# Women and Health in China: Anatomy, Destiny and Politics

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*ABSTRACT*
A number of circumstances have combined in the reform era in China to put women at a more disadvantageous position now than at any other time since 1949. Some of them reflect age-old prejudices, others are the result of the economic reforms, but the two join in a synthesis to threaten women's improved status. Health factors that have particularly impinged on women include: the one-child policy and the skewed birth ratio in favour of boys that this has led to; very clear problems in the area of mental health, including a suicide rate which is much higher for women than for men; kidnapping; and life-threatening exploitation in the new special economic zones. The government's desire to control women's fertility, however, has led to a marked improvement and increase in maternity and childcare health services in the last ten years. The central government has lost power to the provinces and is no longer able to take decisive action to protect women from the effects of discrimination.

According to the World Bank (1992a), Chinese men have a 15 per cent chance of dying between the ages of 15 and 60. For women, it is about an 11 per cent chance. Life expectancy for women in China is about 4 years longer than it is for men; seventy-one years as opposed to sixty-eight (World Bank, 1989). Thus China is close to the expected five-year gap in life expectancy in those countries where men and women have equal access to health and survival resources.

It may seem rather contrary, then, to go on to argue that women are more vulnerable than men in a number of health areas in China. However, put in another context, the figures are not so positive. The World Bank (1992a) also points out that these probabilities of death place Chinese men in the middle ranks of fifty-five countries. In comparison the figures for women show that there are only eleven countries where the probability of death is higher for women. Thus the relative

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position of women in China is significantly worse than in many other countries. A recent WHO/World Bank collaborative study found that the years of life lived with a disability were 15 per cent lower for men in China than for women (Murray *et al.*, 1994). What are the potential explanations for this? Without suggesting that it accounts for all differences, it is very clear that there are a number of social, economic and policy factors that impinge on women in different and frequently more negative ways than men. Of particular interest are the 'one-child' population policy, the continuing discriminatory practices and attitudes towards women based on traditional culture and present circumstances, and the consequences of economic policies pursued in the reform era (i.e. from 1978). The end result of this is a suicide profile which is considerably worse for women than men.

## POPULATION POLICY AND ITS EFFECT ON WOMEN'S WELL-BEING

As Peng Peiyun, the government minister for population policy, has pointed out (1994), China has only 7 per cent of the world's arable land on which it has to support about 22 per cent of the world's population. When the People's Republic of China was founded in 1949, it had a population of 540 million. At some point in February 1995, the population reached 1.2 billion - the figure the government had set itself *not* to reach until the year 2000 (*Beijing Review*, 30.1.1995). In the eyes of the government, population growth has led to a sharp reduction in arable land and overexploitation of resources. It has aggravated environmental pollution and posed severe difficulties in education, employment, medical care, housing, education and social welfare. Any foreign visitor who has ever tried to get on a bus or buy a railway ticket in China has experienced the consequences of population pressure. It has to be accepted that the problem is genuine and severe. The debate is over viable solutions.

The response of the government has been to implement a population control policy of a rigour never attempted elsewhere in the world. Currently, the official aims of the family planning policy are (Peng, 1994):

1 to promote late marriage and later, fewer (but healthier) babies, with prevention of birth and genetic defects
2 to advocate the practice of 'one couple, one child'
3 to persuade rural couples with difficulties who wish for a second child to have a proper spacing (i.e. four to six years between children)
4 to let the governments of autonomous regions or provinces inhabited by the national minorities lay down their family planning requirements in accordance with local conditions.

Health policies that emphasised the prevention and control of endemic and epidemic diseases implemented by the communists after 1949 have received world-wide praise for their reduction in mortality and morbidity at relatively little cost (Lampton, 1977; Lucas, 1982; Pearson 1995a, 1995b). Reduction in mortality usually leads to an explosion in fertility and the Chinese government implemented population control programmes with some success during the 1970s (Banister, 1987). However, at the end of the 1970s, demographers pointed out that because of a 'bulge' in the numbers of young adults about to reach marriageable age, population growth was going to persist at what the government decided was an unacceptable level. Thus a new policy was formally announced in 1979, whereby women were to be encouraged to have only one child. This was to be achieved through a series of economic rewards and sanctions.

