

Bureaucratic Capacity and State-Society Relations in China*

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BUREAUCRATIC CAPACITY AND STATE-SOCIETY RELATIONS IN CHINA

Historically the role, power and bureaucracy status in China varies in the terrain of state-society interaction. In imperial times, while the throne managed to assert its superiority by effectively controlling component parts of the imperial bureaucracy, it bestowed great autonomy to social forces. The formal bureaucratic organ of the central government stopped at the county level. Below the county level, the local society had a definite role to play (Lieberthal 1995).

The collapse of the imperial system and the ensuing efforts to restructure the state-society relations gave rise to a state that sought to penetrate society and re-create it in its own image. The party-state was able to create a web of bureaucratic organization by the late 1950s which covered all Chinese society and infiltrated deep into its fabric (Schurmann 1968: 17). The boundaries between state and society faded away under this “totalistic” institutional structure. Yet unlike the former Soviet Union, which consistently sought to co-opt technical specialists into the ruling elite, Mao’s belief that politics and the masses, rather than bureaucratic cadres, were the primary driving force of socialist transformation which led him to suppress and deny bureaucratic authority, shown in the Great Leap Forward campaign and the Cultural Revolution. The bureaucratic status

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did not change much until the late 1970s, when the regime shifted its focus from revolutionary transformation to economic development. Under Deng Xiaoping, China not only allowed greater autonomy for bureaucrats in policy through the reduced use of purges and labeling, but also raised the quality of civil service by shifting to a more competitive, merit-based recruitment and promotion system (Lee 1991).

Since public administration serves as an instrument of state power vis-a-vis civil society (Neocleous 1996), change in the bureaucracy naturally has important implications for state-society relations. In view of the post-Mao state-rebuilding, how does the bureaucratic capacity affect the pattern of state-society interaction in China, where a robust civil society is still missing? Using China's population control as a case, this paper examines the relationship between bureaucratic capacity and state-society relations. After an assessment of the policy effectiveness, we analyze how bureaucratic capacity is associated with two types of social control. This is followed by an empirical analysis of the relationship between bureaucratic capacity and state coerciveness. The conclusion reflects on the study of state-society relations in post-Mao China.

AN ASSESSMENT OF POLICY EFFECTIVENESS

The CCP Central Committee took an unprecedented step in its history in September 1980 by issuing an "open letter" to all party and youth league members, urging them to "take the lead" in having only one child. Three months later, the central government formalized the letter into a "one-child-per-couple" policy for all but some minorities and some Han couples in certain rare situations (see below). The party general secretary Hu Yaobang announced in September 1982 that birth control was a "fundamental state policy," which was to be enshrined in the 1982 Constitution. The main policy target in the early 1980s was to hold China's population size to 1.2 billion by the year 2000, with annual targets calculated backward from that.

By all accounts, China set and maintained an extremely ambitious population control policy, despite the fact that the reforms undermined enforcement of the birth control program by altering the context in which it

was carried out. In rural areas, decollectivization and decommunization not only diminished state control over people's lives but also increased the need for more children, especially sons (Greenhalgh, Zhu, and Li 1994; Tian Xueyuan 1997). Moreover, draconian population control is hardly legitimate or gratifying. After all, the issue of reproductive behavior and family size was one of the few matters the Chinese people managed to decide for themselves during most of the Maoist era. The post-Mao antinatalist thrust thus ran counter to the needs, wishes, and desires of the Chinese people, especially their rural components.¹ Because state birth control generates intense negative orientation toward the government policy structure, an authority relationship would be difficult to form.

In practice, though, it appears that the central policy objectives kept being translated into reproductive reality. As Figure 1 shows, when the state intensified the birth control compulsion in 1983, the total fertility rate (TFR)² dropped to 2.25, the single largest annual drop since 1978. The state relaxed its one-child rule in 1984, allowing couples with "practical difficulties" to have second births. This was immediately followed by an increase in TFR during the 1985-1987 period. Mme. Peng Peiyun, a firm believer of stricter population control, became the head of the State Family Planning Commission (SFPC) in January 1988, a move which signaled strict birth control was once again the rule.³ Despite some relaxation in population targets, state birth planning was largely maintained in the following years. For example, wary of the advent of the "third peak" of women in their reproductive prime, Chinese leaders in May 1991 guaranteed the policy stability and called for intensified efforts in implementation (FBIS June 12, 1991). Reflecting this tightened state control in family planning, for the first time TFR dropped below replacement level (2.1) in 1993.⁴ Indeed, 2001 sample survey put the TFR at 1.81 (<http://www.sfpc.gov.cn>). It took China less than 30 years to accomplish what industrialized countries took 100 years to achieve.⁵ The decline in the fertility level helped reduce China's natural population growth rate to less than once percent per year in the late 1990s, which is very low by developing country standards.⁶

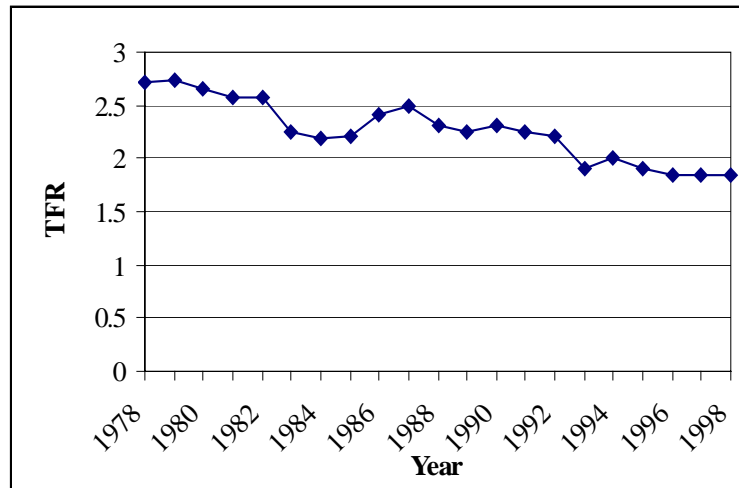


Figure 1. Total fertility rate (TFR), 1978-1998

Note: TFRs for 1991 and 1997 are calculated using the formula $TFR = \text{number of births} / \text{base number of births}$ with base number of births estimated by averaging the base number of births in the previous year and the year after. See Jiang Zhenghua (ed.): 108 for this method.
Source: Xu Dixin 1988: 28, 11-2; ZGRKTJNJ 1993: 283; 1998: 444, 360; <http://www.sfpc.gov.cn> for more recent data; ZGJHSYNJ various years.

