



**All-Party Parliamentary Group on
POPULATION, DEVELOPMENT AND REPRODUCTIVE HEALTH**

Hon Chair: Christine McCafferty MP
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Joint Hon Secretaries: Geoffrey Clifton-Brown MP, Martyn Jones MP
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**China Mission Report by UK MP's
1st April - 9th April 2002**

Study tour team:

Christine McCafferty MP (Labour)/ Edward Leigh MP (Conservative)/ Norman Lamb MP (Liberal Democrat)

Background information:

During the UK International Development Bill debate, amendments were proposed that restricted UK's assistance to the largest international organisations working in the field of sexual and reproductive health and rights namely UNFPA and IPPF.

Both organisations promote and ensure that individuals/couples have access to quality sexual and reproductive health care services worldwide. Amendments were proposed on the grounds that UK Government Funding to UNFPA and IPPF perpetuate coercive population control practices such as forced abortion, forced sterilisation and infanticide in countries such as China.

Terms of Reference for the study tour:

Aim: For UK MP's to be informed of China's current population and reproductive health policies and programme work and UNFPA's work in China

Objective: For UK MP's to assess UNFPA's contribution in influencing, advocating, and promoting change in providing individual and couples with a choice to access quality reproductive health services. (Reproductive health services include: voluntary family planning, STI treatment, HIV/AIDS prevention and treatment, antenatal care, clean/safe delivery, essential obstetric emergency and postnatal care including breastfeeding advise).

Activities: Meet with UNFPA country-, DFID country-, Chinese officials, health personnel and ordinary citizens to obtain information and discuss China's population and reproductive health policies and programme work.
Visit China, MOH, China Family Planning Commission, and Reproductive Health programme sites - one unannounced visit to a village
Discuss with clients their perception of changes in population and reproductive health policies and practices over the past 10 years.

Summary:

3 UK MP's namely Christine McCafferty (Lab.) MP, Edward Leigh (Con.) MP and Norman Lamb (LD) MP reviewed UNFPA's China programme 1st - 9th April 2002. The study team visited Beijing

and UNFPA programme villages in Yunnan province. The team met Government officials, SFPC representatives, DFID representatives, US diplomats, NGO representatives, UNFPA representatives and village health workers/administrators and village women.

UNFPA works in 32 counties in China where demographic quotas and targets have been lifted. The team found no evidence of coercive FP, sterilisation or forced abortion practices in UNFPA supported counties.

They concluded that the work of UNFPA, in China, is having a positive effect and is playing an important and catalytic role, in the reform of RP/RH services, in China. Changing the focus from an administrative family-planning approach to a client-oriented, quality-of-care approach, where women are given a choice over their own lives.

Whilst there are still problems in parts of China with reproductive rights, the government is moving in the right direction, with the support of UNFPA.

The obvious success of the UNFPA programme, has resulted in the Chinese Government proposing to roll out the same programme, at their own expense, to over 800 more counties, later this year.

Places visited and People met:

The study team spent 2 1/2 days being briefed in Beijing, prior to their 4-day visit to two counties in Yunnan province, namely Xianping and Dali. These are counties where UNFPA is operating in collaboration with the SFPC.

The team met with the SFPC Minister Mr Zhang Weiqing and other SFPC officials; DFID country delegates; UK embassy diplomats; MOFTEC; UNFPA Country Representative, Siri Tellier and her staff; sexual and reproductive health NGO staff; MoH and MoE staff; Chinese Parliamentarians active in the area of reproductive health and development in China; health workers/administrators and village men and women.

On the field trip, the team was accompanied by UNFPA staff and SFPC staff; plus two translators, one a Chinese national from UNFPA and one a Swedish national from Marie Stopes International.

One day was spent in Beijing prior to returning to the UK, for a round-table wrap-up with delegates met at the beginning of the study tour.

(Please find attached study tour itinerary and names of people met).

UNFPA Programme:

The study team was briefed on UNFPA's programme in China as follows:

China is the most populous country in the world, with a total population of about 1.248 billion people, 70 per cent of whom, live in rural areas. This vast population, comprising over one fifth of the world's population, has to support itself on only 7 per cent of the world's arable land.