Thus, only children whose parents had signed a pledge to have no more were given priority in kindergarten places, medical services, extra grain rations, etc. Initially, a second child was supposed not to attract any penalties. However, this did not seem to last long, and soon the effective policy became that any couple having more than one child was to be fined, suffer a reduced grain ration, not be allocated any additional housing space for the new baby and be charged full fees for the child's medical care and education (Banister, 1987). The intended consequence of this was that the total fertility rate dropped from 4.17 births in 1974 to just under 2 births in 1993. The birth rate went from 24.2 to 18.09 per 1,000 over the same period (Peng, 1994). What about the unintended consequences?

The 'one child' policy is almost certainly the most unpopular policy the government has implemented in the last twenty years. In urban areas, although unwelcome, the policy has been easier to enforce. Administrative control is stronger through the 'danwei' (workunit) system, the rewards for signing the pledge are more tangible, people are better educated and thus can be more easily persuaded of the benefits for themselves and the country of restricting population growth. One baby but a healthier baby, properly educated and cared for, made sense within an urban context. Thus in the urban areas (with approximately 25 per cent of the population), the policy was reasonably successful.

This was not so within the rural areas where (with about three-quarters of the population), the policy really needed to work. It was resisted ferociously by the peasants for several reasons. First of all, the traditional preference for sons continues very strong, despite forty-five years of Communist Party propaganda against the remnants of feudal thought.

Traditionally, women have been severely discriminated against; daughters were pieces of 'brick' as opposed to sons who were pieces of jade. Sons, because of the tradition of patrilocal residence and shared households, look after their parents in old age. Daughters marry out and belong to their husbands' families. Thus couples with no sons look forward to a destitute old age. Second, a son is needed to carry on the family name, still an important priority in a society where filial piety continues to be influential; another remnant of feudal thinking that the government has not managed to eradicate. Third, although women perform many heavy farming tasks, sons are thought necessary for some of the heavier work. Fourth, farming in China is still labour intensive and there are many jobs that even very young hands can perform. Thus, as far as the peasants are concerned, having several children makes economic sense. As the old saying goes, the greater the number of children, the wealthier the family. At the very least, if they were permitted only one child, they wanted it to be a boy.

Eventually, in the mid-1980s, the restrictions on births were relaxed a little for rural areas. If the first child was a daughter, then rural couples were permitted to have a second child after four to six years. Even so, the government continued to meet a great deal of resistance and towards the end of the 1980s there seemed to be a *de facto* acceptance that, at best, the 'one child' policy had only been partially successful in rural areas accompanied by a relaxation of implementation. However, since the beginning of the 1990s, the government appears to have taken up the challenge once more and has stepped up its efforts to reduce births (Greenhalgh *et al.*, 1994).

How has the population programme affected women? Although the government has always denied that the population control programme was coercive, it is abundantly clear that the cadres at provincial and grass-roots levels routinely used force. This was hardly surprising. Their job performance was measured on the success of the 'one child' policy in their area. If babies in excess of those permitted by the state plan were born, the cadres were punished (through fines for every excess birth, severe criticism and possible demotion). If they were within their target they were given a bonus. Thus the government maintained that participation in the policy was voluntary while ensuring that local officials were under very severe pressure to guarantee compliance. The government then denied knowledge of any 'irregularities' that might occur, as well as responsibility for the actions of over-enthusiastic local officials. Although the extent is difficult to determine, women have been subjected to compulsory abortions and sterilisations (Aird, 1990; Banister, 1987; Mosher, 1983).

