

Population Control and State Coercion in China

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To observers of contemporary China, few Chinese policies are as controversial as its population control policy. Critics term the policy practice “Orwellian” and “Gestapo-like” and focus on its toll on human rights (Mosher, 1983; Aird, 1990; and Carter, 1998).¹ In contrast, those impressed by China’s success in taming its fertility trends – mostly academic researchers – stress the need to make allowances for China’s overwhelming demographic challenges in evaluating the population control policy. However, even sympathetic observers view the policy as a necessary evil and would distance themselves from some of the practices that have occurred under the rubric of population control. Indeed, in a cruel historical twist, whereas the post-Mao economic reforms have expanded the freedom of production in China, the implementation of a stringent birth control policy has severely limited the freedom of reproduction that the Chinese people had enjoyed for centuries. Thus, greater economic freedom has gone hand in hand with less personal freedom to control one’s own body.

In this paper we use both qualitative and quantitative data to examine how the post-Mao Chinese state has maintained the draconian birth control policy in an era of economic liberalization. First, we provide a narrative of the birth control policy’s evolution. Then we discuss the issue of state capacity in implementing birth control, with emphasis on the government’s efforts at institutional building and mobilization. Next we offer an analysis of the patterns of state coercion in population control.

¹ According to John Aird, although 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, pp. 1, 3).

Drawing on the analyses presented, we conclude with some reflections on state–society relations in post-Mao China and their implications for China’s governance.

THE EVOLUTION OF POPULATION POLICY

China was a late convert to the belief that population growth has to be controlled. In the early 1950s, China was heavily influenced by the Soviet Union’s “Heroic Mother” policy and adopted a pronatalist approach.² Sterilization and abortion were strictly limited. In January 1953, the Ministry of Health (MoH) even directed the China Customs Service to prohibit the import of contraceptive devices and medicine (Chang Congxuan, 1992, p. 64).

When the Chinese Communist Party’s (CCP’s) promotion of women’s rights led to strong demands for birth control, the Chinese government’s stance on population control eased somewhat. Nevertheless, family planning was then motivated not by fears of a large population but by a concern about the health and welfare of women and children (Tang Yan, 1994, pp. 144–145). It was based on voluntarism rather than coercion. Instead of dictating behavior in the bedroom, the Chinese government emphasized the spread of contraceptive knowledge and services.

It was not until after the Great Leap Famine that the Chinese government began to take the negative consequences of a large population seriously.³ As the economy and population began to recover from the worst famine in human history, a government directive was issued in late 1962 to affirm the need for “emphasizing and strengthening leadership” in birth planning work (CCP Central Committee Document Research Office, 1994, p. 763). In 1964, the State Council or cabinet set up a National Family Planning Commission (NFPC) to direct and coordinate propaganda work and the supply of contraceptives. Still, the family planning program of the early 1960s was confined to urban areas and mainly based

² In a rebuff to U.S. Secretary of State Dean Acheson’s pessimism on China’s ability to feed its increasing population, Mao made this statement: “It is extremely good for China to have a large population; a solution can be found no matter how many times the population increases [in the future], and this solution is production. . . . Under the communist leadership, as long as we have people, any human miracle can be created” (Mao, 1964, pp. 1400–1).

³ On the famine, see Yang, 1996.

on persuasion and limited propaganda.⁴ State health facilities were directed to conduct abortion or sterilization surgeries only to help prevent “illness, injuries, and death caused by ‘unscientific’ or private abortion” (CCP Central Committee Document Research Office, 1994, pp. 764–5).

In August of 1965, Mao directed the MoH to extend family planning to rural areas, but this effort was soon interrupted by Mao’s own Cultural Revolution, which paralyzed the bureaucratic apparatus, including the recently established NFPC. It was not until domestic order was restored in 1969 that a campaign was launched to control population growth. This time the policy rationale was no longer women’s health but concern about the negative economic consequences of a rapidly expanding population. In the words of Premier Zhou Enlai (1970), “family planning belongs to national planning; it is not a health issue, but a planning issue” (Chang Congxuan, 1992, pp. 19–20). In June 1973, China became the first country to formally incorporate population targets into the national plan on economic development (Yang Zihui, 1996, p. 1730).

As planners took on population policy, the state began to loom large in decisions about childbearing. According to Zhou, “the implementation of birth control work should be based on the dual principle of state guidance and mass volunteerism” (Chang Congxuan, 1992, p. 19). In December 1973, the central leadership formally enunciated the “later, longer, fewer” policy (later marriage, longer spacing between births, and fewer births) to guide marriage and childbearing. Shortly thereafter, each couple was directed to have only two children, and to space the two births over four to five years. Nevertheless, the economically oriented policy goal led localities to rely on material means to encourage planned parenthood and discourage early marriage and childbearing.⁵ Following Mao’s death, there was some softening in the official stance. In early 1978, the State Council Family Planning Leading Small Group and the MoH announced that the “masses” would be allowed to choose the appropriate contraceptive methods so as to reduce the number of sterilization and abortion cases (*ZGRKNJ*, 1985, p. 18).

