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# Family Policy in China: A Snapshot of 1950–2010

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## Abstract

The Chinese family policies are shaped by the country's political, socioeconomic, and cultural contexts and have evolved over the years. China has passed its most significant family policies and laws in marriage; child rearing; child, women, and elderly protection; family planning; and health care in the past 60 years. This chapter will cover the most important laws and policies that affect Chinese families from 1950 to 2010. The discussion focuses on policy development, implementation and analysis, and the challenges China faces in relation to these policy issues.

**Keywords:** Chinese family policies, marriage laws, divorce, child welfare, one-child policy, healthcare policies

Zimmerman (1988, 1992) broadens the definition of family policy, referring to it not only as "all the individual policies that affect families, directly or indirectly" but also as "a perspective for understanding and thinking about policy in relation to families...." This interpretation is insightful in that it shows family policy and family policy making are greatly influenced by the way that family service providers and communities, scholars, decision makers, and the society as a whole think about what legislatures should do to advance the well-being of families. More importantly it indicates that the family policy making is a dynamic process in which individuals, families, and communities have an essential role and a responsibility to influence family policy. In China family policy reflects how a government understands family needs and is restricted by social ecology and economic status. Government's awareness of family needs and views of family function determines the direction of family policy (Hu & Peng, 2012). The Chinese family policies are shaped by its political, socioeconomic, and cultural contexts and have evolved over thousands of years of history. China has passed its most significant family policies and laws in marriage; child rearing; child, women, and elderly protection; family planning; and health care in the past 60 years. This chapter will focus on the most important laws and policies that affect Chinese family life since the current government took office in 1949.

## Political, Socioeconomic, and Cultural Contexts of Chinese Family Policy

Throughout Chinese history, family and the country are not viewed as separate entities. In the Chinese language, the word *country* consists of two characters “*Guo Jia*,” which literally mean “*country*” and “*family*.” The family is viewed as the smallest entity of political and moralistic governing. Individual or marriage is secondary to the family which, in turn, is secondary to the country. The stability of the family is critical to maintaining the financial and political stability of the country. Under this national ethos, families should also sacrifice for the common interests of the country.

China has 1.34 billion people and over 401 million families; therefore, nearly 93% of the total population resides in the family household (Nation Bureau of Statistics of China [NBSC], 2011). The average family size is 3.1 persons (National Bureau of Statistics of China [NBSC], 2012). The average per capita annual disposable income of urban households increased from 343 *yuan* (\$55) in 1978 to 19,109 *yuan* (\$3,082) in 2010; the average per capita annual net income of rural households increased from 133 *yuan* (\$21) to 5,919 *yuan* (\$955) during the same period (NBSC, 2012). Since the economic reform in 1978, most Chinese families have seen a dramatic improvement in living conditions. China has lifted 600 million people out of poverty in the last three decades (World Bank, 2010, 2012).

Chinese culture had been influenced by Confucian philosophy that advocates patriarchal beliefs and values for more than two thousand years (Lin & Ho, 2009). The Confucian philosophy sets rigid rules for traditional Chinese women to obey in order to keep women in an inferior position in the society. For example, *San cong si de* specified three obedience and four virtues as a guidance of a model Chinese woman. *San cong* means a woman should obey her father before being married and serve her husband in marriage and follow her son after her husband dies; *Si de* refers to fidelity, tidiness, propriety in speech, and commitment to needlework (Tang & Lai, 2008). For thousands of years, the traditional marriages were arranged by parents. Only husband could terminate the marriage by writing a “Termination Letter” to the wife. The woman rejected by her husband was often denied of all her belongings. In such a marriage, a husband’s rights were protected. Women’s basic rights were not recognized before the middle of the twentieth century.

In the 100 years between 1840 and 1949, the traditional Chinese family was challenged by emerging ideas of freedom of choices with the appearance of Western influences in big metropolitan areas. Traditional values and customs were maintained due to the poverty and little mobility in the majority of families, especially those in rural farming communities. When the Communist Party took over the country in 1949, two significant events took place. The government had a tight control over its people by regulating families (e.g., where they live and work). At the same time, it encouraged women to work outside the home and gave them the same rights as men enjoyed in the workplace.