In addition, particularly at the height of the campaign in the early and mid-1980s, resources to carry out such operations became overloaded. For instance, between January 1983 and August the same year 10 million sterilisations were carried out. Between September 1982 and the end of 1983 21 million people were contraceptively sterilized, including approximately 16.4 million women and 4.2 million men (Banister, 1987). It can be seen from this last figure that women were targeted for the operation four times as frequently as men, despite the fact that tubal ligation is a more complicated and intrusive procedure than vasectomy, as well as being more expensive. This difference has been maintained. In 1992, 95 per cent of all sterilisations were performed on women (*Beijing Review*, 24.10.1994). Women may be targeted because matters to do with childbirth are more closely associated with women, because women are more easy to intimidate and because men are concerned about the loss of their virility. In the mid-1980s, officials became worried about the number of 'botched' operations endangering women's lives, due to the pressure on available medical resources and the lack of sufficient skilled personnel (Banister, 1987).

However, the most significant result has been the number of 'missing' girls. The normal sex ratio at birth is 100 girls to approximately 105–6 boys. Throughout the 1960s and 1970s this was the case in China. The position changed after 1980. In 1981 it was 108.5, in 1986 it was 110.9 and in 1989 it was 113.8 (Zeng *et al.*, 1993). This last figure is based on the 10 per cent tabulations of the 1990 census. The government has tried to argue that this is no more than a 'slight imbalance' (*Beijing Review* 3.1.1993, p. 19) but in demographic terms these figures are grossly skewed and it is most unlikely that they could be naturally occurring. In addition, national figures iron out local variations as well as variations according to parity (birth number). Aird (1990) quotes sources from Anhui and Gansu of county level ratios of 139 and commune/township ratios of 175. Zeng *et al.* (1993) demonstrate that as parity increases so does the sex ratio until, at fourth order births and above, it reaches 131.7. Greenhalgh *et al.* (1994) give ratios of 133 for first births, 172 for second births and 1,100 for third and higher births for the three villages that they studied over a period of six years. It is not possible to know exactly how many girls are missing, but based on figures given in Banister (1987) and Zeng *et al.* (1993), I have calculated an approximate figure of 4 million between 1981 and 1989. So where have they gone?

The answer to this question is the subject of heated debate and considerable speculation. The alternatives are that daughters are not being officially registered so that their parents can try again for a boy. Thus they may give the girl up for an informal adoption, register her sometime later as an immigrant into the village or bribe local officials to ignore her existence. Girls may be subject to sex selective abortion. Another explanation is infanticide, which was common in China before 1949 but was largely eradicated under the communists, until the introduction of the 'one child' policy. A girl may also be abandoned either to be carried away by the elements or animals (for example, on a hillside) or in the hope that someone will find her (for example, in a public toilet). At a later age girl children may be subject to neglect. Ren (1993), for instance, has shown that in Shaanxi, girl toddlers' chances of surviving childhood are significantly less than boys'. He attributes this to discrimination in the allocation of scarce survival resources and inferior health care. This is borne out for the whole of China, where the mortality rate for boys of five years and under is 6.37 in cities and 6.88 at the county level. For girls, it is 7.58 and 8.38 respectively (*Beijing Review*, 24.10.1994).

All these explanations are likely to play a part. The government, of course, denies that female infanticide contributes significantly towards these figures (*Beijing Review*, 3.1.1993, p. 19). It points out that infanticide is a criminal offence. Both the Marriage Law and the Law for the Protection of Women's Rights and Interests stipulate that drowning babies is forbidden (*Beijing Review* 3.1.1993, p. 19). However, reports in Chinese newspapers, especially at the beginning of the 1980s, indicated that female infanticide was on the rise (Aird, 1990) as a direct consequence of the 'one child' policy and that the government was seriously concerned about it.