⁴ The party center made it clear in December of 1962 that national-level newspapers not participate in family planning propaganda, and that oral and small-sized propaganda be the major form (Yang Zihui, 1996, p. 1727).

⁵ Disincentives include measures such as refusing to admit married youth to colleges and not providing subsidies to multiple-child families (Chang Congxuan, 1992, pp. 68–9).

By the late 1970s, the national fertility rate had started to fall (Xu Dixin, 1988, p. 422). However, it was precisely at this time, as Deng Xiaoping took power and turned to economic reforms, that the Chinese state began to up the ante in birth control. From December 1978 on, per capita income became the yardstick for measuring economic development, making population size the “denominator” of economic indicators. If family planning had been a social adjunct to economic planning in the early 1970s, then it had, in the late 1970s, become an essential part of economic development. This policy orientation fed on the alarmist views on population growth that were being churned out by statisticians and demographers from 1979 on. The negative and sometimes exaggerated scenarios on the dire consequences of rapid population growth convinced the top leadership that radical measures were needed to avert a demographic crisis (see Xiao Zhenyu, 1990, pp. 80–2). Although government leaders might disagree over the pace and direction of economic reform, the perceived demographic crisis helped forge a consensus among political elites for more stringent population control. As then Premier Zhao Ziyang stated in 1980, if the government did not take “resolute measures,” China’s socioeconomic development would be harmed by the forthcoming “extremely large peak in population increase” (Xiao Zhenyu, 1990, p. 82; *ZGRKNJ*, 1985, p. 26).

The strong esprit de corps among key elites unleashed a torrent of state action. Unable to map out a formal birth control regulation in a short period of time, the CCP Central Committee in September 1980 took an unprecedented step in its history 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 ethnic minorities and some Han couples in certain rare situations. In September 1982, Party General Secretary Hu Yaobang announced that birth control was a “fundamental state policy,” which would 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 year 2000, with annual targets calculated backward from that. Economic liberalization would thus be accompanied by a more coercive population policy.

In short, by the turn of the 1980s, China’s population policy had shifted from an anti-Malthusian extreme to systematic birth control. State autonomy in policy making reached its climax in the early 1980s, when a

perceived demographic crisis prompted top leaders to mobilize the state's organizational resources to strengthen its grip on reproductive behavior. Within a short time period, mandatory birth control (in particular, one child per couple) was made official policy in urban China.

THE IMPLEMENTATION OF THE BIRTH CONTROL POLICY

In addressing the issue of state capacity, Michael Mann differentiates two types of power: despotic power and infrastructural power. Whereas the former denotes the range of actions that state elites can undertake without routine, institutionalized negotiation with civil society, the latter is defined as "the institutional capacity of a central state, despotic or not, to penetrate its territories and logistically implement decision" (Mann, 1993, p. 59). The state's ability to promote certain types of social change is proportionate to its infrastructural power. Therefore, state autonomy in policy making, by itself, should not be equated with the capacity to implement the policies. As a matter of fact, in despotically strong states such as China, the reach of the central authorities is not unlimited.⁶ This is all the more so in enforcing birth control policies in post-Mao China. First, the reforms have profoundly altered the context in which the state birth control program must be carried out. In rural areas, decollectivization has not only diminished state control over people's lives but also increased the demand for more children, especially males (Greenhalgh, Zhu, and Li 1994; Tian Xueyuan 1997). Second, the push for draconian population control is hardly legitimate among the people. The issue of reproductive behavior and family size was one of the few matters over which the people retained control during the Mao era. Repeated surveys have found that, given a choice, most Chinese couples prefer to have two children, ideally of the opposite gender.⁷ Thus the emphasis on one child

⁶ This is captured in an old Chinese saying: "Just as heaven is high, the emperor is far away" (*tian gao huangdi yuan*). When Nixon flattered Mao in his 1972 visit to China that Mao's books had moved a nation and changed the world, Mao replied, "I haven't been able to change it. I've only been able to change a few places in the vicinity of Peking" (quoted in Nixon, 1978, p. 561). For a theoretical treatment of this issue, see Shue, 1988. Yang (1996) uses space as a dimension in examining the patterns of policy and institutional change.

⁷ A survey of 826 women who already had one child in the countryside of Hubei province in 1989 found that 74.7 percent of the respondents wanted to have at least two children (Cheng Du, 1991, p. 194).