Traditionally, Chinese families care for their frail elderly parents and family members with chronic illnesses. Even today, it is a stigma for adult children to place their elderly parents in nursing homes. However, it is to a less degree than it used to be. In the past, nursing homes were run by the government to provide assisted living only to those who did not have children. Today, there are nursing homes or assisted living facilities that are run by private corporations. Such homes for the elderly vary in the cost and quality of care. Among a small number of older people in the nursing home, there are parents whose adult children are either unable or unwilling to take care of them. Some elderly parents with enough resources would choose to live in good quality facility and enjoy the freedom to keep their own routine, rather than to stay with their adult children. Nowadays the vast majority of Chinese adult children care for their parents at home.

Chinese view of the family is paradoxical. On the one end, Chinese families accept the government’s regulation as well as function as caregivers for the elderly, the disabled, and the chronically ill for public goods. An example of such an extreme case is the One-Child Family Policy. On the other end, Chinese families are tight and private. They support family members financially, physically, and emotionally. They will do all they can to keep the family from losing face.

## A History of Family Policy Making in China

Over thousands of years in Chinese feudalist society, the emperor's words were the law. When the last dynasty was overthrown in 1909, a republic government was formed following the foreign model, with the attempt to lead China to a democratic state. This government ended its ruling on the mainland and withdrew to Taiwan in 1949. There was no explicit family policy formulated during this time (Li, 1991).

The course of Chinese family policy creation fits two forms of policy-making processes in China as described by Lieberthal and Oksenberg (1998): "(1) Policy X was adopted pragmatically to solve new policy problems pressing upon leaders; (2) Policy X was promulgated in order to keep alive its ideological vision of its proponents..." (p. 3). The communist ideological convictions dominated the policy making from 1949 to 1976. After Mao's era ended in 1976, China began the socioeconomic reform by adopting a market economy and "open door policy." Family policies have been mainly the responses to the problems during its social transition and transformation. In formulating policy solutions, the government has relied on the expert opinions and data gathered through the government funding although the policy research and analysis are still developing and influenced by the political climates. Policy making tends to be more of a top-down than bottom-up democratic process.

Family policy has evolved greatly after China implemented the "open door policy" in 1978 (Xu, 1995). It regulated the rights and responsibilities of the family as a whole as well as individuals in a family. The Chinese family policies adopted since then address the welfare of children, women, the elderly, the vulnerable, and the disabled.

## Marriage Laws of China

The People's Republic of China issued the country's first Marriage Law in 1950 (Diamant, 2000). It was revised and turned into the Civil Codes in 1980 (Fowler, Gao, & Carlson, 2010) and amended again in 2001. The 1950 Marriage Law challenged Chinese traditional beliefs and practices by encouraging free choice of marital partners, monogamy, and equality within the marital relationship. The Law set the minimum age of marriage to be 20 for man and 18 for women. This minimum age has since increased to 22 for men and 20 for women (National People's Congress of the People's Republic of China [NPCPRC], 2001), a policy measure to advocate late marriage and slow down the birth rate. The most significant component of the first Marriage Law is to explicitly state the rights of women and children and abolish the traditional arranged marriage and male dominance (Blaustein, 1962).

In 1980, no-fault divorce was added to the Marriage Law (Cook, 1986). The amendment occurred after the Chinese social and economic reform started in 1978, which reflected a new emphasis on the quality of marital relationships. Through new provisions in the 2001 amendment, the Marriage Law abolishes the traditional practice of dowry by prohibiting "the exaction of money or gifts in connection with marriage" (NPCPRC, 2001, Chapter I, Article 3). Bigamy, domestic violence, and family maltreatment and desertion are made unlawful as well.

Chinese gross divorce rate (the number of divorced couple per thousand people) tripled from 0.03% in 1979 to 1% in 2000 (Xu & Yie, 2002). This figure is much higher in big cities like Shanghai and Beijing than in rural areas. The instability of the marriage and thus of the family was perceived as a risk factor for the instability of the country. In 2001, there was a heated debate in China over whether the no-fault divorce should be taken out of the Marriage Law. Research showed that many factors contributed to the rapid increase in divorce. The most significant factors included (a) an increase in mobility of the population (people were free to look for jobs in other areas than their residency place), (b) a decrease in stigma associated with the divorce, and (c) a decrease in influences of the couple's decision from the family (Xu, 1997).

Above all, Chinese began to pay attention to their emotional well-being when they feel financially secured. In the end, no substantial revision was made to this clause of the Marriage Law in 2001 (Xia & Zhou, 2003).