The state capacity to impose its will on the society is also reflected in the composition of contraception methods. Unlike the United States, couples in China for decades were denied the freedom of choosing the contraceptive methods they liked.⁷ Instead, they were heavily influenced by local enforcers in choosing contraceptive methods, especially in rural areas. A survey in five counties in Hubei province in 1989, for example, found that on average a married woman at the child-bearing age had knowledge of 3.86 contraceptive methods, compared with 7.3 in Beijing and 6.7 in Shanghai. Among the nine information channels, village cadres ranked first (78.8 percent), followed by local state-sponsored meetings (75.1 percent) (Cheng Du 1991: 204-6). Birth control enforcers in China generally prefer low-cost, long-term, and provider-controlled contraceptive means such as IUDs (intrauterine devices) and sterilization rather than safe, easily reversible, and client-controlled means (such as the diaphragm, cervical cap, and condom). They have few incentives to promote methods other than the IUD and sterilization since rewards and penalties depend on their fulfillment of the assigned surgery/birth quota. In addition, while the

provision of new contraceptive and follow-up reproductive health services increases their workload, IUD insertion and sterilization involved only one-time motivation on the user's part. The contraception rate shown in Figure 2 illustrates methods used from 1987 to 1999. It shows that sterilization and IUD remains the primary methods of contraception in China. In fact, among the 221 million users of modern methods of contraception in 1999, 92.9 percent were either sterilized or fitted with an IUD.⁸ It is interesting to find that while the contraception rate (number of married women at the childbearing age who take contraceptive measures) rose to around 90 percent in the 1990s, percentage of women at childbearing age using pills, diaphragms, cervical caps, and condoms (categorized as "others" in Figure 2) did not increase. On the contrary, the percentage for the latter dropped from 8.82 in 1987 to 6.61 in 1999. This indicates the increase in the contraception rate was mainly caused by the rising percentage of IUD use and sterilization. Actually, while women using sterilization for contraception was stabilized at 45 percent in the 1990s, the rate of IUD use saw an increase from 35.33 in 1987 to 40.39 in 1999.

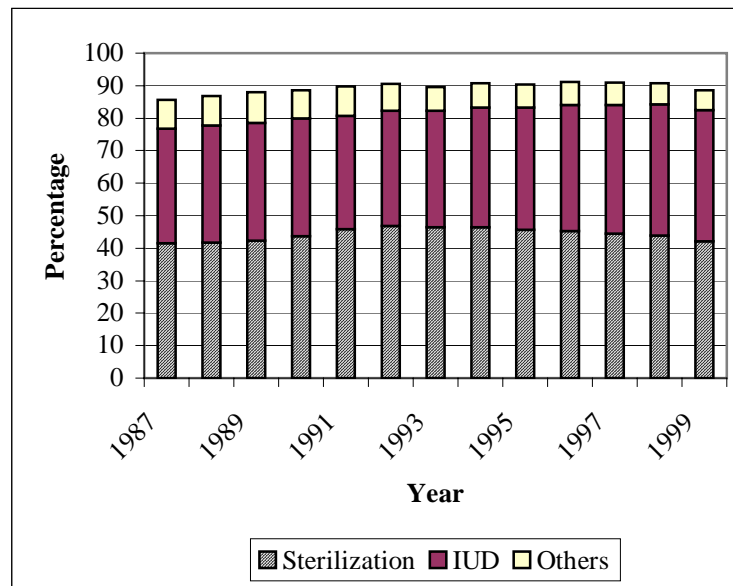


Figure 2. Composition of the contraception rate, by method, 1987-1999

Source: ZGRKTJNJ various years; ZGJSNJ various years. Data for 1998 and 1999 are from <http://www.sfpc.gov.cn>. Date of access: June 7, 2000.

The impressive state reach is also demonstrated by a series of other population surveys and studies. A 1985 survey carried out in Jilin province, for instance, revealed that more than 66 percent of rural married women with one surviving child were practicing contraception in response to the government programs (Choe and Tsuya 1991: 42). Greenhalgh's (1994) study finds that in some rural areas, people acquiesce to the wishes of the state and develop their community norms bearing the firm imprint of state desires for fertility limitations. The fieldwork of Merli, Qian and Smith (2001) suggests that out-of-plan births have become rare, as rural couples have, for the most part, come to accept smaller families. Such studies support Siu's (1989) observation that given the consistent state power, people will come to internalize, accept, and even reproduce it in their daily lives. The question is: how did the post-Mao Chinese state manage to extend its reach and project its will into the bedrooms of a vast agrarian society?

MASS MOBILIZATION AND SOCIAL CONTROL

Like other public policy implementation, the first problem the central state faces in population control is how to ensure that policy enforcers carry out the central directives in a coherent and competent way. When the government initiated its ambitious 1980 population policy, there was no routine, specialized bureaucratic administrative structure except the ad hoc "family planning leadership small group" used periodically for mass campaigns. Later on, despite intensive institutionalization and bureaucratic capacity building (to be discussed below), China's birth control program is still plagued by shortages of both funding and qualified personnel. As former SFPC director Peng Peiyun acknowledged, from 1991-1995 the birth planning departments accumulated a deficit of 2 billion *yuan* for performing birth control surgeries (ZGJSNJ 1996: 18). The program workers generally lacked remuneration and stable career paths for their efforts and (partly because of this), the program leaders found it hard to attract qualified personnel. In a speech at the national birth planning conference, the SFPC head Zhang Weiqing admitted that among the

400,000 birth control cadres, nearly 20 percent completed only junior high school, and only 14 percent of them had completed more than two years of college (ZGJSNJ 1998: 39). Frequent transfers also interrupt policy implementation (ZGJSNJ, 1995: 14). Below county levels, the enforcement problem is exacerbated. Unlike the county-level bureaucratic apparatus, township governments do not have the manpower and the skills to carry out birth control work effectively on a consistent basis. At the village level, leaders cease to be full-time employees of the state, and the dual face of village leaders has always posed obstacles to central policy implementation that run counter to village interests (White 1990: 75; Zhang 1999).