To address this problem and to assist in ensuring sustainable economic development, the Chinese Government has accorded population policies the utmost priority since the early 1970s. One of the results is a contraceptive prevalence rate of 83 per cent.

The population policy aims at keeping the annual population growth rate below 1.25 per cent in the 1990-2000 period, maintaining fertility rates at replacement level (total fertility rate around 2) and limiting the total population to below 1.3 billion in the year 2000.

In addition to the population policy, the Government places great emphasis on maternal and child health (MCH). Several laws include special provisions to protect MCH. A three-tier MCH network has been created for the provision of prenatal, perinatal and postnatal care.

China attended the International Conference on Population and Development (ICPD) in 1994 and is a party to its Programme of Action. Prior to the ICPD, the Government announced its intention to move from an administrative family planning approach to a reproductive health/family planning service-oriented approach, focused on the needs of clients.

This new orientation was reflected in the *Guidelines on Family Planning Work in China, 1995-2000*. The transition to a voluntary, client-oriented approach presents a major challenge to the Government, requiring, as it does, profound changes in management, training and service delivery systems and in monitoring and evaluation.

UNFPA has provided assistance to China since 1979. The third country programme officially ended in 1995. The fourth programme was approved by the United Nations Development Programme (UNDP)/UNFPA Executive Board in January 1998 in the amount of \$US 20 million and consists of four component projects under a subprogramme on reproductive health.

Reproductive Health/Family Planning (RH/FP) Project (32 counties)

The MP's briefing on UNFPA's Reproductive Health/Family Planning Project in China was as follows:

This project -- the largest of the four (\$US 14 million) -- is executed by the Government, Marie Stopes International and UNFPA.

Activities completed so far include a baseline reproductive health survey, needs assessments, orientation meetings, study tours, and information, education and communication (IEC) activities.

The main part of the project is being implemented throughout 32 counties in 22 provinces. The Chinese Government, while still pursuing China's overall national demographic targets, agreed to lift acceptor targets and birth quotas in these areas.

The project seeks to establish a client-oriented reproductive health approach, which will provide a wide range of quality health services, encompassing maternal health care; the treatment of reproductive tract infections and sexually transmitted infections; and extensive family planning services, making available a broad range of contraceptive methods.

As part of the RH/FP project, two pilot projects, which deal with adolescent reproductive health and social marketing, are being undertaken in urban areas.

The project is being implemented in one district each in Beijing and Shanghai.

Under the current RH/FP project, the China Family Planning Association (CFPA) is subcontracted to implement one pilot project in adolescent reproductive health, with the aim of improving access to RH/FP information and services for young people.

Following several focus group discussions with young people to obtain information about their reproductive concerns, behaviour and needs, adolescent-friendly programmes and services will be established in response to their needs.

The project will include the development of special providers' skills to communicate with young people and the adjustment of service environments to create a comfortable setting.

Findings:

Translation/transparency

MP's found that the delegates they met, including the UNFPA and SFPC delegation, accompanying the study tour team, were all impressive people, who were very open and appeared genuinely committed to reform.

Furthermore, the study team was satisfied that the interpreters (a Chinese and a Swedish national) were open and honest.

The MP's were able to select the houses and the women that they wanted to speak with at random in the villages. They spoke to health professionals, administrators and ordinary local women in the street, in clinics and in randomly selected homes.

The team asked questions in relation to current China policies and FP/RH services and F/P abuses. Both professionals and village women said that they had not heard of abuses, either in the present or the past, although the professionals thought that under the former family planning regime, abuses were possible.

No one expressed any grievances or complaints of any kind, or knew of any abuses, in the years when UNFPA had supported FP/RH programmes in the villages.

Currently, anyone responsible for attempted abuse or enforcement of family planning services, would be punished in accordance with the Chinese law, which now specifically forbids such abuses.

A majority of women stipulated that they wanted only 1 or 2 children. Some very young men and women stated they did not want any children; a growing phenomenon, particularly in urban areas.