Over the last thirteen years, China has been both importing and manufacturing high quality, colour ultra-sound B machines capable of detecting a baby's sex. According to the Minister of Health, every county in China is now equipped with such machines, operated by skilled technicians (Zeng *et al.*, 1993). Government regulations banned the use of such machines for pre-natal sex identification (*ibid.*), a position that was reiterated and strengthened in the Law on Maternal and Infant Health Care, promulgated in October 1994 (Pearson, 1995c). However, it is extremely easy to bribe or use 'back door' connections in order to do this. The cost, although not cheap (perhaps around one month's wages), is affordable, particularly for an enterprise as important to the family as ensuring a precious son. Different authorities give different weightings to the various explanations. Aird (1990) and Banister (1987) place more emphasis on infanticide and neglect. Others, like Zeng *et al.* (1993) believe that under-reporting of female births and sex-selective abortion are more significant. Greenhalgh *et al.* (1994) claim that under-reporting of births, at least in the three Shaanxi villages they studied, accounted for only 10 per cent of the 'missing' girls. This suggests that 90 per cent of them were either killed or denied life.

The consequences to individuals in these later two categories are obvious. But even those who are alive but unreported suffer. They grow up knowing that they are a burden to their family, with no extra grain allowance, no medical insurance coverage, difficulties in school placement and so on. There are also problems from the government's point of view in that it becomes impossible to plan services with any certainty because the population estimates are inaccurate. In the long term, one of the most serious consequences from the government's standpoint is the growing army of bachelors who cannot and will not be able to find wives and the threat this poses to public order. The *Farmer's Daily* (5.12.1992) claimed that there are already fifteen times more unmarried men than women in the age group 25–49. Honig and Hershatter (1988) report that in Hebei the ratio of 22-year-old men to 20-year-old women was 135 to 100.

Many of these men are living in rural areas, where villages are affected not only by the skewed sex ratio but also by the desire of young women to go to towns and cities to find work. This has led to another phenomenon, the kidnapping of women for sale to farmers in remote rural areas as wives. The *China Daily* (19.2.1993) reported that in the previous two years 40,000 abducted women had been located and returned to their families; which begs the question of how many have never been found. Bueber (1993) cites an example from the psychiatric hospital where she worked.

> Ms. Yang is a 23-year-old woman with a five year history of schizoaffective disorder. Three years ago she was abducted from a railway station by a soldier who took her to a remote mountainous village in a distant province and sold her to a peasant farmer for 4,000 yuan [a small fortune in Chinese terms]. Ms. Yang lived with this 'husband' for a year and a half and bore him a child but when her mental state became unmanageable he sold her to a 45-year-old man in another village who often beat her and forced her to have sex. Communication with the outside world from the isolated village was impossible and all the villagers co-operated with her 'husband' to prevent her from escaping. Ms. Yang finally managed to run away when an acting troupe passed through the village; she dressed up as one of the actresses and escaped when the troupe left the village. When she reached a police station she was agitated but able to enlist the policemen's aid. She was returned to her hometown. (p. 313)

### *Maternity and childcare*

It can, of course, be argued that the 'one-child' policy has brought benefits to women's overall health; relief from early and continuous childbearing with all its attendant dangers would be an obvious example. In addition to this, the government has come to realise that implementing population control is much easier if there is easy access to women of childbearing age through a network of maternity and child health clinics (Hillier and Jewell, 1983). These then serve two purposes. They permit the government to have more efficient and easier control over women's fertility, while also bringing genuine benefits to women. Between 1980 and 1992 there was a 205.7 per cent increase in the number of maternal and childcare clinics; a 180 per cent increase in health personnel working in those clinics; and a 156 per cent increase in maternal and childcare hospitals (*Beijing Review*, 24.10.1994). Indeed, keeping a check on women's fertility and gynaecological health is not difficult in urban areas because of the already existing network of health care. It is in the rural areas that the government has been focusing its efforts.

There are very large disparities between rural and urban areas in health services and indices. The World Bank (1992b) cites a survey carried out by the Ministry of Public Health (with the assistance of UNICEF and UNFPA) of 300 of the poorest counties in China. They found that only one-third of women in the survey received any antenatal or postpartum care and only 36 per cent of deliveries met basic standards of hygiene. Maternal mortality averaged 202/100,000 in the surveyed counties, more than twice the national average of 95/100,000. Two-thirds of maternal deaths occurred at home or en route to medical facilities, and 45 per cent of those who died had not seen a health worker in the twenty-four hours before their death. Postpartum haemorrhage and infections account for 55 per cent of maternal deaths.