To minimize administrative costs in policy enforcement, a specialized birth planning bureaucracy has to be highly dependent on local political leadership and other nonspecialized bureaucratic sectors. Direct involvement of local political leadership increases program resources, helps ensure they are used for program purposes, and mobilizes resources from other systems, including free manpower transferred to program tasks. Yet in doing so a bias against routine administration was built into the implementation structure. As Barnett pointed out long ago, in such a party-dominated policy context actors tended to view vast ranges of decision making as at least potentially political, regardless of the intrinsic nature of the task (Barnett 1967: 36). Naturally, the chosen instrument for the Party was mass mobilization. In the early 1980s, for example, as political elites quickly jumped on the population control bandwagon, the state launched a nationwide mass campaign of forced sterilization, abortion and IUD use. The campaign peaked in 1983, and witnessed a surge in the total number of women at reproductive age who received at least one of the three “birth control operations,”⁹ a figure almost 2.5 times the total for 1981 (see Figure 3).

Interestingly, over time the mobilizational campaigns were routinized by a set of institutional arrangements designed to overcome agency problems in delegating enforcement (see White 1990 on this “institutionalized mobilization”). The State Council explicated the responsibilities of relevant ministries or bureaus in birth control to see that they fully cooperated with the SFPC (SFPC 1991). Meanwhile, the

national leadership defined clear goals for subnational party and governmental leaders and made those goals a part of both the government performance evaluation and the party political discipline. National meetings were held regularly in order to assess ongoing work. The national government has popularized the “family planning responsibility system” since the early 1980s, which docks wages and blocks promotions of those failing to meet assigned birth control targets. A survey of eight provinces in China revealed that by 1993 more than 90 percent of urban neighborhoods and rural villages had adopted such a system (CHNS 1993). Since the early 1990s the program implementation has been further strengthened by making the provincial party secretary and governor personally responsible for the overall program performance (ZGJSNJ 1992: 6-9). This in part explains why, since 1983, national “Family Planning Propaganda Months” have been launched each year. In fact, Chinese leaders were still calling for intensified efforts in birth control implementation until the early 1990s, especially in rural areas, through “mobilization of the entire Party and the entire society” (FBIS June 12, 1991).¹⁰ For example, the number of surgeries again rose sharply in 1991, with more than 35 million surgeries conducted (Figure 3).

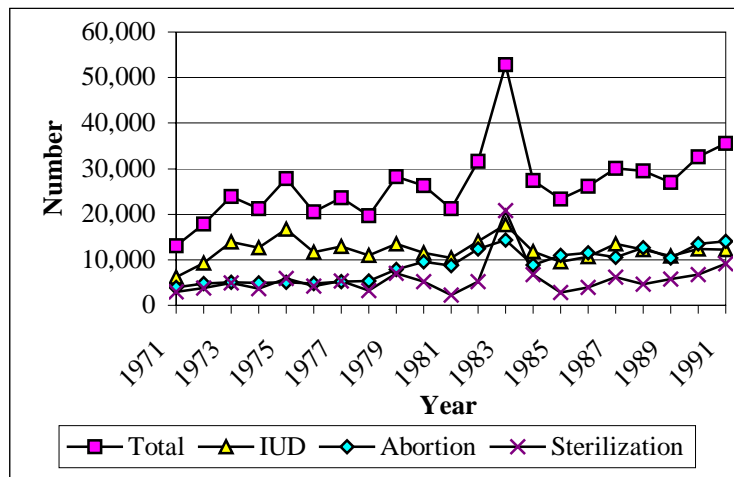


Figure 3. Number of birth control surgeries (in thousands), 1971-91

Source: ZGWSNJ various years.

By highlighting the state's determination to prevail, mobilization is instrumental in overcoming the constant public resistance caused by the huge gap between state demands and popular desires. Mobilization is a convenient bureaucratic tool for overriding fiscal constraints and bureaucratic inertia whilst promoting grassroots cadres to behave in ways that reflect the priorities of their superiors by placing tremendous political pressure on reluctant local cadres to fulfill centrally disseminated targets. The latter role is especially important against the background of an inadequate administrative program structure. Money-starved grassroots enforcers themselves also have a direct interest in perpetuating mobilizational methods as the collection of fines became a major source of salaries and bonuses.¹¹ Not surprisingly, a tightening in birth control policy was typically followed by a wave of birth control campaigns (see Zhang 1999 for campaigns at the local level).

There is no denying that during campaigns, symbolic and material incentives (such as glorification meetings and cash rewards) were used to encourage compliance. Yet by creating a results-oriented implementation structure in which all other considerations were secondary to the attainment of birth quotas, deliberate and methodical mobilization kept up coercive impulse in enforcing population control.¹² During campaigns population control targets tend to be specified into easily monitored surgery quotas with the emphasis on producing practical results by taking immediate "technical measures" (a euphemism for required sterilization, abortion, and IUD insertion). The targets were set by and transmitted from higher authorities and subnational cadres were ordered to use whatever means necessary to fully meet them. The pressure to produce immediate results often led local cadres to resort to unusual, sometimes extreme measures. Those who resisted state mobilization were subject to punishments that sometimes went beyond economic sanctions to obligatory sterilization and abortion (Aird 1990; Mosher 1983). The mobilization impact on coercion was recognized in one report from a county in Shandong province: "When time is pressing and effort is focused, and when ideological work cannot catch up with the progress of events, it is easy for punishments on a large scale, for coercion, and for antagonism on the part of the masses to occur" (quoted in Banister 1987: 209). The 1983 campaign, for instance,

