

CHILDREN AND YOUTH IN SUSTAINABLE DEVELOPMENT IN CHINA

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Contents

1. Introduction
2. Malnutrition and Sanitation
3. Compulsory Education and Education of Youths
4. Pre-school Enrollment and Eradication of Adult Illiteracy
5. Child Care and Child Rearing
6. Disabled Children, and Protection and Legal Rights of Children

Glossary

Bibliography

Biographical Sketch

Summary

How well China succeeds will depend on today's children and youth. The Chinese government and the public are paying their attention to issues of children and youth, and trying to combine educational policies and regulations with policies addressing child care, child health, welfare and job training, and with other policies and regulations that influence the lives of children and youth. The change in family structure has significant influence on Chinese children and youth. Due to the success of the population policy of one child per couple implemented after 1982. One child per family is the Chinese mode. Although the average number of children ever born per woman in 1999 is close to 1.7 children, much lower than the replacement level of 2.1 children, China has more children than any other country; half of the population of 1.3 billion in 1999 is under age 21. This change will most likely have a great effect on children and youth. National surveys of children and youth in China in the 1980s and 1990s were undertaken. Regulations related to children and youth were stipulated in 1980-1990. The feeding, vaccination and health situations of children are all in good shape. To evaluate the eating and drinking habits of China's pre-school children, China conducted a survey in 1999. In 1986, China approved the "Law on Compulsory Education" which outlines the educational rights of children, the nine year compulsory education, protection from child labor, funding and training of teachers, and other particulars. Dropout children face dismal job prospects. School is the institution of education, although family education is a Chinese tradition. Three reforms of China's education system are in practice. Special education for children and youth, such as on China's national situation, is provided as early as primary school. In middle school, education on population issues is provided. This special education is regarded as the most significant content of education in China. The majority of pre-school children in China are not in

kindergartens. With the constraint of low quantity of children, Chinese families pursue high quality of children through early education. Parents are the child's first teachers. Parents should play games with their children. Children are imitators. Reading to your child is one of the most valuable experiences that parents can give to child. Let child make choices, and do not forget to praise children for jobs well done. Education begins at birth. In urban areas, interest classes of pre-school children are very common. The goal of China's National Program of Action is to provide 90% of parents with children below age 14 with knowledge of modern child care and child rearing techniques. China continues its efforts to promote and publicize the scientific knowledge of child care and child rearing and at the same time improves the quality of child work. Breastfeeding is good for the health of children, and is widely promoted in China. The rate of breastfeeding in China is about 85%. Youth crime is often a result of inadequate child care and child rearing. During the ten years between 1986 and 1995 in China, the crime rate of children and youths under age 18 doubled. Proper family education should begin after birth, and family is the first blockade to child and youth crimes. In 1999, China implemented the "Law on Prevention of Crime in Children and Youths". Single child is a special phenomenon in China because of the practice of one child policy after 1981. Single children will result in many psychological and social problems. The 2-4-8 family structure (2 children, 4 parents, 8 grand parents) is another issue related to the single children in the future formation of families. In 1990, China's total population of disabled children under 14 years of age amounted to an estimated 9 million, which is about 2.6% of the total child population. Psychological health of children and youths is as important as the physical health. Accidental death is the number one killer of children in China. The goal of China's National Program of Action is to improve legislation to protect children's legal rights.

1. Introduction

China today is struggling to develop its economy and to improve its standard of living and its position among the countries of the world. How well China succeeds will depend on today's children and youth. They will be the participants and leaders of tomorrow.

Children grow into adults. Youth is the period of life in which educational, emotional, and physical changes take place. While progressing towards maturity, the youth of each generation in China face unique challenges and difficulties. Chinese youth in the 1970s went to the countryside to get re-education, and that was the political need of the time, while youth in 1990s are rushing to the market to seek their fortunes. As a result of the market demand of a changing Chinese society, from a socialist economy to a market economy, Chinese youth is going through a more difficult time. Additionally, unprecedented amounts of new technology and a continued barrage of new information will confront today's children and youth. In the near future, China will be a member of the World Trade Organization, and Chinese youth will have to prepare to conduct business in a global economy that needs to acquire new knowledge and learn new skills. The Chinese government and the public are paying their attention to issues of children and youth, and trying to combining educational policies and regulations with policies addressing child care, child health, welfare and job training, and with other policies and regulations that influence the lives of children and youth.

The change in family structure has a significant influence on Chinese children and youth. Nuclearization of the family is an apparent trend in China. In 1990, 13.53% Chinese households belong to a one generation household. Due to the success of the population policy of one child per couple implemented after 1982, one child per family is the Chinese mode. The education of a single child raises issues of personalities and emotional stability. The extended family is very common in China's past, but today and in the future the occurrence is most likely going to be in Chinese literature.

Although the average number of children born per woman in 1999 is close to 1.7, much lower than the replacement level of 2.1 children, China has more children than any other country—half the population of 1.3 billion in 1999 is under age 21. Population projection tells that due to population momentum, the relative size of children and youth will grow in China until about 2030. In the first half of the twenty-first century, China's dependency ratio of children and youths will decline, while the dependency ratio of the elderly will increase.