In contrast to the past, the Marriage Law is more liberal, making it relatively easy for couples to end their marriage if both spouses have agreed to it. In cases where only one spouse is seeking a divorce, the court will require the couple to undergo mediation before starting any court proceedings (Cook, 1986; NPCPRC, 2001). The court has grown more flexible over the years, allowing couples to divorce based on grounds such as incompatibility, lack of mutual affection, gambling, and drug addictions (NPCPRC, 2005). The law also grants more protection to women by placing restrictions on husbands who are seeking divorce. For example, the court will not grant a divorce to a husband if his wife is pregnant or before his child becomes 1 year old (NPCPRC, 2005).

## Laws and Policies on the Protection of Women Against Violence

China does not have a nationwide system of data collection related to all forms of violence against women. However, some studies have reported that the lifetime prevalence of intimate partner violence against women in China varies from 64.8%, the highest, to 19.7%, the lowest (Tang & Lai, 2008; Zhao, Guo, Wang, Wu, & Wang, 2006). Other forms of violence against women are rapes, human trafficking for sex slaves and prostitution, illegal confinement, abduction, and severe physical injuries. The incident reports are anecdotal.

There is not a specific law on protection of women against domestic violence, but there are several provisions related to domestic violence in general. For example, the *Marriage Law* amended in 1980 and again in 2001 outlawed domestic violence. According to Article 3 of the 2001 *Marriage Law*, "Domestic violence shall be prohibited. Within the family maltreatment and abandonment of one family member by another shall be prohibited" (NPCPRC, 2001). The law further stipulates that the victims of domestic violence have the rights to place the charge against the perpetrator in court. This is a significant progress in the protection of women in Chinese history because wives can sue their husbands in a society where patriarchy ruled and for thousands of years, father, husband, or son was always right. If a victim files a charge against the perpetrator but cannot afford an attorney, she is entitled to free legal services, that is, an appointed attorney under the provisions of *Regulations of the People's Republic of China on Legal Aid* (UN Women, 2003).

In 1992, China promulgated another important law, the *Law of the People's Republic of China on the Protection of Rights and Interests of Women* (National People's Congress of the People's Republic of China [NPCPRC], 2005). This Law reaffirms women's rights and further specifies the criminal acts of violence against women: "Women's right of life and health is inviolable. Drowning, abandoning or cruel infanticide in any manner of female babies is prohibited; discriminating against or maltreating of women who give birth to female babies or women who are sterile is prohibited; cruel treatment causing bodily injury to or death of women by means of superstition or violence is prohibited; maltreating or abandoning of women who are ill, disabled or aged is prohibited" (NPCPRC, Article 38). The 2005 amended *Law on the Protection of Rights and Interests of Women* asks provincial and local governments to hold the perpetrators accountable for their criminal acts (the UN's Secretary-General's database on violence against women). Severe punishments including the death penalty can be imposed to violent crimes against women, for example, illegal confinement, abduction and sale, rape, violent assault, and murder of a woman according to the 1997 Chinese *Criminal Law* (Chen, 1999).

The provisions of all the laws mentioned above have been put in place with the aim of providing legal protection to Chinese women and preventing future violence. According to the United Nations' Secretary-General's database on violence against women, the impacts of most of these laws have not been evaluated. The implementation of these laws and policies has been challenging. First, the definition of domestic violence as provided in the general laws is not specific enough for the law enforcement and the court to apply effectively. For example, the injuries resulted from violence may not be readily documented and presented to judge as strong evidence (Xu & Yie, 2002). Second, law enforcement, police, and judges are not sensitive to domestic violence situation. Influenced by the traditional values, they may be hesitant to intervene. They need training in appropriate responses to domestic violence. Third, the women who are abused need support and access to legal and financial services. If they are fearful of their own safety and that of their children and if they have been told constantly that they are not worthy, they may not be able to see other options. The case is much more complicated when a child is involved. The abused women may not be aware of the resources available to them and their children. They may also face pressure from their parents and family, as well as their husbands' families, not to take any action. Male dominance and other traditional values such as keeping face as well as lack of awareness about intimate partner violence and lack of the legal protection that addresses the problems that victims face in safety, financial stability, and employment contribute to the abuse (Gui, 2006). The best practice shows that the most effective intervention is the community collaborative response which involves police, medical professionals, financial aid office, shelter, counseling, and other community services working together. Compared to where China was and where it is in terms of passing laws on the protection of women against violence, China has made a big leap. However, concrete measures in prevention and intervention need to be developed and utilized for a greater safety and protection for these women.