emphasized sterilization on the spot, as soon as either member of the couple was “convinced” to submit to sterilization after intensive indoctrination.¹³ Once performed, the sterilization operation was assumed irreversible. As Figure 3 shows, in 1983 alone more than 20 million cases of sterilization were conducted, a nine-fold increase over 1981. From then on around 40 percent of women and 12 percent of men, or approximately half of all couples have had one partner sterilized (ZGJSNJ 1993: 335). Meanwhile, IUD insertion cases and abortion increased sharply. While IUD use became popular during the late 1970s, required insertion became an explicit national policy in late 1982 as SFPC ordered all women of childbearing age with one child to be fitted with IUDs. Unlike the 1970 policies, this new policy made it clear that once the IUD was in place, couples could not have it removed without official approval. The government authorized severe punishment for those who illegally removed IUDs, and in some localities women who had an IUD in place were subject to monthly X-rays or quarterly physical examinations to ensure that their IUDs had not fallen out or been removed. In still other localities, strings were deliberately not attached to IUDs, making removal more difficult and potentially dangerous. For women with unauthorized pregnancies, the official policy was that they must adopt “remedial measures” (a euphemism for induced abortion) as soon as possible. Local cadres were asked to “mobilize” (i.e., coerce) these women to have an abortion. For such women, the continual official harassment throughout their pregnancies was both physically and emotionally draining. But state coercion did not simply stop here. Appalling cases of state brutality against unauthorized birth continue to be heard even today.¹⁴

To make things even worse, without adequate professional and civic participation in the decision-making, the top-down approach of translating and disseminating birth control quotas expanded the coercion scope. In some localities the surgery quotas are so high that a large number of women approaching menopause age were also required to receive surgeries (Jiang Zhenghua 1996: 6). To compound the insult, China has continued problems with the low quality of such operations, especially in rural areas (see Kaufman et al. 1992; Kaufman 1993).¹⁵ The linkage between campaigns and rushed but low-quality birth control surgeries explains why

rural women in general are apprehensive about undergoing surgery of any type.¹⁶ Under this coercive policy structure, those few individuals hearty enough to pursue the freedom to give birth have to migrate to desolate and remote places where government control is significantly weaker or does not exist (Tang Yan 1994: 88-90).

To the extent that the coercion helped transform policy goals into demographic reality, it costs the state policy legitimacy and “infrastructural power”.¹⁷ In Rousseau’s words, “The strongest is never strong enough to be always the master unless he transforms strength into right and obedience into duty”. The campaign-surgery link has intensified the people’s desire to avoid the operations at any cost. For their part, families respond with myriad strategies to evade state control so as to get the number and sex of children they deem best for themselves (see Wasserstrom 1994; Lavelly 1998; White 2000). They hide pregnant women, feign compliance, surreptitiously remove IUDs, conspire with community leaders to conceal “excess” births from higher authorities, and even physically attack birth planning officials.¹⁸ Meanwhile, some program cadres sought to please their superiors through cheating (e.g., misreporting or underreporting of births).¹⁹ The attempts to conceal “excess” children led to a staggering 20-30 percent underreporting of births.²⁰ It was reported that between 1991 and 1998, the misreported or underreported population in Sichuan province alone was over 400,000, approximately a mid-sized county population (Sichuan ribao July 13, 2000). As a result, many children that are not reported at birth may reappear in population statistics a few years later (Zeng et al., 1993. Also see XMWB March 30, 1999). It is worth noting that a substantial number are missing not because of under-reporting of girl babies but because of selective abortion (aided by fetus tests), female infanticide, or high early female mortality, contributing to a remarkable rise in the reported sex ratio at birth (Weisskopf 1985; Johnson 1993; Tuljapurkar, Li, and Feldman 1995). Clearly, while the state birth control policy requires otherwise, many Chinese people have not fundamentally changed their childbearing preference. While the very existence of such popular resistance provides indirect evidence of the coercion prevalence,²¹ they also indicate that without genuine civic engagement in policy process,

an authoritarian state may not achieve as high a level of infrastructural power as is achieved in an advanced democracy.

BUREAUCRATIC CAPACITY BUILDING AND SOCIAL CONTROL

In his monumental comparative study of bureaucracy development in four countries, Bernard Silberman argued that bureaucracies emerge and are shaped as solutions to political problems (Silberman 1993). Even though the government invokes China's unfavorable population-resource ratio and long-term interests to justify its birth planning policy, the party-led heavy-handed demographic intervention encountered strong opposition from the society and was seen abroad as evidence of widespread human rights violations (Mosher 1983; Aird 1990; and Carter 1998).²² Concerned about the legitimacy problem, there was a perceived political need to shift the contentious issue from the political arena to the administrative "neutral" zone.

Great efforts have been made to build an organizational structure since the early 1980s for routine administration of birth control. In 1981, the SFPC replaced the "family planning leadership small group" and achieved ministry-rank status. Once it was inaugurated, the SFPC sought to construct its "stand-alone" administrative capabilities, which include: formulating overall targets and policy direction; training family planning cadres; financing birth control projects; conducting its own surveys; publishing its own newspapers; and building its own sterilization clinics and research institutes (see ZGJSNJ, various years). In the mid-1980s the provincial "family planning leadership small groups" were replaced by regular state organs and local family planning commissions or bureaus. Many county-level family planning committees were renamed "family planning bureaus" as another indication of the institutionalization process.