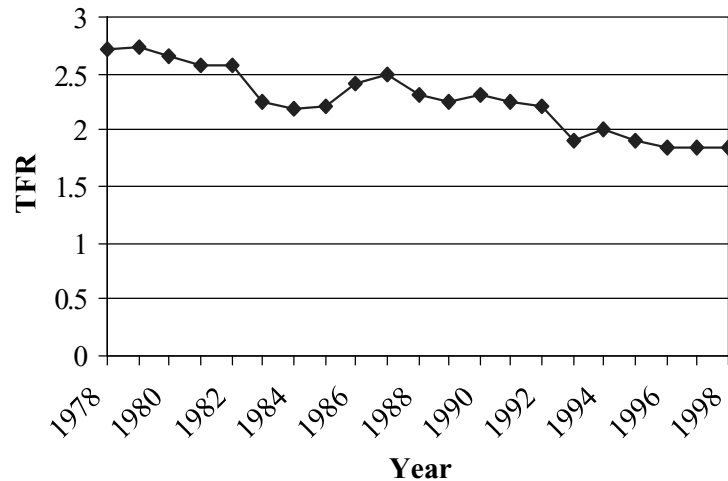


Figure 6.1. TFR, 1978–1998.

Note: TFRs for 1991 and 1997 are calculated by using the formula $TFR = \text{number of births} / \text{base number of births}$; base number of births is estimated by averaging the base number of births in the previous year and the year after. See Jiang Zhenghua (ed.) (1996, p. 108) for this method.

Source: Xu Dixin (1988), pp. 11–12, 28; *ZGRKTJNJ* (1993), p. 283; 1998, pp. 360, 444; *ZGJSNJ* (various years); and <http://www.sfpc.gov.cn> for more recent data.

per family runs counter to the needs and desires of the people, especially rural folk who lack access to government retirement and welfare benefits. As state-sponsored birth control generates intense negative feelings toward the government, it could cause a challenge to established authority relations.

Yet in practice the central policy objectives have largely been translated into reproductive reality. As Figure 6.1 shows, when the state intensified birth control in 1983, the total fertility rate (TFR) dropped from 2.6 to 2.25, the single largest annual drop since 1978.⁸ In contrast, when the state relaxed its one-child rule in 1984 to allow couples with “practical difficulties” to have a second birth, an increase in TFR followed during the 1985–1987 period. Thereafter, despite some relaxation in population targets, state birth planning has been largely maintained, with an emphasis on annual targets and by holding local officials responsible for such targets. Partly as a result of the government commitment to population control, China’s TFR dropped below the replacement level of 2.1 for the first time in 1993, far earlier than would have been the case had a country of China’s income

⁸ The TFR is defined as the average number of lifetime births per woman.

level not adopted strict population control policies.⁹ Whereas it took 100 years or so for fertility in industrialized countries to decline to the replacement level, it took less than thirty years in China.¹⁰ The fertility decline helped keep China's natural population growth rate in the late 1990s to less than 1 percent per year – very low by developing country standards.¹¹

Using provincial-level data, we can further examine the impact of the birth control policy on fertility level. Even though the Chinese Constitution as well as the Law on Marriage established the legal basis for birth planning, the policy of one child per couple was never formally written into national law. Until December 2001, when the Law on Population and Family Planning was enacted, the government relied mainly on local regulations and exhortations to promote birth planning. Not surprisingly, birth control policy has varied from province to province. In the early 1990s, four groups of provinces could be identified according to their level of policy strictness (Table 6.1). By this measure, Beijing, Tianjin, Shanghai, Jiangsu, and Sichuan, with their emphasis on one child per couple, practiced demographic radicalism whereas ethnic Tibet and Xinjiang were on the other end of the spectrum by allowing third- or higher-parity births.

For a better understanding of the policy impact on fertility level, Table 6.1 also provides the percentage of second- or higher-parity births for the years 1980 and 1992. The 1980 data point to large variations among the four groups of provincial units before birth control policy implementation became more draconian in the fall of 1981. A similar pattern of variations

⁹ As has been true in many other developing countries, factors such as rising levels of education and increased incomes have resulted in a reduction both in the number of children desired and in the number of children born. Chinese government officials have acknowledged that the reduction in fertility could not be solely attributed to the population policy (Johnson, 1999, pp. 10–11). Nevertheless, the government claimed that, between 1971 and 1998, implementation of the population control policy accounted for 338 million fewer births whereas other factors accounted for 296 million avoided births (*RMRB*, October 12, 1999). A statistical analysis by Zhang (1994) found that the family planning policy introduced in the early 1970s appears to have led to a declining importance of socioeconomic variables in affecting cumulative fertility. It concluded 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.