China is a developing country, and there are significant differentials in economic and cultural development by regions. The demand for child education and childcare is well below the satisfaction of practical requirements. The health organization at grass-roots level still needs full establishment. In 1990 at the county level, 208 counties have no Women and Children Health Care Center, and the necessary equipment and materials for health care are insufficient. In education, there are many regions, which lack the basic educational facilities, and the number and quality of teachers cannot satisfy the need. The necessary education expenditure in many regions, to certain degree, is insufficient. There are frequently newspaper reports that village teachers have not received their salary for months.

Furthermore, while economic reforms to market economy have accelerated national growth and development, access to necessary social services such as education and health care has become increasingly difficult in the resource deficient and poverty stricken areas. Additionally, reduced support for those services has resulted in increased user charges for services and in the erosion of the once assured socialist social-safety net. This change will most likely impact greatly on children and youth. The pressures of population and consequences of political and economic change mean that even maintaining hard-won successes in health, nutrition, education, water and sanitation will be not easy. Extending help to children and youth will require even greater commitment.

Externalities of the change in the size of China's children and youth population are not well investigated, although we can speculate on the following points. In short run, the decline in the number of China's children and youths due to the aggressive family planning program is good for society. In long run, the decline in the number of China's children and youths will result in rapid population aging, the economic and societal impact of which is indeed difficult to assess.

In 1991, evaluating the existing conditions and with the past successes and strong political will, China made its commitment firmly to children by approving the national program, the Survival, Protection and Development of Children in the 1990s, which

consists of ten major goals targeting health and nutrition, education, water and sanitation, poverty alleviation and protection of children in difficult circumstances.

National sample surveys of children and youth in China took place in 1983, 1987, and 1992. The coverage error was small. The 1983 survey was supported by UNICEF, and was undertaken by the State Statistical Bureau. Sampling over 29 provinces for 297 counties and districts, the survey covered 138 000 households involving a total population of 569 000, among whom 179 000 (31.4%) were children between ages 0 and 14. This survey provided the basic information on children in China, on which many regulations related to children and youth were based. The 1987 survey was undertaken by the State Statistical Bureau and the Health Ministry, involving in 9 provinces for a total of 235 000 children between aged 0 and 14. The contents of the survey were very detailed, and included ten parts. The first part concerned the household, e.g. household income in the previous year. The second was children situation such as sex, day of birth, residence, and so on. The third was situation of parents. The fourth is schooling situation. The fifth was feeding situation of children. The sixth was vaccination of children. The seventh was health situation of children. The eighth was preferences and desires of parents regarding children. The ninth was deaths of children in the previous year. The tenth was social and economic situation of the survey point. The 1992 survey, undertaken by the State Statistical Bureau, sampled 700 000 children in 240 cities and 840 counties and involved about 2 million people and 560 000 households. Additional contents of the survey were basic education, dropout of children and youth, and family situation. These three surveys help researchers and policy-makers fully understand the situation of children and youth in China. Many new measures and policies emerged soon after the surveys.

Table 1 shows the birth rates as well as death rates in China, and the difference of these two is the natural growth rate. According to this rate, one can calculate that between 1980 and 1999, each year China added 15 to 25 millions new births. A peak number of annual births happened around 1990 while the baby boomers were in their high reproductive time. The beginning of the twenty-first century, will see the minimum number of births. Although, in 1997 China's observed total fertility rate had fallen to 1.7 children per woman, well below the replacement rate, the crude natural growth rate is still around 10 per 1000. At this growth rate, China's population would double within 70 years. This shows that the population momentum in China is still very strong, as a result of the young age structure.

Infant mortality rate (before age one) declined dramatically from about 200 deaths per thousand live births in the 1940s before the founding of the People's Republic of China, to between 40 and 50 per thousand in the 1980s (Peng, 1991). In 1990, data from the population census showed the adjusted infant mortality rate to be 42 per thousand live births, and the adjusted mortality rate between ages one and five to be 12 per thousand population. The goal of China's National Program of Action is to reduce the infant mortality rate and the mortality rate under five years of age by one-third relative to the 1990 level.

	National		City		County	
	Birth rate	Death rate	Birth rate	Death rate	Birth rate	Death rate
1952	37.00	17.00				
1957	34.03	10.80	44.48	8.47	32.81	11.07
1962	37.01	10.02	35.46	8.28	37.27	10.32
1965	37.88	9.50	26.59	5.69	39.53	10.06
1970	33.43	7.60				
1975	23.01	7.32	14.71	5.39	24.17	7.59
1978	18.25	6.25	13.56	5.12	18.91	6.42
1980	18.21	6.34	14.17	5.48	18.82	6.47
1984	19.90	6.82				
1985	21.04	6.78				
1986	22.43	6.86				
1987	23.33	6.72				
1988	22.37	6.64				
1989	21.58	6.54	16.73	5.78	23.27	6.81
1990	21.06	6.67	16.14	5.71	22.80	7.01
1991	19.68	6.70	15.49	5.50	21.17	7.13
1992	18.24	6.64	15.47	5.77	19.09	6.91
1993	18.09	6.64	15.37	5.99	19.06	6.89
1994	17.70	6.49	15.13	5.53	18.84	6.80

Source: China Statistics Year Book, 1995, Compiled by State Statistical Bureau of China, Page59.