This professionalization trend continued as demographers, sociologists and other social scientists became involved in the policy making and implementation processes, and full-time family planning workers were trained and placed at and above township level. Grassroots cadres kept forms, procedures, and timetables for gathering data on local

demographic trends. In a few test counties, attempts were made to construct computerized databases containing complete records of each woman (such as start and end date of each pregnancy, outcome of pregnancy, date of child death, type of contraceptive method used, start and end date of each contraceptive method, and reasons for discontinuation of contraceptive methods) (Merli 1998: 647-8). Over time the family planning bureaucracy and delivery networks were strengthened, funding and personnel increased, routine procedures were developed to administer the work and coordinate with other relevant departments (e.g., departments of public health and civil affairs), and supplemental regulations were drafted to clarify policy (see Table 1). By 1997 there were already 400,000 full-time family planning workers (ZGJSNJ, 1998: 39). In order to strengthen its capability to penetrate Chinese society to exercise birth control, the state also emphasized the provision of family planning services. Program clinics were established at the prefecture, county, and township levels.²³ The SFPC had established a relatively complete network by 1089 for supplying, distributing, managing, and serving contraceptive devices and medicines. By constructing more “stand-alone” birth planning clinics complemented by the existing three-tiered medical system under Minister of Health, the population bureaucracy has strengthened the gynecological capacity to prevent future unauthorized pregnancies (through IUDs and sterilization) and eliminate unauthorized pregnancies (through abortion).

Table 1. Institutional building for program structure, 1987, 1991, 1995

Year	Administrative expenditures (in millions of <i>yuan</i>)	Number of birth planning professionals (in thousands)	Membership of Birth Planning Associations (in thousands)
1987	850	140	4,270
1991	1,560	292	40,000
1995	3,190	406	83,000

Note: Birth planning professionals are “enforcers” only and do not include medical personnel.
Source: ZGJSNJ, various years.

As Winckler (1999: 198) points out, the critical information problem for implementing birth control is not to measure reproductive outcomes *after* the event, but rather to permeate couples’ privacy to monitor

continuously and exhaustively reproductive behavior *as* it occurs. The state can rely on persuasion, propaganda, penalization, persecution, and provision of services to enforce the one-child limit, but it by itself cannot acquire the capacity for such social surveillance. This finitude of the state's power to act is explained by Foucault as an immediate consequence of the limitation of its "power to know" (Burchell, Gordon, and Miller 1991: 16). To solve this information problem, the Birth Planning Association (BPA) has been organized since May 1980 down to the village level. Led by party veterans Wang Shoudao and Song Ping, these mass organizations were deliberately designed to bypass local cadres, taking over some of the work they had been unable – or unwilling – to do. Instead of waiting passively for clients to come to program facilities, the organization helps monitor contraception, identify pregnancies, and cope with recalcitrant villagers. The township is usually the lowest main organizational locus for the BPA, which the township party secretary heads. The township BPA's village branch is composed mainly of reliable retirees (the "five olds" of party, government, associations, models, and elders) and political activists selected from married women at childbearing age. Members are assigned a few households with which they are familiar, are expected to make sure women in those households report for periodic medical checkups, ascertain that they are still using contraception, and identifying pregnancies when it happens. As of December 1992, BPAs had been established in 98 percent of prefectures (cities), 95 percent of the counties (districts and cities), 92 percent of townships (streets), and 89 percent of the villages (residential committees) (JKB, December 6, 1992). By 1995 there were more than 1 million BPAs at various levels, claiming more than 83 million members (Table 1). As if the BPA was not sufficient, one northeastern province, Liaoning, pioneered a system of making one "central household" (*zhongxinhu*) responsible as a liaison with nine other households, reminiscent of the pre-1949 Chinese *baojia* system for maintaining order and collecting taxes.

It should be noted that these organizations are not autonomous in the sense of permitting interest articulation and representation by subsidiary units of society; they were created by the government to extend the reach of the state. As Shue (1994) points out, efforts to enliven associational life

and encourage corporatist consultation, cooperation, and harmony in China may strengthen and empower social groups, yet in the meantime the state is also likely to preempt, subordinate, mobilize and control such groups to serve its own agenda. By having the directors of local family planning commissions acting as executive vice presidents of BPAs at the same level, these organizations were embedded in a web of bureaucratic practices which allowed the state to more closely monitor and regulate individual activities. This “disciplinary power” derives not from “sovereignty”, or visible coercion and command, but from “governmentality,” or creation of experts, institution, and partition of social space into surveillable units that can be regulated and administered (Foucault 1979; Burchell, Gordon, and Miller 1991). By helping nip in the bud possible state power challenges, the BPAs function to enhance state control without resorting to overt coercion. This may explain why compared with the early 1990s, abortion cases decreased by nearly 2/3 during the late 1990s and by 2000, abortion rates for married women at child-bearing age dropped to less than 2 percent (<http://www.sfpc.org.cn>). Also, by the end of the 1990s many localities have largely put an end to the coercive techniques of the past, like bulldozing the homes of disobeying couples or physically dragging women from their houses for mandatory sterilization (NYT April 14, 2000; author’s interview).

BUREAUCRATIC CAPACITY AND STATE COERCIVENESS

So far, we have discussed two types of social control: one is triggered and sustained by the gap between bureaucratic capacity and state policy objective, and the other gains momentum from intensive administrative capacity building. But the above analysis also suggests that a shift from mass mobilization to intensive administrative capacity building was associated with a decline in the degree of state coercion. If so, there should be a negative relationship between bureaucratic capacity and state coerciveness. Put differently, the more capable the family planning bureaucracy, the more institutionalized and routinized the population control program will become, and the ineluctably coercive measures will be less favored by birth control enforcers. Conversely, in localities which do

not have a competent family planning bureaucracy, the population control program will be less institutionalized, forcing bureaucrats to heavily rely on mobilization, often the hotbed of large-scale overt coercion.

