, abolition of quotas, incentives, etc.)?

No Yes

[Please describe in one paragraph key measures]

The Chinese Government has fulfilled its commitments it has made to the international community, revised and formulated laws and regulations to protect people's reproductive rights. The 2001 People's Republic of China Population and Family Planning Law protected clients' free and informed choice of contraceptive methods. The sentence "The state respects and preserves human rights" was added into the Constitution of the People's Republic of China on March 14, 2004, by the 10th National People's Congress. As an integral part of human rights, reproductive rights again attracted great importance. Many legislative changes have taken place to guarantee people's reproductive rights. For example, the 1992 Law of Women's Rights Protection was amended in 2005 and Article 51 of the law has included a new paragraph which reads, 'government at all levels should take measures to ensure women have access to family planning services and to improve women's reproductive health level'. In 2009, Regulation of Family Planning Work for Migrants safeguarded migrants' rights to

receive primary reproductive health services free of charge. Family planning regulations at provincial and county levels in some places have been amended in order to better safeguard people's rights. Some have cancelled restrictions on interval between the first and the second birth. In addition, the Chinese government has strengthened legal awareness education of family planning workers and enhanced administration by law in family planning. Administration accountability has been established and evaluation mechanisms have been improved. Correspondingly, trainings and IEC activities have been offered to people to increase their awareness and capacity in protecting their reproductive rights. However, challenges remain in reproductive rights protection. For example, informed choices of contraceptive options get increasingly popular, yet unbalanced development across regions

IV. Adolescent/Youth

7. Has your Government taken any measures (policies, laws, programmes, other) to address the rights and the reproductive health needs of adolescents?

No Yes

[Please describe in one paragraph the measures taken]

Articles of the Law of the People's Republic of China on the Protection of Minors, Law for Protecting Women's Rights and Interests, and Constitution of the People's Republic of China guarantee development, education, political, employment, and property rights of youth.

Regulations of General University Administration adopted by the Ministry of Education on September 1st, 2005 removed articles such as "Students who marry while enrolled in university without filing for withdrawal from school shall be treated as having voluntarily withdrawn from University." Article 5 declares that students, while enrolled in school, are

entitled to rights outlined in laws and regulations. So, whether a student could marry while enrolled in university should be governed by the National Marriage Law and the Marriage Registration Regulation.

Opinions on Family Planning among University Students, issued in July 2007 by National Population and Family Planning Commission, Ministry of Health and Ministry of Public Security emphasize that “Schools can’t force students who have legally borne children to drop out of school for the reason of childbearing.”

8.Has your Government taken any measures

(a)to introduce reproductive health education, including life-skills, in and/or out of school?

Yes

[Please describe progress and achievements. Please also indicate how you overcome any constraints met]

On 9th June 1990, State Education Commission of the People’s Republic of China and Ministry of Health of the People’s Republic of China stated in School Health Ordinance that “Sex health as optional session or lecture should be set in general universities/colleges”. Article 19 of Law of the People’s Republic of China on the Protection of Minors, adopted in December 2006 states, “Schools shall conduct adolescent-appropriate moral, intellectual, physical, esthetic and labor education for minor students, and provide them with guidance in social life as well as education in puberty knowledge.”

Government departments and NGOs carried several sexual health education/intervention projects (including peer education) amongst youth in China. In/ out of school youth are both involved in these projects. Pressures from different aspects are encountered during the process of RH education, especially for out of school youth health education. They are hard to reach and

have varied needs for RH. Though small scale pilot achievement has been made, the overall quality of in-school RH education is still limited.

To overcome this, with the support of China Family Planning Association, UNFPA, PATH and other organizations, China Youth Network has been set up in China. It is an organization that provides services for youth and is operated by youth. It collects information on youth’s needs, spreads voices of youth to the society and improves youth reproductive health by carrying out peer education and it has been involved in national/international conferences and related policy formulation procedures. This has fastened the RH education for adolescents in China. To win parents and teachers’ support, many advocacy activities were taken including special parents school and parents were invited to participate in adolescent training activities. Another successful experience includes advocacy activities among leaders/policy makers to set up popular policy circumstance and social circumstance for youth reproductive health education.