Consequently, it would not be surprising if women welcomed improvements in the maternity care available to them, even at the cost of fertility control. This is born out by a study of three villages in Shaanxi province by Greenhalgh *et al.* (1994). They found that a combination of strategies had been implemented with some success. Increased funds had been made available for all aspects of implementation, including incentives for cadres and couples. A Birth Planning Association, run by the Communist Party, had been established to concentrate on education and propaganda regarding birth control. Gynaecological check-ups were mandatory twice a year. These latter were 'sold' as a means to improve a woman's health, which indeed they had done, for instance by detecting ovarian and cervical cancer at an early stage. However, they were also used to detect 'out of plan' babies, whereupon abortion was strongly recommended. Greenhalgh *et al.* make the point that it was the routinization of these new strategies combined with incentives (like state pensions for couples with two daughters) that seemed to make them acceptable.

Rather than being subject to unpredictable and aggressive birth control campaigns, gynaecological check-ups, contraception control, sterilisation and even abortions had become a predictable part of the annual cycle.

## WOMEN AND MENTAL HEALTH

Given the general low esteem in which women are held, it is not surprising to find that the suicide rate among women is higher than that for men. As we saw in the last section, the continued preference for sons places young women, especially in the rural areas, under what for many is intolerable emotional pressure. The Chinese government tends to be silent on the subject of suicide, so information comes from the World Bank (1992a) and Li and Baker (1991). The top three causes of injury death in China are suicide (33 per cent), motor vehicle crashes (16 per cent) and drowning (14 per cent) (Li and Baker, 1991). In America, death by suicide accounts for 20 per cent of all injury deaths.

Not only the high rates makes these figures remarkable. In Western countries it is usual to find a higher rate of completed suicides among men (as Table 1 shows for America). In China the situation is reversed.

There is also a sharp difference between the urban and rural suicide rates; 10.00 vs 27.7/100,000. There is a marked peak of female suicides in the age bracket 20–24 and among this cohort the suicide rate among women is five times greater in the rural areas than in the urban areas (78.3 vs. 15.9/100,000). The same pattern is seen among Chinese males in the same age bracket. The rural suicide rate is four times that of the urban areas, 40.7 vs. 9.9/100,000. Furthermore, Li and Baker (1991) point out that the rural population were under-represented (43 per cent). The 1990 census classified 73.77 per cent of the population as rural (*Beijing Review*, 17.6.1991, p. 30). This means that the suicide rate is probably higher than these figures suggest. The *China Health Year Book* (1993) lists 'mental illness' as the ninth most common cause of death for women (6.82/100,000) in Chinese cities, and the tenth most common

TABLE 1. *Age adjusted suicide rates (per 100,000 population) among males and females in China and America*

| | Males | Females |
|---|---|---|
| China | 17.7 | 24.3 |
| America | 20.6 | 5.4 |

*Source:* Li and Baker, 1991.

cause of death for both sexes (although it is not in the ten most common causes of death for men).

Such high levels of suicide must reflect the social, cultural and economic changes that Chinese society is facing. Such issues seem to bite hardest in the rural areas generally, but affect young women most seriously, among whom suicide seems to be a silent epidemic. Li and Baker (1991) speculate that marriage problems and poverty may be the major causes of suicide for this group of women. Suicide may also be used by some as a means to take revenge or protest their poor life conditions and expectations (Pearson, 1995d).