## Maternity Leave

The Chinese government has enacted a number of policies to ensure family-work balance. The Labor Law and specifically the Regulations Concerning the Labor Protection of Female Staff and Workers (Ministry of Commerce of the People's Republic of China, 1988) stipulated that female employee maternity leave is 90 days, including prenatal leave of 15 days. If an expecting mother has dystopia, she will get another 15 days. And if the woman gives birth to more than one child in a single birth, she will get another 15 days for each additional child. It has also stipulated that female workers' basic salaries will not be reduced and their labor contracts will not be terminated during their pregnancy, maternity leave, and nursing period. The State Council published the Special Provisions on Labor Protection of Female Employees in 2012 to extend maternity leave from 90 days to 98 days (Library of Congress, 2012).

There is no specific provision in the Chinese Labor Law about male employee's paternity leave. It is mostly at the discretion of the provincial or local governments. Zhejiang province, for example, requires that state-owned enterprises, organizations, and companies grant to new fathers a weeklong paternity leave and grant a 12-day wedding leave to those who become married at an age older than the minimum legal marriage age (China Lawyer, 2011). During this period, employees may enjoy full benefit including wages and bonuses (China Lawyer, 2011).

## The One-Child Family Planning Policy of China

### *The One-Child Policy*

In 1979, China enacted its most controversial policy, the One-Child Family Planning Policy, also known as the One-Child Policy, in an attempt to slow down its explosive growth in population. At that time, mainland China was home to a quarter of the world's population. Two thirds of the population were young people under the age of 30, who were the children of the baby boomers generation of the 1950s and 1960s (Zhu, 2003). The policy was adopted based on the assumption that without control, population growth would outpace economic growth and living conditions could not improve even if the economic reform that started in 1978 could boost the economy. Eventually all natural resources would be depleted, and nothing would be left for future generations. The *One-Child Policy* stipulates that each married couple should have one child (The State Council of the People's Republic of China Information Office, 1995), with an exception for families of 55 Chinese ethnic minorities, which make up 4% of the population.

### *The Implementation of One-Child Policy*

The central government has reinforced the policy by implementing a birth quota system in work and residential units nationwide. The government provides each local employer and authority a quota to enforce. The quota sets the annual limit of new births among their employees and residents. The local authorities have the discretion to distribute the quota upon couples' applications. If a couple had given an unauthorized birth or a company exceeded its quota, the couple or the company could be fined or lose benefits they were otherwise entitled, such as salary increase or bonus. The policy depends on universal access to contraception and abortion. In both rural and urban areas, condoms were distributed to married couples for free. Sterilization surgery was widely available to men and women who already have approved number of children. The surgery cost was covered by the government health care. A total of 87% of all married women used contraception (Yin, 2003).

### *Incentives for One-Child Families*

The government provides incentives in employment, education, housing, and welfare to encourage family planning. Rule-abiding couples in childbearing age can apply for a Certificate of Honor for being one-child parents and have the certain privileges (Population and Family Planning Law, 2001). For instance, following the month they get the certificate, until the only child reaches 14 years of age, the urban couple will receive a monthly child allowance from the government. The government will also provide elderly security support to low-income only-child families. The rural couples will be given priority in taking out loans and receive land allowance (Kane & Choi, 1999).

Provincial and local governments have adopted its own incentives. In some provinces, only child also gets priority in education and employment opportunities. For example, when applying for colleges, candidates from only-girl families and two-girl families will be given an additional 10 points to their college entrance examination score (Law Library, 2002). Shanghai provides insurance for the only-child family in case that the child suffer from disease and accidental death (Xiangrikui, 2011).

### *Assessment of the Only-Child Policy*

Chinese government has been implementing the *One-Child Policy* for over 30 years. The birth rate dropped from 18.25‰ in 1978 to 11.9‰ in 2010, and the natural growth rate from 12‰ to 4.79‰ (NBSC, 2011, 2012). The total fertility rate decreased from 2.9‰ in 1979 to 1.7‰ in 2004, with a rate of 1.3‰ in urban areas and just fewer than 2.0‰ in rural areas (Wang, 2003, as cited in Hesketh, Lu, & Zhu, 2005). As a result, urban families have predominantly one child and rural families have two children. The number of nuclear family increases in urban areas, while the number of the extended family decreases (Zhan & Montgomery, 2003).