¹⁰ *Sanlian shenghuo zhoukan*, June 12, 2000 (at <http://edu.sina.com.cn>). Accessed on June 18, 2000.

¹¹ The natural growth rate is the difference between the birth rate and the mortality rate (for the most recent data on China's natural growth rate, see <http://www.sfpc.gov.cn>).

Table 6.1. *Provincial Policy Variation in Population Control*

Type	Policy	Provincial Unit (No.)	Second- and Higher-Order Births (%)		
			1980	1992	1980–1992
1	One child per couple; exceptions allowed only for 10 percent of the couples	Beijing, Tianjin, Shanghai, Jiangsu, Sichuan (5)	41.92	19.20	22.72
2	Two children allowed for couples whose first child is a girl	Hebei, Inner Mongolia, Shanxi, Liaoning, Jilin, Heilongjiang, Zhejiang, Anhui, Fujian, Jiangxi, Shandong, Henan, Hubei, Hunan, Guangxi, Guizhou, Shaanxi, Gansu (18)	57.89	40.95	16.94
3	One child per couple encouraged but two children allowed	Ningxia, Yunnan, Qinghai, Guangdong, Hainan (5)	65.14	54.07	11.07
4	Limits applied to fourth or fifth birth in minority childbearing	Tibet, Xinjiang (2)	74.32	63.00	11.32

Source: For provincial policy variation, see Jiang Zhenghua (1996), p. 219 and *ZGJSNJ* (1989), pp. 237, 302. The fertility data for 1992 are compiled from *ZGRKJNJ* (1993), pp. 24–5. The fertility data for 1980 are compiled from *ZGRKJNJ* (1985), pp. 809, 848; (1991), pp. 528–9.

still existed in 1992. Although each group of provincial units went through significant declines in its proportion of second- or higher-order births from 1980 to 1992, the gap among the different groups of provinces in the proportion of second- or higher-order births had actually expanded by 1992.

The persistence of spatial variations in fertility suggests the existence of spatial variations in population policy implementation. Nonetheless, all of the provinces experienced significant declines in the percentage of second- or higher-order births. This is consistent with the results from other population surveys and studies. A survey carried out in Jilin province in 1985, for instance, revealed that more than 66 percent of rural married women with one surviving child practiced contraception in response to the government programs (Choe and Tsuya, 1991, p. 42). Using data from surveys conducted in four counties of northern China in 1991 and 1994, Merli and Smith (2002) found that fertility behavior between the surveys was largely a function of family planning policy. As Greenhalgh and others observed, even in an era of market reform and political loosening, “the demographic reach of the Chinese state can be formidable indeed” (Greenhalgh, Zhu, and Li, 1994, p. 389). The question is this: With all the complexities in policy enforcement, how did the central state project its will into the bedrooms of a vast society?

Dynamics of Policy Implementation: Institutionalization and Mobilization

In implementing the population control policy, the first problem the central government faces is how to ensure that birth control enforcers carry out the central directives in a coherent and competent way. In the terminology of institutional economics, this is an agency problem because it involves two actors interacting in a hierarchical structure (Eggertsson, 1990, pp. 41–5). To obtain local compliance, the central Chinese state has used multiple delegation to make both mandate and monitoring relatively clear (Winckler, 1999). Under this institutional arrangement, enforcement is delegated to birth planning professionals, other bureaucratic organs, subnational governments, and quasi-governmental organizations (Figure 6.2).

Great efforts have been made to build an organizational structure for routine administration. Once the State Family Planning Commission