The low standing of women, particularly in rural areas, subjects them to other trials. Although, as far as is known, there are no official studies on the effects of wife abuse, the *Beijing Review* (15.11.1993, p. 18) recently reported that over 90 per cent of husbands in rural areas habitually beat their wives. Official explanation of the phenomenon tends to focus on blaming remnants of feudal thought or the breakdown of socialist morality due to the Cultural Revolution. There seems to be a reluctance to analyse current Chinese society for explanations, such as the social and economic dependence of wives on their husbands and the difficulties involved in seeking redress (Honig and Hershatter, 1988). It would seem reasonable to assume that such a phenomenon places women under physical and emotional strain. On an individual level, the 'one child' policy also submits women to high levels of anxiety and stress within their families, where it is always they who are blamed for not producing a son, knowledge of modern genetics notwithstanding (Pearson, 1995d). One of the worst and most common insults for a woman who bears a daughter is to be called 'the devil who extinguished our family'.

## THE CONSEQUENCES OF THE REFORM ERA

The liberation and equality of women was one of the primary planks of the Communist Party's manifesto when it came to power in 1949. In the early days much progress was made, underpinned by legislation like the Marriage Law of 1950 and a new Constitution which guaranteed equal rights for women. For as long as the government and the Communist Party practised centralised control, they were able to ensure that women's treatment was more equitable. Places at university, jobs and so on were allocated by the authorities. However, with the decision of the government in 1978 to introduce aspects of the market into agriculture, and eventually industry and all other aspects of economic life, the structures enforcing women's equality were undermined and women became much more vulnerable to being laid off, or simply not hired (World Bank, 1992b). As managers became responsible for generating profit and for making decisions regarding hiring and firing, the old attitudes towards women re-emerged. Managers were reluctant to hire them because of maternity leave, and energy split between work and running a home. One of the effects this has had is that women are increasingly not covered by health insurance which is usually provided through the workplace. Henderson *et al.* (1993) found that at state run enterprises women were significantly less likely than men to have health insurance. They suggest that this may be because there is a larger proportion of women in peripheral or temporary jobs that do not offer the usual employment benefits.

Evidence for how this affects women's access to health care comes from research carried out by the author in two psychiatric hospitals in China (Pearson, 1995a; 1995d). In the long stay hospital, twice as many men as women had their fees paid for by health insurance (19.4 per cent as against 10 per cent). Therefore more women were 'charity' cases, or had to be paid for by their families. Evidence from the acute hospital fleshes out this picture. At this hospital, many treatments were offered in addition to the basic 'bed board and medication' arrangement and were charged for separately. These treatments included laser therapy, music therapy, acupuncture, psychotherapy, occupational therapy, behaviour therapy and ECT. Only in the last two was there no significant difference between men and women, suggesting that they were being offered on the basis of need, rather than the ability to pay. The overall difference in the cost of treatment between men and women was significant at the $< 0.0000$ level. This suggests that either men had more health insurance or that families were more willing to pay inflated costs. Interestingly, in the long-term hospital where the monthly costs were all inclusive, no difference in treatment available to men and women was noticed. Phillips *et al.* (1990) found that length of stay in the psychiatric hospitals in their study was most significantly related to whether the hospital costs were being met by the family or health insurance. Neither diagnosis nor severity of the condition were as important. Presumably this is because women less frequently have health insurance, are less often admitted to hospital, stay for a shorter time when they are and may receive less treatment during their stay than men.

*The special economic zones*

As part of the economic reform the government has given permission to set up Special Economic Zones (SEZs) to encourage investment from overseas, most often in manufacturing. Many of these SEZs are found along the eastern seaboard of Guangdong and Fujian, where there are ties of language and kinship with the Chinese communities of Hong Kong and Taiwan. SEZs are permitted much more freedom from central control and have local regulations that encourage a market economy environment.