The reasons given for limiting the family were:

- the desire to educate their children to university level;
- to give the whole family a better standard of living and quality of life;
- the limit on sustainable food production, on their own land;
- population and sustainable development in China;
- the physical, mental and emotional health of the mother;

The women stated that they were happy with the quality of sexual and reproductive health information, services and care they received. The older women felt that the information, the choice of services and the attitude of FP workers had changed for the better.

Posters and leaflets were readily available providing individuals/couple with information and education on services available, which reiterated the right for choice and quality of care.

It could be claimed that interpreters, or the people spoken to, were biased, especially when officials were present; thus making it difficult for the team to get honest impressions from ordinary people.

However, some members did have a number of opportunities to speak to villagers or professionals, without the presence of Chinese officials, only an interpreter.

The study team recommends that similar future delegations should ensure that they have free access to talk to everyone without any officials present and with independent translators. This would ensure complete freedom of expression and avoid accusations of bias or intimidation.

It is important to stress that Dr Baige Zhao from the SFPC and others were impressive people, who gave every impression of being genuinely committed to reform. Many of them have been educated and have worked at, universities in the UK or the USA.

They are keen on dialogue with the West and they do not mind being challenged about the way China currently does things in the reproductive health field. It was very clear that people were keen to work closely with UNFPA, so as to speed up the process of reform.

The team was also impressed by the readiness, with which government officials accepted that coercive practices had been used in the past and were probably still used in many parts of the country; especially, where the reforms had not yet been implemented or had failed to make an impact.

The team met with the Minister of the State Family Planning Commission. Again he seemed committed to reform and was impressively open, in his willingness to debate potentially sensitive issues.

However, another Minister in the department of SFPC, was less impressive and more defensive, about China's past record. This was readily acknowledged by UNFPA delegates, present at the meeting.

This demonstrates that not everyone, in the Chinese government, wants to move towards the rule of law, or see sexual and reproductive rights as human rights.

It is important to note:

That China is a massive country with 1.248 billion people and 54 very large ethnic groups, each with it's own language and strong cultural identity;

That UNFPA, due to financial constraints, have projects in only 32 counties, in China;

That the UK delegation, due to time constraints, had limited opportunity to observe FP/RH practices in only two of those counties;

Policy/practise:

The one child policy is disintegrating rapidly, for a variety of reasons:

Ethnic minorities have always been excluded from this policy and now any parents who are, themselves, both singletons – which is most people – are also excluded.

The monetary and land reforms of the 1980's; better education and private business ownership have resulted in ordinary people having a greater awareness of and interest in human rights.

However, citizens, still have to pay a 'social compensation' payment if they have more than one or two children. This 'fine' varies from urban areas to rural areas and from one part of the country to another. It may or may not, take account of ability to pay.

A key part of the coercive approach, in the past, was the imposition of tariffs and quotas, which local officials were required to achieve. This method was clearly open to abuse, as officials would inevitably be tempted to coerce women into contraception, sterilisation, or even forced abortion, to ensure that their targets and quotas were met.

The Chinese Government is open about these abuses, but stipulates that they mainly happened in the past, as the present law states, that women cannot be forced into contraception, sterilisation or abortion.

The UK delegation observed information about this law, in the clinics and hospitals visited. It was displayed on large posters, in big print, with accompanying pictures of FP workers in court, for breaking the law.

Chinese officials confirmed that the compensation payment is set at a level, which most families would find extremely difficult to pay. It therefore acts as a pretty powerful incentive to conform. This is a form of coercion. However, it is striking the extent to which parents seemed to accept the case for limiting the number of children they have.

The case for smaller families is embedded in the Chinese psyche. It was apparent that economic factors were a powerful constraining force. Most families in rural areas farmed very limited areas of land. Tradition dictates that the land is divided between all the male children. The more children – the less land for future generations.

Also, now that the child mortality rate has declined significantly and information and advice on contraception, is more widely available to women, they are positively choosing to limit their family size.