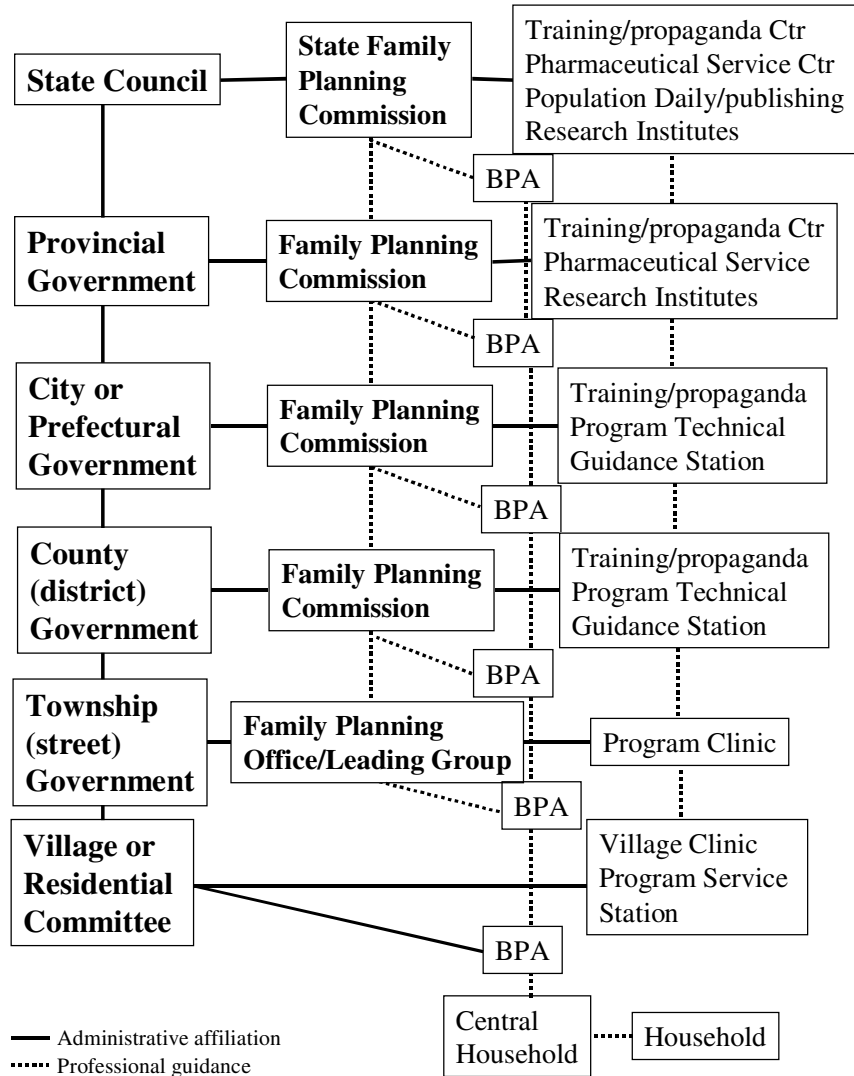


Figure 6.2. China's birth control structure.

(SFPC) replaced the Family Planning Leading Small Group and achieved ministerial rank in 1981, it began to construct its stand-alone administrative capabilities. These capabilities include the following: formulating overall targets and policy direction; training family planning cadres; financing birth control projects; conducting surveys and publishing newspapers; and building its own sterilization clinics and research institutes (see *ZGJSNJ*, various years). In the mid-1980s, the provincial family planning leading small groups were also replaced by regular state organs. This trend of professionalization continues as demographers, sociologists, and other social scientists become involved in the policy making and implementation processes and as full-time family planning workers are trained and placed at and above township level. Over time, and more recently aided by new technologies such as computers, the family planning bureaucracy

Table 6.2. *Institutional Building for Program Structure, 1987, 1991, and 1995*

Year	Administrative Expenditure	No. of Birth Planning Professionals	Membership of Birth Planning Associations
1987	850	140	4,270
1991	1,560	292	40,000
1995	3,190	406	83,000

Notes: Birth planning professionals are “enforcers” only and do not include medical personnel; numbers are given in the thousands. Membership of Birth Planning Associations is also shown in thousands; administrative expenditure is in millions of yuan.

Source: ZGJSNJ (various years).

and delivery network have been strengthened. Funding and personnel have increased, routine procedures have been developed to administer the work and coordinate with other relevant departments (e.g., departments of public health and civil affairs), and supplemental regulations have been drafted to clarify policy. By the late 1980s, the SFPC had established a relatively complete network that supplied and sold contraceptive devices and medicines and provided instruction in their use. By 1997 the number of full-time family planning workers had reached 400,000, and the emphasis of this ponderous organization was on the provision of family planning services through clinics at the prefecture, county, and township levels (ZGJSNJ, 1998, p. 39. Also see Table 6.2).¹²

However, in strengthening its gynecological capacity, the Chinese government faces a critical information problem, which is how to penetrate couples’ privacy to monitor reproductive behavior continuously and exhaustively (Winckler, 1999, p. 198). The state can resort to persuasion, propaganda, penalization, persecution, and provision of services to enforce the one-child limit, but by itself it 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, p. 16). To deal with this problem of inadequate information, the state has also promoted the Birth Planning Association (BPA) since the early 1980s. In December 1992, BPAs were established in 98 percent of the prefectures (cities), 95 percent of the counties (districts and cities), 92 percent of the townships

¹² 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 the SFPC).

(urban neighborhoods), and 89 percent of the villages (residential committees; see *JKB*, December 6, 1992). Led by party veterans Wang Shoudao and Song Ping, these quasi-governmental “mass organizations” were deliberately designed to bypass the local cadres, taking over some of the work they had been unable – or unwilling – to do. BPA members are each assigned a few households to make sure women in those households report for periodic medical checkups, to ascertain that they are still using contraception, and to identify pregnancy when that happens. By 1997 there were over 1 million BPAs at various levels, with more than 83 million members (see Table 6.2; also see *ZGJSNJ*, 1998, p. 15). Directors of local family planning commissions usually act as executive vice presidents of BPAs at the same level, thereby making these mass organizations the handmaidens of the state in monitoring and regulating individual activities.