The implementation of the *One-Child Policy* has been smoother in urban areas more so than in rural areas (Kane & Choi, 1999; Shen & Yuan, 1999) because the policy often clashes with the traditional values of raising children. The son preference is rooted in socioeconomic and cultural contexts. As a Chinese custom, a son is expected to provide the major financial support and care for his elderly parents, while a daughter joins their husband's family after she is married and takes care of her parents-in-law (Gui & Ni, 1995). Continuity of the family name and common practice of elderly care lead to a preference of sons over daughters. However, this practice is slowly changing, and more Chinese parents are being taken care of by daughters (Cooney & Di, 1999). Research showed that the traditional Chinese value of having children such as continuity of the family name, son preference, and old-age economic security appeared to be more of a concern to rural parents than to urban parents, who seemed to enjoy more emotional bonding, companionship, and old-age psychological support of their children (Lin, 1997). Without pension from work, rural parents rely on their sons in old age. To address the imbalance of the gender ratio, the One-Child Family Policy was later revised so that rural couples could have a second child if their first child was a girl.

With the traditional view that boys are culturally preferable, many Chinese families artificially selected the gender of the baby in order to have a boy. This resulted in the illegal abortion of many female fetuses. Even though China had banned sex screening in 1994, statistics shows that the percentage of males and females is 51.27% and 48.73%, respectively (NBSC, 2011). China has 34 million more males than females in 2010 (NBSC, 2011).

Recently another concern has arisen about caring for the parents of the only-child couples due to the increase in the ratio between elderly parents and adult children. In China, the percentage of the population over the age of 65 years was 5% in 1982 and now it is 7.5%, but this is projected to rise to more than 15% by 2025 (Health Nutrition and Population Statistics, 2005). Although these figures are lower than those in most industrialized countries, Hesketh et al. (2005) pointed out that this percentage is a noteworthy number given China's pension coverage for the elderly. Approximately 70% of Chinese elderly people are financially dependent on their children. This can become an insurmountable task to the only-child generation. Couples, who were only-children themselves, are now responsible for the care of their child and four parents. Even for the one-child couples whose parents had enough money for retirement, providing physical care for four aging parents can be a huge challenge. In response to this concern, the *One-Child Policy* was amended again to allow the married couples to have two children if they both were the only child. According to China's report, 31 provinces have allowed the couples who were both only-child to have a second child (Wang, 2011).

In sum, the policy is reported to have slowed down the natural growth rate by 2.5 times and have improved the physical health and living conditions of Chinese families, particularly, children and women. However, at the same time, it has also raised serious concerns about sex imbalance, the parenting issues and development of the only child, and reports of female infanticide (Hesketh & Zhu, 1997) and care for the aging parents by the only-child couples.

## Child Welfare Policies in China

### *Child Welfare Policy Development*

China has 222 million of children of 0–14 years of age and takes up 16.6% of the total population (NBSC, 2011) and 369 million of children of 0–18 years of age (China Institute of Social Policy, 2010). According to the policy review and analysis jointly conducted by China Institute of Social Policy at Beijing Normal University and United Nations Children’s Fund (2010), policy measures have been put in place from 1949 to 2010 that had significantly improved the well-being of Chinese children. This review divided Chinese child welfare policy development into 5 stages (Table 17.1):

### *Policies for Protection of Children*

Chinese policies for protecting children mainly fall into five categories: public health prevention and health care, social assistance of children in poverty, education, child safety, and support for child development.

**Health Care.** In 2010 the mortality rates of children under the age of 5 years were 7.3‰ in urban areas and 20.1‰ in rural areas and 16.4‰ in total (NBSC, 2011). The rates have reduced since 1991 from 20.9‰ urban, 71.1‰ rural, and 60‰ total (NBSC, 2011). The infant mortality rate has dropped from 200‰ in the late 1940s (The State Council of the People’s Republic of China Information Office, 1995) to 11.6‰ in 2010 (NBSC, 2011). China started a national campaign to provide children with the bovine vaccine in early 1950s and the vaccine for polio, measles, tetanus, and other infectious diseases in 1960s and continued the immunization efforts in winters and springs of 1970s (The State Council of the People’s Republic of China Information Office, 1995). In 1980s, collaborating with UNICEF, China integrated all the immunization efforts across the country and started a system of immunization certification. Each newborn would have a record of the vaccine with a schedule showing what has taken or to be taken. In addition, China issued a number of regulations that require the local governments to provide basic health care for mothers, newborns, and young children by building maternal and child health-care centers (stations) at the county level or above and establishing a system of medical records (China Institute of Social Policy, 2010; Policy and Research Team, 2009). All these measures, along with the health-care reform (discussed later in this chapter), contribute to the improvement of Chinese children’s health marked by the big drop in the mortality rate of infants and children under 5 years of age.