Official policy appears to be in line with the wishes and desires of ordinary people and what they want to achieve, in terms of maintaining a viable standard of living for their families.

Furthermore, ordinary Chinese people are very aware of population growth and sustainable development issues, both for China and the world.

UNFPA impact:

UNFPA is opposed to coercion and prior to the initiation of the current UNFPA programme the Chinese Government agreed to lift acceptor targets and birth quotas in the 32 counties where UNFPA operates.

After years of monitoring the programme, the Chinese Government has found that the UNFPA funded programme is successful in providing individuals/couples with quality of care and choice and national demographic targets are still being met.

This has resulted in the Chinese Government now looking at rolling out the programme at their own expense to over 800 counties.

The study team found no evidence of UNFPA advocating or facilitating coercive FP laws. Indeed, it seemed precisely the opposite applied. The UNFPA projects, based on the ICPD Programme of Action, helped empower women by ensuring that they had the fullest possible information about reproductive health and choices.

UNFPA's involvement appears to be encouraging reformers within China, in their efforts to speed up the transition to a client centred approach throughout China.

The study team noted that UNFPA acts as a point of contact with the Chinese Government to promote international standards of FP/RH. A member of the study team noted that UNFPA needs to be careful, should any funds be given to Chinese Government Agencies, for programme work, where quotas and targets have yet to be lifted.

However, the team understand that UNFPA does not undertake projects, themselves, unless targets and quotas have been lifted.

The study team discussed concerns about the gap between the number of male and female children. They were told that statistics comparing the number of female births on birth registers with the number of girls on school registers, suggest that, as a result of the family size policy, some prospective parents have omitted to register the birth of a girl child, in order to try for a boy.

The team was also told that some prospective parents tried to persuade health workers, in FP clinics, to reveal the sex of the baby when ultrasound treatment takes place.

The study team observed that notices were displayed in clinics, making it clear that health workers commit a criminal offence, if they reveal the sex of the child. The team saw no ultrasound scans in clinics visited.

The study team discussed with UNFPA staff the situation with regard to HIV/AIDS. The impression given, was that China could be on the edge of a precipice. The disease is now in the general population, having moved beyond vulnerable, at risk groups.

Internal migration, within China is massive, with huge movements from rural areas to the cities. This constant migration has the potential, to spread the disease rapidly. There is an urgent need for China's political leaders to engage with this threat and provide real leadership.

The study team noted that the abortion rate in China is much lower than in the UK and teenage pregnancy is very rare. There are a number of practical and cultural reasons for this, namely:

- pre-marital sex is quite rare and is still considered shocking;
- marriage is entered into at a later age than in the UK;
- there is normally a lack of privacy in the family home;
- pre-marriage health screening, contraceptive advice, information and services are widely available.

The study team delegates were very impressed with the varied contraceptive methods and choices offered in the UNFPA supported villages. Natural family planning counselling and natural fertility detection devices were among the contraceptive methods offered.

Conclusion:

The UK MP delegation concluded that the work UNFPA does in China, is playing a positive and important catalytic role in the reform of RP/RH services in China.

It is helping China move away from an administrative family-planning approach to a client-oriented, quality-of-care approach, where women are given a choice over their own lives.

The UK MP delegation was convinced that the UNFPA programme is a force for good, in moving China away from abuses such as forced- family planning, sterilisation and abortions.

The UK MP delegation concluded that, whilst there are clearly problems with reproductive rights, in some parts of China, the Chinese Government is moving in the right direction.

Recommendations:

It is vitally important that the UNFPA remains actively involved in China, with continued financial support from the UK and other Western Governments.

Appendices:

1. Study tour itinerary including names of people met

2. Slide presentation by SFPC

3. Leaflets distributed

Page 1 and 2: This leaflet has been distributed to all the UNFPA P01 (Reproductive health and Family Planning) project counties.

Page 3 and 4: The English translation of the above leaflet.

4. An excerpt from P01 project document that says "no targets and quotas"

5. A copy of the section on "Chine" from U. S. Country Reports on Human Rights Practices 2001, prepared by U. S. State Department