Despite these efforts, China’s population control program, like most other state institutions, has suffered from underfunding and a lack of qualified personnel. As former SFPC head Peng Peiyun noted, in the first half of the 1990s the state failed to provide contraceptive services for more than 6 million people as a result of inadequate funding; between 1991 and 1995, birth planning departments incurred a deficit of 2 billion yuan for performing birth control surgeries (*ZGJSNJ*, 1996, p. 18). The program staffers are generally poorly remunerated and face relatively poor career prospects, thus making it difficult for family planning departments to attract qualified personnel. Speaking at a national birth planning conference, SFPC head Zhang Weiqing admitted that among the 400,000 family planning cadres, nearly 20 percent had only a junior high school education, and only 14 percent received more than two years of college education (*ZGJSNJ*, 1998, p. 39). The problem is even worse below the county level. Unlike the county-level bureaucratic apparatus, township governments do not have the human resources and the skills to carry out birth control work effectively and consistently. At the village level, family planning enforcers are not full-time employees of the state, making it even more challenging for the full implementation of central policies that run counter to villager interests (see Zhang, 1999).

To fulfill its ambitious policy goals with limited organizational and financial resources, the specialized birth planning bureaucracy is heavily dependent on support from local authorities and the cooperation of other bureaucratic actors. The involvement of local leaders helps ensure that

budgeted resources are allocated and used for program purposes, and it mobilizes resources from other systems, including free manpower transferred to program tasks. However, this process builds a bias against routine administration into the implementation structure. As Barnett pointed out long ago, in such a party-dominated policy context, actors tend to view a vast range of decision making as at least potentially political, regardless of the intrinsic nature of the task addressed (Barnett, 1967, p. 36). This explains why periodic crash campaigns are still used in the population policy arena, even though the Chinese leadership has discontinued large-scale campaigns in most other policy areas (e.g., financial inspections) and replaced them with routine monitoring and inspections.¹³ In fact, until the early 1990s, the Chinese leaders were still calling for intensified efforts in birth control implementation, especially in rural areas, through “mobilization of the entire Party and the entire society” (FBIS, June 12, 1991). In autonomous regions heavily influenced by Islam, such as Gansu and Ningxia, local religious leaders were asked to “mobilize” couples to accept birth control surgeries. The regional Islamic association in Ningxia organized senior imams to collect texts favorable to birth control from Islamic classics, and it distributed them to imams in 2,200 mosques in the region with the expectation that the latter would use their authority to propagate the government’s population policy (*JKB*, October 24, 1989). Such societal mobilization remains in favor in some of China’s most prosperous provinces such as Guangdong (*NFRB*, April 29, 1999; *NYT*, July 23, 2002). Coupled with pressure on local cadres to fulfill population targets, the mobilization drives highlight the authorities’ determination and help override fiscal constraints and bureaucratic inertia (White, 1990).

Through the combination of institutionalization and mobilization, the post-Mao Chinese state obtains high infrastructural power to implement its ambitious birth control program on a recalcitrant society. Over time, a growing number of people have come to accept the arguments put forward by the state about the relationship between economic development and population growth.¹⁴ In some rural areas, people have acquiesced to the

¹³ In 1980, the post-Mao leadership formally rejected the use of political campaigns as tools of policy implementation (Deng Xiaoping, 1983, p. 296). Here we differ from the seminal work of White (1990) and note that Chinese leaders have tended to use new institutional mechanisms to replace campaigns during the reform era.

¹⁴ Zhang, 1999. However, the validity of the argument is cast into doubt by some prominent economists, such as Johnson, 1999.

wishes of the state and developed community norms bearing the firm imprint of state desires for limiting fertility (Greenhalgh, 1994). Thus many people have come to accept, internalize, and reproduce the hegemonic view of the state in their daily lives.

PATTERNS OF STATE COERCION IN POPULATION POLICY IMPLEMENTATION

According to Putnam (1993), societies can evolve into two different equilibria as they solve collective action problems. One, the civic equilibrium, is built on a “virtuous circle” that nurtures healthy norms of reciprocity, cooperation, and mutual trust. The other, the Hobbesian equilibrium, features vertical dependence, exploitation, and coercion. If we view population control as a collective action problem in China, the policy goal, the institutional building mode, and the use of mobilization all seem to point to the latter type of equilibrium. Simply put, the post-1980 population policy has been order oriented. Generally speaking, order goals are most readily achieved through the application of coercive means (Etzioni, 1961, pp. 72–4). They are essentially negative in that organizations with such goals attempt to prevent the occurrence of deviance.