The prevalence of IUD insertion and sterilization are the two indicators chosen for measurement purposes because systematic data on overt state coercion was not available. While heavy reliance on IUD insertion and sterilization reflects strong state intervention, the latter is generally considered more coercive in China not only because it is irreversible, but also because it is more painful and riskier than IUD insertion.²⁴ In reality, provincial units vary in their contraception preference. Table 2 presents data on IUD and sterilization patterns used at the provincial level between 1987 and 1997. It shows that while 8 provinces consistently preferred IUD insertion, 13 provinces consistently preferred sterilization. Although IUDs have become more popular in 4 more provinces (Inner Mongolia, Zhejiang, Sichuan, and Xinjiang) since 1989, sterilization gained its “commanding height” in another 4 provinces (Shanxi, Guangxi, Shannxi, and Qinghai) in the early 1990s. The provincial variation can be quite large in a given year. In 1997, for example, the sterilization rate for Shanghai was only 4.75 percent, compared with a whopping 63.25 percent in Gansu (ZGRKTJNJ 1998: 414). If bureaucratic capacity is indeed a causal factor of state coerciveness, it should be able to explain this large variation.

Table 2. Patterns of contraceptive method use, by provinces

Pattern		Provinces
Stability	IUD consistently preferred	8 provinces: Beijing, Tianjin, Shanghai, Liaoning, Jilin, Heilongjiang, Jiangsu, Yunnan
	Sterilization consistently preferred	13 provinces: Hebei, Anhui, Fujian, Jiangxi, Shandong, Henan, Hubei, Hunan, Guangdong, Hainan, Guizhou, Gansu, Ningxia
Change	Shift to IUD	4 provinces: Inner Mongolia (1996), Zhejiang (1995), Sichuan (1989), Xinjiang (1989)
	Shift to sterilization	4 provinces: Shanxi (1991), Guangxi (1992), Shaanxi (1990), Qinghai (1991)

Note: figure in parenthesis is the year that preference was shifted.

Source: ZGRKTJNJ various years; ZGJSNJ various years.

We face some confounding variables on isolating the bureaucratic capacity's impact on state coerciveness. One is the provincial education level. Educated women have more knowledge of contraception and thus are less influenced by birth control enforcers in choosing contraceptive methods. They also tend to be more self-conscious in exercising birth control, which reduced the necessity for using more coercive measures, such as sterilization. Another is the minority population proportion. Official birth control policy is more lenient toward minority nationalities than toward Han nationality. For example, Han couples in Tibet are generally not allowed to have a third child while there are few constraints on childbearing for minority couples (ZGJSNJ 1989: 303). It is thus expected that in concentrated minority regions, there is less urgent need for radical birth control measures. Both education levels and minority populations will be used as the control variables.

In operationalizing and testing the hypothesized effect, we already have provincial data on prevalence rates of sterilization and IUD for 1997. Since bureaucratization in a narrow, limited sense means professionalization, the bureaucratic capacities will be indicated by the percentage of college-trained family planning professionals for each province. The 1990 census provide data for women's education levels on illiterate population numbers as a percentage of the total female population in each province. See below we created a dummy variable according to whether the province is a minority autonomous region (coded as "1" if yes and "0" if no) to test the state's coerciveness impact on minority populations. Ordinary least squares regression produced the following results:

Table 3, showing the determinants of prevalent sterilization and IUD rates, indicating that the bureaucratic variable has a statistically significant relationship with the degree of state coercion. Other things being equal, one percentage increase in the number of college-trained family planning professionals will lead to about a two percent decline in sterilization use and about a one percent increase in the IUD spread. While high proportions of illiterate women reduces the IUD use rate, its impact upon the use of more coercive sterilization method is neither statistically significant nor strong. The table also shows that women in a minority

autonomous region are less likely to receive sterilization. The adjusted R^2 figures (.59, and .49) indicate that the three independent variables explain about 59 percent of the variation in the prevalence rate of sterilization and 49 percent of the variation in prevalence rate of IUD.

Table 3. Determinants of the rate of sterilization and IUD (percentage), 1997

Independent Variables	Sterilization	IUD
Bureaucratic competencies	-1.96** (.320)	.93** (.284)
Basic education for women	.0001 (.156)	-.47** (.139)
Minority population	-13.15* (5.728)	1.91 (5.094)
Constant	75.23** (8.659)	39.28** (7.700)
Adj. R^2	.59	.49
Stand. error of the regression	11.37	10.11
N of cases	30	30

Note: * $p < .05$ ** $p < .01$; two-tailed test. Numbers in parentheses are standard errors.
Source: ZGRKTJNJ, various years.

The relationship between bureaucratic competencies and coercion can be explored further with the aid of Figure 4. On the horizontal axis is the percentage of family planning professionals with a college diploma; on the vertical axis is the percentage of sterilization use. Clearly, there is an inverse relationship between the bureaucratic capacity and the state coerciveness in population control. All four provinces (Hebei, Fujian, Guangxi, and Guizhou) with less than 10 percent college-trained professionals had a sterilization rate of more than 50 percent, compared with less than 30 percent in five provinces or municipalities (Beijing, Tianjin, Shanghai, Liaoning, and Jilin) which boasted more than 25 percent of professionals who were college-trained.