(b)to provide access to information on reproductive health, including life-skills, by adolescents?

Yes

[Please describe progress and achievements. Please also indicate how you overcome any constraints met]

Several projects have explored ways to provide reproductive health information for youth including peer education, media intervention, community interventions, interventions among migrants, hot-line and pharmacy interventions. Lots of IEC materials about knowledge and information on reproductive health were distributed by several departments. The design of IEC material is more acceptable by youth than before. Limited by economic condition and cultural background, the role of media is insufficient in reproductive health education.

Population and family planning departments, health departments and education departments at different levels have set up “green” websites to provide related information and services for youth.

9. Has your government taken any measures to provide access by adolescents to reproductive health services?

Yes

[Please describe progress and achievements. Please also indicate how you overcome any constraints met]

Ministry of Health and National Population and Family Planning Commission have several pilot projects to provide youth-friendly RH services through service provision place. For example, with the support of China/UNFPA CP6 project (2006-2010), Ministry of Health provides youth friendly service in Women and Child Health Care Centers in project counties. Protocol and guidebook were developed regarding RH services for adolescent. In August 2007, Guidebook for Youth Care Clinic Services was completed by Ministry of Health. Training workshops for health service providers have also been carried out for project counties. Condom vending machines have been fixed in some universities, which makes it convenient for the students to obtain condoms.

Despite the efforts mentioned above, reproductive service network for adolescents has not been completed yet, and policies and regulations to guarantee services that can meet the needs of youth are still lacking. Few adolescents know the existing of youth friendly service clinics, therefore their utility rate is low and ability of service providers needs improvement. There is still a big gap between the needs for reproductive health service and the services actually provided among unmarried population. Further policy support from the state is needed to make the project action as a national policy and to make it consistent

and standardized. Contraceptives are only provided to married couple free of charge. Adolescents have no adequate access to free contraceptives and other RH services. They feel reluctant to seek services in public hospital, health center or family planning service station due to confidential reasons. Pregnant girls are likely to get abortion services in private hospitals or clinic where the abortion might be unsafe.

To overcome these constraints, NPFPC and MOH had held several high-level advocacy meetings with related national departments and representatives of youth since 2007. Some service stations open separate youth entrance and exit to secure adolescent’s privacy. Free contraceptives are provided through adolescent peer educators. A nationwide survey to collect adolescent’s RH needs and behaviors is undergoing with support of UNFPA, which is supposed to yield useful data on adolescents.

VI. Partnerships and Resources

10. Since ICPD, has your country increased its domestic resources for the implementation of population and reproductive health programmes?

In March 2000, the Central Committee and the State Council issued Circular No. 8, Decision to Strengthen Population and Family Planning Work and Stabilize the Low Fertility Rate. It pointed out that financial input in population and family planning field should be included in government finance budget and should increase gradually. Rate of increase should be higher than that of finance revenues. By the end of 2005, finance input in population and family planning per capita should be over 10 Yuan. In 2007, Decision of the Central Committee of the Communist Party of China and the State Council on Fully Enhancing Population and Family Planning Programme and Comprehensively Addressing Population Issues pointed out that, financial input in population and family planning field should be

increased to 30 Yuan per capita by the end of 2010. By the year of 2006, it reached 19.53 Yuan.

The Government allocates treasury bonds to build or rebuild family planning service stations at county level. At least one mobile FP service van was provided to each county to facilitate FP/RH services delivery.

Due to the rapid spread of HIV/AIDS, the Chinese government was inputting massive funds to provide services on health education, behavior changes, capacity building, counseling relevant to HIV/AIDS prevention. In 2007, central finance input in HIV/AIDS was 0.86 billion.