The population profile of SEZs tend to be very unusual with a gross preponderance of younger people. For example, the 1990 census in Shenzhen (a SEZ bordering Hong Kong) showed that the median age was 25.3, and that among temporary residents (i.e. migrant labour) 73.53 per cent were between the ages of 15 to 29. Within the age cohort 15–22, women migrant workers outnumbered men by 2 to 1 and most came from rural areas in Guangdong or other provinces (Wong and Lee, 1994). Young women are regarded as ideal labour because they will work for lower wages than men, can be easily exploited and will rarely take action against their employer, particularly if they have not registered as temporary residents and are therefore illegal. Many of them fall outside the labour regulations and are not covered by any social welfare protection or insurance schemes (Jacka, 1992; Wong and Lee, 1994). The worst employers tend to be the overseas companies, particularly from Taiwan, Hong Kong and Korea, where firms have deliberately relocated to take advantage of cheap labour and to escape labour protection laws and industrial safety regulations (Chan, 1994; Wong and Lee, 1994).

Flagrant abuse of safety regulations has led to a number of very serious fires, most notably that which occurred in November 1993 in the Zhili handicraft factory, owned by a Hong Kong businessman (*South China Morning Post*, 20.11.1993; *Sunday Morning Post*, 21.11.1994). Over eighty people were killed and around sixty injured. Most of them were young women from Hunan and Sichuan. The fire was a result of an electrical fault but the deaths occurred because doors and windows were locked (to discourage workers from stealing, said the managers), and there were no fire escapes. It was alleged that bribes had been paid to the local Fire Services Department to overlook breaches of industrial safety regulations. Another fire in 1993 at a Taiwan funded factory in Guangdong killed around seventy workers (Chan, 1994; Wong, 1994). The Ministry of Labour revealed that there were 28,200 cases of industrial fires in the first ten months of 1993, causing 1,480 deaths and 51,340 injuries. Industrial fires increased three-fold in the first eight months of 1993 in comparison with 1992 (*China Labour Bulletin*, 1, March 1994), and it is women who are most at risk.

## CONCLUSION

A number of circumstances have combined in the reform era to put women at a more disadvantageous position now than at any time since

1949. Some of them reflect age-old prejudices, others are a result of economic reform, but the two together join in a synthesis to threaten women's continuing search for equality. It is possible to identify some of these factors being played out in the health arena. The one-child policy has meant that women are subject to abortions and sterilisations to an extent that has on occasion stretched the health services beyond that with which they can safely cope. The pursuit of this objective by the government has also meant a gain for women in the provision of better maternal and child care services, particularly in the rural areas.

In turn, the one-child policy has led to a skewed birth rate and a concomitant shortage of women of marriageable age. Rather than increasing women's status this has increased the level of kidnapping of women to be sold into marriage or prostitution (or both) to an extent that the government has identified it as a serious problem. In addition, the desire to bear a son and the calumny heaped on (particularly rural) women who do not bear sons increases their stress and sense of worthlessness. Presumably related to this is the epidemic of suicide among women in China. Especially vulnerable are women of just-married age in rural areas.

The devolution of economic and social control to local areas and enterprises has allowed a reversion to centuries-old habits of discrimination against women. There is evidence that women are being hired as temporary rather than 'formal' workers. This makes them easier to dismiss and removes them from the safety net of health insurance. In turn, that means they may receive less treatment for similar health problems than do men. Factories in the economic boom towns in the SEZs prefer to hire women from the backward rural provinces as temporary workers because they can pay them less, with less likelihood of complaint. Industrial safety and fire regulations in these SEZs are frequently ignored, subjecting women to increased hazards from industrial accidents and fires.

The emancipation and equality of women was one of the main platforms of the communist government when it came to power in 1949. Through the Chinese Constitution and the Marriage Law it set about trying to change a pattern of relationships between the sexes that had existed for a thousand years and more. For as long as it pursued policies that were highly centralised and aimed at enforcing an equality of poverty, it was able to ensure that women received relatively fair treatment. As more and more authority and decision-making power have devolved to the grass-roots, women's improved status has been increasingly challenged. In addition, women have borne the brunt of the physical, social and psychological consequences of one of the largest pieces of social engineering attempted by any government in the last half of the twentieth century. These factors have fed back into health issues, often a sensitive indicator of disadvantage in any society. Chinese women, especially those in the rural areas, could be forgiven for wondering if the government and Communist Party have broken the compact with them that formed such a significant foundation for the New China.

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