Research and policy analysis also identified big challenges in child health care. Because of the high cost, many families whose children have cancer, genetic heart disease, and other chronic illnesses cannot afford the treatment. Another big challenge is the huge disparity in health and health-care utilization between urban and rural families (Meng, 2007). See further discussion in the Health Care section.

**Education.** The *Education Law* of China stipulates that children have the rights and should enjoy the rights to education, while the government should provide free and compulsory 9-year education (China Education and Research Network [CERNET], 2005). However, fees imposed by schools are barriers to free education for children in many poor families, especially rural families (Tang, 2002). To address the problem, in 2001, the Chinese State Council issued a regulation of rural school management to abolish all registration and book fees for rural students and ban rural schools from collecting the fees. In 2008, this fee elimination policy (not including the book fee) expanded to urban schools. The school retention rate at the end of the fifth year had reached 98.8% nationwide in 2003 (China Institute of Social Policy, 2010). Ac-



ording to the World Bank World Development Indicators, 111% of Chinese children were enrolled in primary schools in 2010 (over 100% is possible due to the over-aged children). China continues to face challenges in providing free 9-year education to all school-aged children of migrant workers, in poverty, and with disability and other special needs and face challenges in providing affordable secondary education to its young people.

**Social Assistance to Children in Poverty.** Between 1981 and 2004, “China lifted more than 600 million people out of poverty,” but still there is 2.8% of the population at or below the national poverty line in 2004 (World Bank, 2010). Last year, China raised its poverty threshold to 2300  *yuan* per person, roughly equal to \$362. The sharp increase from the previous 1274  *yuan* in 2010 is an effort by Chinese government to bring the threshold closer to the World Bank standard at \$1.25 per day. Under the new guideline, 128 million people would be eligible to receive the government assistance (Xinhua News, 2011). According to the China Statistical Year Book (NBSC, 2011), there were 75.24 million of Chinese having received *minimum living allowance* and 7.66 million of Chinese people times having received *temporary relief* in 2011. In addition, 6.15 million of rural residents had received the traditional forms of assistances. No data are available as to how many children were among them. Given 16.6% (222 million) of Chinese population in 2011 are children of age 0–14, the number of children living at the government poverty threshold is estimated to be roughly 12.5 million. This is a conservative number as younger and older populations tend to be over represented in poverty. If using the China Institute of Social Policy, 2010 number (369 million, 27.6%) of children at the ages of 0–18, 20.76 million children lived at the government poverty threshold.

In 1993, Shanghai first set the minimum living standard and soon other provinces and districts across the country followed. In 1999, the central government set the minimum living standard of urban residents (Central People’s Government of the People’s Republic of China [CP-GPRC], 2005) and, in 2007, set the rural minimum living standard security system (Ministry of Labor and Security of the People’s Republic of China, 2007). Besides setting a poverty line to both rural and urban areas, China has used other policy measures with the attempt to provide children with a safety net. These measures include setting the minimum living standard for orphans, abandoned and homeless children, and children with disabilities; building state-owned and run orphanages, and experimenting with multiple forms of foster cares, for example, kinship care, residential home, and family home model (China Institute of Social Policy, 2010).

**Left-Behind Children and Migrant Children.** One of the major changes in modern Chinese family policies is loosening up the residency control, thus increasing the mobility of individuals and families between rural and urban areas and across the country. Chinese can look for jobs and live in a place other than their hometown. The rapid economic growth offered opportunities and meanwhile demanded labor from rural areas of all over the country. To make a better life, a large number of young-and middle-age farmers left the villages and work in cities. The majority of these farmer workers are parents. Some of them left their children in the villages, and some brought their children with them to the cities. As a result, one group are the left-behind children, defined as those rural children who are taken care of by their grandparents at home when both or one of their parents migrate to urban areas for work (Su, Li, Lin, Xu, & Zhu, 2012). The 2009 census showed that there were about 5.8 million left-behind children (Lee & Subramanian, 2012). The other groups are the migrant children, defined as those who move with their parents or parent from farming areas to cities.