11. Please provide a brief analysis of the level of resources available as compared with the needs and the absorptive capacity, as well as of the efforts made to maximize the impact of those available resources?

Resource allocation in population and reproductive health is somewhat unbalanced across region. Compared with eastern China, the central and western China are underdeveloped where the radius of service on FP/RH are much bigger with limited resources and capacity of service. Unmet RH/FP needs in those areas are huge. So are in urban and rural areas, where rural areas are less developed and face difficulties.

In recent years, family planning and health sectors have made full use of their advantages to work together. For example, in grassroots level, local family planning sector always cooperate with the health sector to provide RH services to clients, which integrate the limited resource and maximize the impact of service. In urban areas, FP services are mostly provided by health sectors to integrate limited resources.

VI. Emerging Issues

12. What are the 3 key emerging issues, if any, in the field of population, gender or reproductive health

to be addressed as a matter of priority by your country. Please describe briefly.

Decision of the Central Committee of the Communist Party of China and the State Council on Fully Enhancing Population and Family Planning Programme and Comprehensively Addressing Population Issues in 2007 pointed out, there are five emerging issues in the field of population. The first three are stabilization of low fertility, improvement of newborn's quality and addressing unbalanced sex ratio at birth.

VII. Climate Change, financial crisis and Population

13. What is the impact of climate change on the population issues? What type of research has taken place to better understand the linkage between population and climate change and also the measures taken to reduce the impact on the population?

Climate change is more than an issue of energy efficiency or industrial carbon emissions; it is also an issue of population dynamics, poverty and gender equity. Climate change should be considered in the context of sustainable economic and social development; respect for human rights and cultural diversity and empowerment of women and access to reproductive health for all.

Care International (CARE) and Columbia University for International Earth Science Information Network (CIESIN) jointly conducted a research, in which it was pointed out that in the middle of this century, because of sea-level rise, drought, floods and other disasters brought about by climate change, a large number of people might be forced to flee their places of residence. The migrating population would have reached an unprecedented scale then. The report called "Searching for refuge: mapping the impact created by

climate change to human migration and "reset" estimated that, if sea-level rose two meters, melting of Himalayan glaciers would cause frequent floods, and endanger the Ganges, Mekong, the Yangtze River and Yellow River valley. These areas live 1.4 billion people, accounting for nearly a quarter of the population of India, Southeast Asia and China.

In 2009, the international environmental group of Greenpeace and the international anti-poverty organization of Oxfam released a report called "Climate change and poverty - a case study in China", in which it was pointed out that in poverty-stricken areas and environmentally and ecologically vulnerable zones particularly sensitive to climate change in China, geographical spatial distribution highly consisted; climate change led to a lot of disasters such as retreat of glaciers, drought, shrinking forest cover, increased soil erosion and frequent incidents of extreme weather.

Due to abnormal high temperature, the mortality rate will be increased significantly, especially the elderly, infants and young children being particularly difficult to adapt to high temperature. At the same time, rapidly spreading mechanism of a variety of disease harming to human health after warming is greatly enhanced and many tropical plagues and epidemics are northward. So, the climate is a major obstacle to human health. (Impacts and countermeasures for global climate change, Shu Jiong, the Environmental Protection Home website, 2007)

The Chinese government has conducted several researches on population and climate change. It is listed as below:

1) Research on National Population Development Strategy Research (2003-2006). Five sub-topics were established to study climate change and population issues, and the main conclusions were: First, climate change has an impact on natural resources and environment, thereby affects the population development. Second, climate change is an important factor of population distribution in China. Third,

regional poverty and climate change are closely related.

2). Research on Functional Zones for Population Development and Coordinated Development in Population, Natural Resources and Environment (2005-2008). In 2005, the work called Functional Zones for Population Development started. In September 2006, a research report named "Establishment of national ecological shelter to promote coordinated development of population, natural resources and environment" was submitted. In early October 2007, the report of "Scientifically defining population development functional zones and promoting regional coordinated development of population, natural resources and environment" was completed. In April 2008, the National Population and Family Planning Commission (NPFPC) issued "Guidance on the establishment of population development functional zones" and arranged the establishment of population development functional zones at provincial level.