Table 1. Birth Rate and Death Rate by Residence in China between 1952 and 1994 (from China Statistics Year Book, 1995)

In the 1990s, more than half a million children died in China every year and, of these, a disproportionately high number died in poor and remote areas inhabited by 10-15% of the population. The causes of infant death in China in 1993 are neonatal and neonatal complications 40%, pneumonia 24%, accident 12%, congenital diseases 10%, diarrhea 6%, infectious diseases 4%, and others 4%. In remote areas, neonatal tetanus and diarrhea diseases also take their toll. Pneumonia, neonatal complications, diarrhea diseases and injuries are the major causes of mortality of children from one to four years of ages. Vaccination of children is approximately 90% nationwide for each of the six principal preventable childhood diseases. Monthly vaccination from the first month after birth to two years of age is very common in China, even in rural areas.

The maternal mortality rate in China plunged from 1500 per million births before 1949 to 10 in 1990. Causes of maternal mortality between 1989 and 1993 are hemorrhage 49.1%, hypertension 11.2%, heart disease 8.3%, infections 4.9%, and others 26.5%. The goal of China's National Program of Action is to reduce maternal mortality to 50% of the 1990 level.

There is an important area of health and nutrition, namely maternal and child health (MCH) support. The MCH system was weakened by the dismantling of the commune system and the termination of automatic funding of salaries for grass-roots health workers. In the 1990s, UNICEF helped China to strengthen the MCH system with a 10 county model project. Three approaches characterize the MCH system. First, it focuses on the key problems affecting the health and mortality of infants, children and women.

Second, it has trained more than 360 000 grassroots workers in the technical and counseling skills needed to reduce child and maternal mortality. Third, it worked with local government leaders to increase local government financial and other support for basic MCH services. Between 1990 and 1995, MCH programs were successfully expanded to 420 counties, or about 20% of China's counties, and 168 million people. The 420 counties served all had maternal mortality more than twice the national rates. The impact of the MCH program is apparent. In the project areas between 1989 and 1994, maternal mortality decreased by over 50% from 20.2 per million to 9.0 per million, while child mortality dropped 36% from 68 per thousand to 44 per thousand. The support to MCH during 1990-1995 was co-funded by UNICEF and the United Nations Population Fund (UNFPA) with technical assistance from the World Health Organization (WHO) and the Program of Appropriate Technology in Health (PATH). In addition, project methodologies are being adopted in about 280 additional poor counties where improvements to MCH and related services are being funded through a World Bank loan.

Region	Life expectancy		IMR
	Male	Female	
Beijing	70.6	73.6	14.9
Hebei	69.3	72.1	19.4
Liaoning	69.8	72.1	19.7
Inner Mongolia	66.2	68.1	38.4
Shanghai	70.8	75.4	17.1
Zhejiang	68.1	69.9	31.6
Fujian	66.5	71.0	20.5
Henan	68.0	71.6	19.6
Hubei	64.3	67.5	36.9
Guangxi	68.5	72.1	30.0
Sichuan	63.5	65.5	50.5
Yunnan	60.6	62.2	73.5
Ganfsu	65.4	66.9	35.7
Ningxia	65.1	66.8	55.6
Tianjin	70.1	72.2	17.9
Shanxi	66.2	68.1	29.5
Jilin	68.4	69.9	18.4
Heilong-Jian	67.6	69.5	32.4
Jiangsu	67.7	71.9	29.1
Anhui	67.7	70.9	29.0
Jiangxi	64.9	67.6	43.3
Shandong	68.8	71.8	19.3
Hunan	64.6	67.2	46.1
Guangdong	68.7	73.9	18.1
Guizhou	61.7	62.2	73.5
Shaanxi	64.5	66.2	42.9
Qinghai	60.4	62.4	83.9
Xingjiang	61.1	61.9	108.0

Source: Jiang Zhenghua, "Mortality Data from China's population Census (paper presented at a workshop on China's 1982 Population

Table 2. Life Expectance at Birth and Infant Mortality Rate in China (from "Mortality Data from China's Population Census," by Jiang Zhenghua,)

There are significant regional differentials regarding mortality rate in China. Table 2 gives the infant mortality rates and life expectancy at birth by province and municipal cities. It shows that the highest infant mortality rate, in Xingjiang Province, is about eight times the lowest infant mortality rate in Beijing city, with a difference in life expectancy at birth of about 11 years. The life expectancy at birth and infant mortality for the nation actually refers to the 28 provinces, autonomous regions and municipal cities except Tibet where data is not available.

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Biographical Sketch

Born in 1963, **Li Yong-Ping** obtained his degrees of M.A. in Statistics and Ph.D. in Demography at the University of California at Berkeley in 1986 and 1990 respectively. He was once a visiting professor at the University of Chicago in 1994 and in Indiana University in 1997. He is now a professor in Peking University.