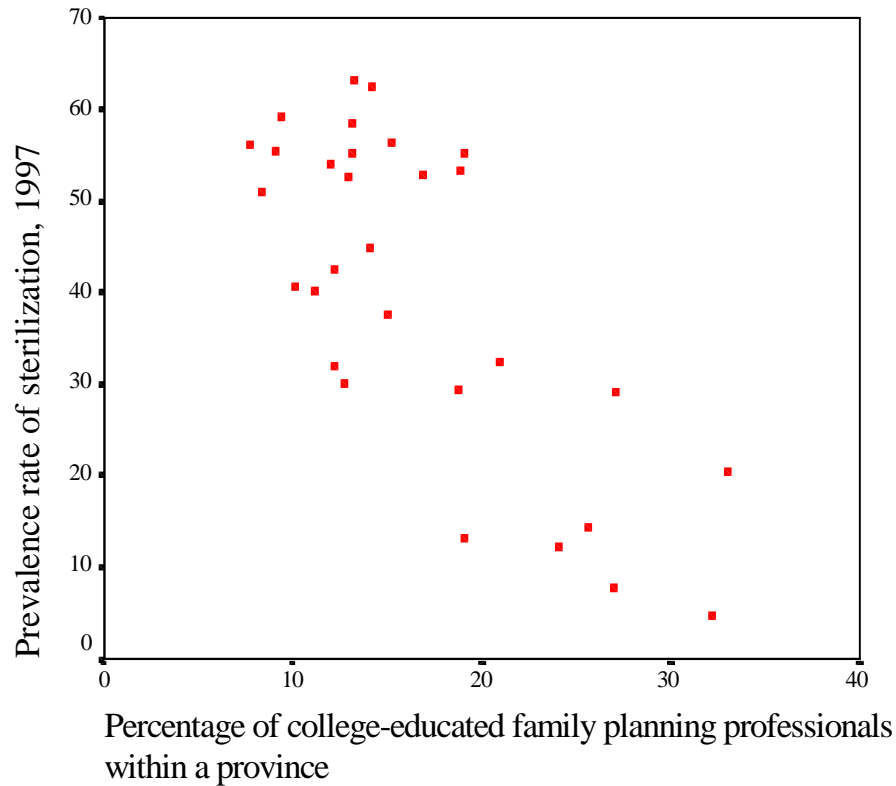


Figure 4. Bureaucratic capacities and prevalence rate of sterilization, 1997

The significant role bureaucratic capacity plays in affecting state coerciveness conforms to the unique state rebuilding experience in China. While plagued by definitional ambiguity, a civil society is generally viewed as a mechanism of collective empowerment that checks arbitrary or capricious state power while enhancing the bureaucratic capacity (World Bank 1997; Evans 1997). Therefore, a vigorous civil society *cum* a loyal and skillful bureaucracy should nurture more healthy norms of reciprocity, cooperation, and mutual trust in terms of state society relations (see Putnam 1993). The emergence of civil society, while different from the state building experience of Western countries, did not precede or lead to post-Mao political change in China. In contrast, most moderate socio-political liberalization measures were initiated by regimes without any deliberate or direct mobilization or pressure from the society. Rather than have corporately coherent Weberian bureaucracies collaborating with active civil associations in seeking collective goals, the post-Mao Chinese state seeks

to make sure all significant social power goes through its command structure in institutional building and policy implementation. Without a civil society to serve as an interlayer between the state and society, state institutional building is limited to raising administrative capacities. As a result, bureaucratic capacity becomes a crucial factor determining state-society relations.

CONCLUSION

There is no denying that political and economic reforms since the late 1970s have ushered in fundamental changes in the state-society relationship in China. Some analysts have indicated that as a result of these changes, the regime is facing imminent institutional decay (Walder 1995; Pei 1997; Chang 2001). Others have suggested that the regime cannot help but democratize (Friedman 1995; Chen 1999). If so, the pattern of institutional change in China would simply follow that of other former socialist countries. Valerie Bunce (1999) in *Subversive Institutions*, for example, observed that as a result of coercion replacement as the primary control means with economic incentives, the state-society relationships changed – the state weakened, society strengthened, and the economy began to perform poorly.

Different from these arguments, the population control case demonstrates the remarkable resilience of the party-state and its transformative thrust in reformist China. Through a mix of mass mobilization and institutional building, the Chinese state remains puissant in extending social control over its people. Instead of seeing coercion displacement as the primary control means, we find a coexistence of raw coercion (spurred by mass mobilization) and tacit bureaucratic control (due to administrative capacity building). Post-Mao state rebuilding will not automatically lead to the abandonment of mass mobilization in policy implementation – as this paper suggests, some institutional arrangements sustain coercion by encouraging the use of mass mobilization. In this manner, the population control case may shed some light on the state's capability in taming the internet (through deft regulation) and breaking the

banned Falun Gong spiritual movement (through the systematic use of violence).²⁵

The population control study also highlights the importance of bureaucratic capacity in studying state-society relations in contemporary China. Often, in accounting for the state-society dynamics, scholars tend to focus on the role of civil society and pay less attention to the role of bureaucratic capacity. Nevertheless, the widely held perspective of civil society as empowerment is ill-fitting in the Chinese case because of the absence of a civil society in China. By default, bureaucratic capacity stands out as a crucial factor in determining state-society relations. In the population control case, the unique mode of policy implementation is mainly generated by the gap between government bureaucratic capacities and policy objectives. Equally important, bureaucratic capacity is a major predictor of state coerciveness. Other things being equal, localities with stronger bureaucratic capacity tend to develop a less antagonist and more cooperative state-society relationship. In other words, the bureaucratic capacity can serve as a remedy to despotic or authoritarian rule *despite* the lack of a robust civil society. Given the need for a “usable” bureaucracy in post-communist transition,²⁶ this finding has important implications for the potential of democratization in China.

Notes

¹ A survey of 826 women who already had one child in the countryside of Hubei province in 1989 revealed that 74.7 percent explicated that they wanted to have at least two children (Cheng Du 1991: 194).

² Total fertility rate is the total number of children an average woman is likely to bear in her entire life, if present age-specific fertility rates continue.

³ According to Peng, “control of population growth falls in the domain of macro control, not of market economy” (cited by Ho Ping 1998: 475).

⁴ As has been true in many other developing countries, increased incomes have resulted in a reduction both in the number of children desired and in the number of children born. Indeed, Chinese government officials admitted that the reduction in fertility could not be solely attributed to the population policy. Nevertheless, a statistical analysis by Zhang (1994) found that the family planning policy introduced in the early 1970s appeared to have led to a declining importance of socio-economic variables in affecting cumulative

fertility. It also demonstrated that the policy effect was responsible for one-third or two-thirds of the reduction in fertility between the 35-39 age group and the 45-49 age group.

⁵ *Sanlian shenghuo zhoukan* 6/12/2000 in [Hhttp://edu.sina.com.cn](http://edu.sina.com.cn)H. Date accessed: June 18, 2000.