The relationship between population and climate change is a development issue in nature. In accordance with the requirements of building a harmonious society, the Chinese government follows the road of Chinese characteristics to solve the population problem and react to the climate change as a whole; adheres to people-oriented and sustainable development; comprehensively plans economic development, social development and ecological construction; holds on the basic national policies of family planning, resources saving and environment protection; and makes integrated use of relevant socio-economic policies.

The Government implements comprehensive development strategy of priority investment in human. Efforts include fulfilling the unmet needs for FP, investment in girls, empowerment of women, planned urbanization, and improvement of the household efficiency in energy use.

14. What is the impact of the financial crisis on the well being of the population? What measures have

been taken to reduce the negative impact on population's access to resources, incomes and social protection and service (health and education)?

In 2008, Economic Crisis burst out. Because of the impact of export, China's economic growth slowed down, employment pressure increased, income rose slowly and consumer demand decreased.

To reduce the negative impact on population's wellbeing, the Government arranges revenues to strengthen policies on improvement of people's livelihood. In 2009, Central Finance Budget arranged RMB 728.5 billion for people's livelihood, in which employment fund increased by 66.7%, government-subsidized housing project by 171%, health expenditure by nearly 40%, and education expenditure by 23.9%. In the first half of 2009, national financial expenditure was RMB 2890.26 billion, which was RMB 602.05 billion more than that of the same period of last year. The details related to people's livelihood are shown below:

The Government strengthened social security system. The government has adopted a number of measures to expand social security coverage and to raise the level of social security. Since January 1, 2009, Ministry of Human Resources and Social Security adjusted enterprise retirement pension in accordance with 10% increase of per capita enterprise basic pensions of local places in 2008. Retirees from closed and bankrupt state-owned enterprises will be entirely incorporated into basic urban medical insurance. Pilot rural social pension insurance will also be conducted and it will reach 10% of the counties and districts in China. Measures for rural migrant workers to participate in endowment insurance and to transfer and continue their endowment insurance are being formulated, so as to reduce the burden of rural migrant workers and enterprises, maximize the coverage of endowment insurance for rural migrant workers and build a relatively functioning insurance system of work-related

injuries, medical treatment and endowment, etc.

Deepening medical system reform and incorporating all urban and rural residents into basic medical security. In early April 2009, a new round of medical health system reform was launched. In the following three years, financial authorities at all levels will increase by RMB 850 billion of investment to boost 5 items of reforms, focusing on solving the problem of inadequate and unaffordable medical services, such as the construction of basic medical security system and national essential drug system. By the end of April 2009, approximately 6,000 health service projects at the grassroots level had been established.

Priority was given to the development of education. In 2009, the Chinese government substantially increased education investment, especially increased public funds for compulsory education in rural areas, offered more financial support to students from poor families and improve the well-being of middle school teachers so as to promote equity in education and optimize the educational structure.

Government-subsidized housing construction has been significantly accelerated. In 2008, central finance arranged RMB 18.4 billion of subsidy for government-subsidized housing projects. In 2009, it reached RMB 49.3 billion, 1.7 times that of 2008. In the next three years, the housing problem of approximately 7.5 million low-income urban families and 2.4 million shanty households in forest area, reclamation areas and coal mine areas will be resolved in advance. At the end of April 2009, 214,000 sets of low-rent flats had been basically completed and another 650,000 sets were under construction. 100,000 sets in mine shantytowns, 129,000 sets in sinkholes subsidence areas and 157,000 sets in forest shantytowns are being upgraded. In addition, 8,500 sets in state-owned reclamation area shantytowns and 18,000 sets for nomadic people to settle down started to be constructed.

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Chapter 3 Gender Equality, Equity and the Empowerment of Women

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