Recent research found that left-behind children showed the signs of developmental delays and suffered emotional problems, particularly loneliness (Su et al., 2012). Sadly, there is no specific policy crafted to help these children by far. For a period of time, the situation of migrant children were no better than the left-behind children as their existence and rights were not recognized in the cities that they called home. Their schooling and health care were all in question and became a serious public concern. In the late 1990s, the Chinese government in-

roduced policies that specifically aimed to address these concerns, for example, *the Interim Measures for the Schooling of Migrant Children (1998)* and the *Special Population Program on Immunization Management Program (1998)*. In the first decade of the twenty-first century, further policy measures were taken to ensure the migrant children's rights to education and their family living conditions. Even so, there is a huge gap in the education and health care between migrant children and other children (He & Li, 2007 ; Tan, 2010).

## Health-Care Policies

China has been implementing two different health-care systems to provide preventative care, medical service, and disease control in rural and urban areas. Like other sectors, health-care systems in China have gone through significant changes since its economic reform started in 1978. The following discussion will be divided to two subsections: the policies, impacts, and challenges of Chinese health care before and after the beginning of the reform.

Qingyue Meng from the Center for Health Management and Policy at Shandong University conducted a case study for the Health Care System Knowledge Network, a WHO commission on the social determinants of health in 2007 (Meng, 2007). It is the most comprehensive health-care policy review and analysis using balanced data sources and studies from both inside and outside of China. The following summary mainly reflects the findings in his report. Worth mentioning are the two historical periods in modern China: the founding of the People's Republic of China in 1949 and the Great Cultural Revolution from 1966 to 1976 when Mao's era ended. Meng (2007) described the time prior to the economic reform in 1978, when China ran a three-level health-care system across the country. Village clinics, township health centers (1st tier) and county hospitals (2nd tier) in the rural areas, and community/street clinics (1st tier) and district hospitals (2nd tier) in cities provide primary care to local residents. The big urban hospitals and university research hospitals with more expertise and better equipment treat the patients referred by the local clinics and hospitals from both rural and urban areas. The central, provincial, and local governments funded the hospitals at different levels. The health-care costs of urban families were covered either by a public health insurance program, government health insurance if the heads of family households were working for the public offices and state-owned factories, or by labor health insurance if they were working for non-state-owned factories. Patients paid a token amount of registration fee at each hospital visit. The health-care expenditures of rural families were covered differently by a collaborative health-care program called Rural Cooperative Medical Care Scheme to which government, farmers, and the people's commune, a collective farming and governing unit, all contributed.

Through this system, China had greatly improved its people's health at a low cost. Within 30 years, Chinese life expectancy had increased by 22 years from nearly 45 to nearly 67 in 1980, according to the data from the UN Department of Economics and Social Affairs, Population Division. China had also eliminated or kept under control highly infectious diseases, such as chicken pox, cholera, and leprosy (Meng, 2007). "China had used 2% of the world's health resources to provide 22% of the global population with accessible basic health care prior to 1980s" (Bloom & Gu, 1997; Guo, 1989, p. 4). The problems during this time were that the quality of the medical care and care facilities were poor or basic; there was a great need for resources, especially in rural areas; and there was a huge gap between rural and urban areas (Meng, 2007; Wang, Xu, & Xu, 2007).

During the Great Cultural Revolution, a 10-year political movement launched by Mao (1966–1976), hundreds and thousands of doctors from the tertiary hospitals in the cities were sent to work in the village clinics and county hospitals. Meanwhile "barefoot doctors," farmers who received short medical training, provided preventative care and educations to other farmers. The Great Cultural Revolution destroyed many infrastructures of the country. Sur-

prisingly health-care services survived. The presence of good doctors from urban hospitals at villages and barefoot doctors' grassroots efforts appeared to continue improving the health indicators and Chinese life expectancy.

Since the economic reform started in 1978, Chinese per capita GDP had grown 14.7 times by 2010, with at least 6% annual rate and double digits in 8 out of 22 years (NBSC, 2011). Family incomes have increased and living conditions have improved, while the gap of these two is getting large between the rich and the poor, the urban and the rural, and the coastal and the inland. The Chinese government efforts in the decentralization of financing the hospitals and other health-care facilities widened the gap (Brant, Garris, Okeke, & Rosenfeld, 2006 ; Wang et al., 2007). It is that the rich provinces, cities, and counties had more resources to fund their health care, while those poor did not. In addition, the rich families can afford to buy private health insurance to supplement the basic health care provided by the public-funded insurance, while the poor families had difficulty paying the copayment for the basic health-care insurance. Meanwhile the medical care costs kept escalating. Liu and Hsiao ( 1995) found in their study that the health expenditure per capita rose 8.2% annually from 1978 to 1985 and rocketed to 24.4% during 1985–1989, compared with about 3.1% from 1952 to 1978. They contributed the rapid growth to uncontrollable factors such as inflation and increased number of older people as well as man-influencing factors such as the increased standard of quality care and, above all, the change in Chinese hospital financing and payment policy that led to excessive use of high-tech medicine and expensive drugs. They also found that the patient's co-pay requirement did not appear to be an effective factor to curb the expenditure growth. Health care became unaffordable to many low-income families and farmers' families.