With its results-oriented implementation structure in which all other considerations are secondary to the attainment of birth quotas, there is little doubt that the enforcement of population control policy has been highly coercive. During campaigns, population targets tend to be specified into easily monitored surgery quotas with emphasis on producing practical results by taking immediate “technical measures” (a euphemism for required sterilization, abortion, and IUD insertion). In the early 1980s, for example, as political elites quickly jumped onto the bandwagon of population control, the state launched a nationwide mass campaign of forced sterilization, abortion, and IUD use. The campaign peaked in 1983–1984 and resulted in a surge in the number of women at reproductive age who received at least one of the three “birth control operations,”¹⁵ a figure almost 2.5 times the total for 1981 (Figure 6.3). It was targeted at couples with two children, especially two girls, who were often sterilized on the

¹⁵ Whereas in the United States the insertion of an IUD is not considered a surgery, the “Regulation on Family Planning Technical Management” promulgated by the Ministry of Health in 1983 treats as operations (*shoushu*) the insertion and removal of IUDs; tubectomy; vasectomy; and induced abortion (*ZGWSNJ*, 1984, p. 444). We thank Professor D. Gale Johnson for pointing out this difference.

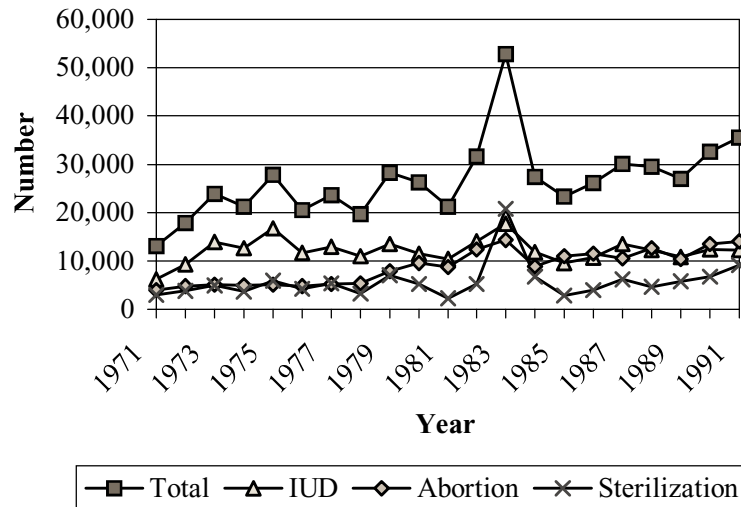


Figure 6.3. Number of birth control surgeries (in thousands), 1971–1991.

Source: ZGWSNJ (various years).

spot as soon as either member of the couple was “convinced” to submit to sterilization after intensive indoctrination. Once performed, the sterilization operation was assumed to be irreversible. As Figure 6.3 shows, in 1983 alone there were more than 20 million cases of sterilization, a ninefold 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, p. 335).

Meanwhile, there has been a major shift in the government policy toward IUD insertion and abortion. In the late 1970s, IUD use began to spread. In late 1982, the SFPC ordered all women of childbearing age with one child to be fitted with IUDs, thus making IUD use a crucial ingredient of national policy. Unlike in the 1970s, the 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 penalties for those who illegally removed IUDs, and in some localities women with an IUD in place were subject to periodic physical examinations to ensure that their IUDs had not fallen out or been removed. In some other localities, strings were deliberately not attached to IUDs, making removal more difficult and potentially dangerous. As far as abortion is concerned, the official policy was that women with unauthorized pregnancies 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.

Symbolic and material incentives, such as glorification meetings and cash rewards, have also been used to encourage compliance. Nevertheless, once the party-state intervention was translated into specific quotas and disseminated, local cadres might have to resort to unusual, sometimes extreme measures in order to produce immediate results and fulfill their targets. In some localities the surgery quotas were set so high in the early days of birth planning that women approaching their menopause age received surgeries so that the quotas could be fulfilled (Jiang Zhenghua, 1996, p. 6). Those who resisted state mobilization were subject to punishment that sometimes went beyond economic sanctions to obligatory sterilization and abortion (Aird, 1990). To add insult to injury, China has had problems with the low quality of such operations, especially in rural areas (see Kaufman et al., 1992; Kaufman, 1993). Under this policy structure, those individuals hearty enough to pursue the freedom of births have to migrate to desolate and remote places where government control is significantly weak or nonexistent (Tang Yan, 1994, pp. 88–90).