⁶ Natural growth rate is the difference between the birth rate and the mortality rate. For most recent data on China's natural growth rate, see [Hhttp://www.sfpc.gov.cn](http://www.sfpc.gov.cn)H. The Chinese government claims that between 1971 and 1998, 338 million births had been avoided because of the implementation of birth control policy, compared with 296 million avoided births that could be attributed to factors other than the policy (RMRB, October 12, 1999).

⁷ Pilot projects focusing on a client-centered approach that permits couples to voluntarily choose contraceptive methods were not embarked upon until 1993 and were limited in 15 percent of the counties or cities (see ZGJSNJ 1994: 238, 241; *Sanlian shenghuo zhoukan* 6/12/2000 in [Hhttp://edu.sina.com.cn](http://edu.sina.com.cn)H. Date accessed: June 18, 2000). A most recent document of Guangdong province suggests "informed choice" (*zhiquing xuanze*) will not be popularized until 2010 (NFRB, June 13, 2001).

⁸ Data provided by State Family Planning Commission. See [Hhttp://www.sfpc.gov.cn](http://www.sfpc.gov.cn)H accessed on June 7, 2000.

⁹ While in the U.S. IUD insertion is not considered a surgery, the "Regulation on Family Planning Technical Management" promulgated by the Ministry of Public Health in 1983 treats as operations (*shoushu*) the insertion and removal of IUDs, tubectomy, vasectomy, and induced abortion (ZGWSNJ 1984: 444). We thank Professor D. Gale Johnson for pointing out this difference.

¹⁰ It should be noted, though, that the use of campaign approach is not limited to less-developed regions. As a matter of fact, even today it is heavily used by some of China's most prosperous provinces, like Guangdong (NFRB April 29/1999, June 23, 2001).

¹¹ A recent case was in a township of Hunan Province. Under the pressure of the county government, the local party and government leaders organized a campaign to collect birth planning fine, which led to widespread physical violence against peasants who owed the fine (Wu Xinhua, 2000).

¹² The Chinese population policy objective already ordains coercion. Compared with the positive cultural- or economic-oriented goals in the 1960s and 1970s, the post-1980 population policy embraces order goals, which are essentially negative in that organizations with such goals attempt to prevent the occurrence of certain deviant activities. Generally, order goals are most readily achieved through the application of coercive power (Etzioni 1961: 72-74).

¹³ According to the SFPC, until 1997 only 39 percent of women who underwent tubal ligation had counseling before surgery (NYT, November 1, 1998). In other countries like the United States, sterilization conducted immediately after a person has been

persuaded to be sterilized is by its very nature a coercive procedure, because the person does not have enough time to reflect upon that decision (Banister 1987: 211).

¹⁴ In August 2000, members of a township family planning office in Wuhan were seen throwing, kicking, and then drowning an unauthorized new-born boy. See [Hhttp://dailynews.sina.com](http://dailynews.sina.com)H. Accessed on August 20, 2000.

¹⁵ In a township of Hunan province, of the 51 abortion cases conducted in the first season of 1988, 19 cases had been sterilized before. It was reported that low quality of the surgeries was responsible for the failure of the contraception (JKB June 11, 1989). The widely used IUD in China (“steel-less metal ring”) was not very effective either. Statistics showed that the possibility of getting pregnant again or the IUD falling off in the first year of wearing was 24.5 percent. Since each year about 10 million women need to be inserted an IUD, this high possibility indicates that at least 1 million women with IUD get repregnant (JKB November 25, 1989). It is reasonable to assume that these women will be the subjects for mobilized, often coerced abortion.

¹⁶ The current women’s attitudes toward birth control are quite different from those in the 1960s when many women, especially those who had suffered miscarriage and seen children die in infancy, actively welcomed the technological opportunity to be free from fourth, fifth, and higher-order pregnancies (Greenhalgh 1994: 12, 26).

¹⁷ The infrastructural power is defined as “the institutional capacity of a central state, despotic or not, to penetrate its territories and logistically implement decision” (Mann 1993: 59).

¹⁸ In a more recent case, one woman who had been forced to receive abortion vented her anger by poisoning her fellow villagers, resulting in six deaths and more than two hundred injuries (Lianhe Zaobao Online, April 13, 2000).

¹⁹ In order to conceal actual births one township government in Anhui province even distributed documents to village level enumerating twenty methods of fooling the inspection teams sent by higher authorities (ZGJSNJ 1996: 18).

²⁰ During 1982-1989 period, about 2 million births were not reported by the annual One-Per-Thousand Fertility Survey (Zhang and Su 1996: 7). The underreporting rate in rural areas, according to SFPC, is 30 percent (ZGJSNJ, 1996: 18). On the statistical problems of Chinese population data, see Hertsgaard 1997: 105-6; Merli 1998; and Winckler 1999: 196-7.

²¹ According to Jon Elster, coercion takes place when “an individual prefers *x* over *y*, and continues to do so even when someone (physically) coerces him into doing *y*” (Elster 1978: 81).

²² According to John Aird, while China’s birth control program is “the most successful state-sponsored family planning effort in a developing country,” it is also “the most draconian since King Herod’s slaughter of the innocents” (Aird 1990: 1, 3).

²³ In 1997, there were 210 prefecture-level program clinics, 2,083 county-level program clinics, and 29,169 township-level program clinics (Data provided by SFPC).

²⁴ A survey of women in five counties of Hubei province in 1989 demonstrated that when women with one child were asked about their contraceptive preference, only 24.6 percent chose sterilization, compared with 45.2 percent who preferred IUD (Cheng Du 1991: 210). A similar survey conducted by SFPC in ten cities found that after couples were allowed to choose in an informed and voluntary way, the prevalence rate of sterilization dropped while the prevalence rate of IUDs remains large (<http://www.sfpc.gov.cn>).

²⁵ See Marquand (2001) on government technique in regulating the internet in China and Pomfret and Pan (2001) on the methods the state uses against Falun Gong.

²⁶ Linz and Stepan (1996) raised the question of the usability of state bureaucracy by new democrats in post-Communist Europe.

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