In the late 1990s, China had an overhaul of the old health-care system for employees in cities because its rigidity and nearly fee-free financing structure were not compatible with the market economy. The price for health care went up, while hospitals lost a significant portion of its funding from the government. There were misuses and abuses of the public health funding due to corruptions. The reform was introduced to curb the skyrocketing costs. Under the new mandatory urban social health insurance, the government, employers, and individual employees share the cost (Liu, 2002 ; The State Council of the People's Republic of China, 1998). The policy left self-employed and the dependents of employees and rural families uninsured but included retirees (Meng, 2007). Later the benefits were extended to the self-employed as a voluntary program.

After piloting the program regionally, China launched a new Rural Cooperative Medical Insurance (CMI) nationwide for individuals and families including those in rural areas in 2009 (Wagstaff, Lindelow, Gao, Xu, & Qian, 2009). Like the urban program, this program is subsidized by different levels of the government, township, county, provincial, and central and voluntarily participated by farmers (Liu, 2002 ; Ministry of Health of the People's Republic of China, 2003).

China is aiming to establish one social health insurance that will cover everyone. Recently the State Council (2011) has made it a state priority of improving the welfare of the disabled for the 5-year period of 2011–2015. For now, it faces the challenges of decreased coverage, rapidly increased costs, and widened gap of health indicators, care quality, and utilization between the rich and the poor and the rural and urban.

## Policy on Elderly Care

In 2010, 118.9 million people in China were over the age of 65, accounting for 8.9% of the total population (NBSC, 2011). In 1982, people over 65 accounted for 4.9% of the entire population. In less than 20 years, the growth rate nearly doubled. It is estimated that the 65 years and older population will reach 17% of the Chinese total population by the year 2050 (Gu, Zhu, Chen, & Liang, 1995). Thus, elderly care has become a pressing issue. China's pension plan and health-care service only covered those working for governments and large companies. As

China is predominantly rural, only 25% of the nation's workers are covered by pension plan (Jackson & Howe, 2004). In 1996, China passed the Law on Protection of the Rights and Interests of the Elderly (National People's Congress of the People's Republic of China [NPCPRC], 1996). The Law specifies that the family members, specifically adult children, bear the major responsibilities of caring for their aging parents. In case that the older people do not have children or other legal guardians, the government shall take care of their basic needs through a government-funded elderly care program. If sons or daughters who have the capacity but refuse to provide financial support (alimony or payment) to an aging parent, the parent can go to court or the employer of the adult children. The employer can exclude the money from his or her paycheck in advance, which is a provision unique to Chinese culture. China has an aging population, which poses a great challenge in the elderly care in the foreseeable future. Also see the earlier discussion on the care for the parents of the only-child couples.

## Conclusion

Family harmony is viewed as critical to maintaining the stability of Chinese society. China has devoted to developing family policies to facilitate family's function. In the past 60 years, especially the last three decades, China has passed most laws in its history to protect the rights and interests of children, women, the disabled and the elderly, and other vulnerable populations. During the social and economic transition, laws and policies that affect families have been developed and implemented regarding marriage and divorce, family planning, education, urban and rural health care, pension, and social security.

Although laws aimed at strengthening families have been put in place, the enforcement of the laws has been challenging. Without systematic policy analysis, it is difficult to see whether the goals and objectives of the law have been accomplished and whether there is any unintended effect. For example, the *One-Child Policy* results in an imbalanced sex ratio and higher elderly dependency ratio, which post a great challenge for the only-child couples and the state in caring for the elderly in the future. China still faces a huge challenge to implement and reinforce the existing laws on protection of women and children against violence. During the social and economic reform, many poor families are struggling due to the cutback of public benefits that used to be available through the state or the employer (Qin, 2011). In transition, another pressing question is how to support the disabled in health care, education, and employment (Stratford & Ng, 2010). The costs of education and health care continue to rise. There exist large disparities in access to quality health care and health indicators between the haves and the have-nots, rural and urban areas, and coastal and inland regions. Family policies will continue to evolve while China is trying to address these challenges.

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