The results-oriented implementation structure has been sustained by a set of institutional arrangements designed to overcome the enforcement problem. Since the early 1980s, the national government has popularized the “family planning responsibility system,” which docks wages and blocks promotions for those failing to meet assigned birth planning targets.¹⁶ Some localities have gone even further. In response to the rapidly growing population, Henan province in 1989 pioneered a “one vote veto” system under which a unit would not be elevated to “advanced status” (and thus its head would not be entitled to rewards and promotions) if it had failed to fulfill assigned birth planning goals (*JKB*, May 4, 1989). Since the early 1990s this approach has been extended nationwide, and provincial party secretaries and governors are made personally responsible for overall program performance in their respective localities (*ZGJSNJ*, 1992, pp. 6–9).

Because rewards and penalties depend on the fulfillment of the assigned population targets, especially the surgery quota, and because IUD insertion and sterilization involve only a one-time motivation on the part of the user, local birth control enforcers have few incentives to promote the use or adoption of safer, more easily reversible, and client-controlled means

¹⁶ A survey of eight provinces in China revealed that by 1993 more than 90 percent of the urban neighborhoods and rural villages had adopted such a system (*CHNS*, 1993).

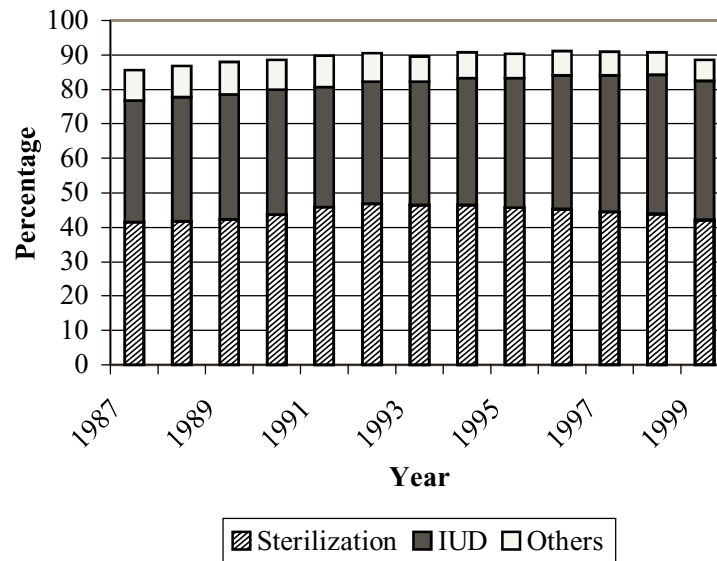


Figure 6.4. Composition of the contraception rate, by method, 1987–1999.

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

such as diaphragms, cervical caps, and condoms. Instead, they prefer low-cost, long-term, and provider-controlled contraceptive means such as IUDs and sterilization. Couples, especially those in the countryside, are subject to the strong influence of local enforcers in family planning and are often not allowed to choose their contraceptive method.¹⁷ A survey in five counties in Hubei province in 1989, for example, found that, on average, a married woman at the childbearing 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; see Cheng Du, 1991, pp. 204–6). Figure 6.4 shows the contraception rate by method from 1987 to 1999. It is clear that sterilization and IUD insertion remain the primary methods of contraception in China.¹⁸ Although the contraception rate (percentage of married women at the childbearing age who take contraceptive measures) rose to around 90 percent in 1990s, the

¹⁷ 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 such as 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, p. 211).

¹⁸ 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 (for more information, see <http://www.sfpc.gov.cn>). Accessed on June 7, 2000.

Table 6.3. *Patterns of Contraceptive Method Use, by Province*

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

Note: Number in parentheses is the year that preference was shifted.

Source: ZGRKTJNJ (various years); ZGJSNJ (various years).

percentage of women at the childbearing age using the pill, diaphragm, cervical cap, and condom (categorized as “others” in Figure 6.4) dropped from 8.8 percent in 1987 to 6.6 percent in 1999.

Table 6.3 presents data on the patterns of IUD and sterilization use at the provincial level between 1987 and 1997. It shows that although eight provincial units consistently preferred IUD use to sterilization, thirteen others had more sterilization than IUD insertion. Although since 1989 IUD use has become more popular in four provincial units (Inner Mongolia, Zhejiang, Sichuan, and Xinjiang), the rate of sterilization has gained in four others (Shanxi, Guangxi, Shaanxi, and Qinghai).¹⁹

Explaining State Coerciveness: Bureaucratic Competence and Policy Outcomes

The provincial data cited here thus point to significant variations in the degree of state coercion. In 1997, for example, the rate of sterilization in Shanghai was only 4.75 percent, compared with a whopping 63.25 percent in Gansu province (ZGRKTJNJ, 1998, p. 414). What factors lie behind these variations? To explain, we begin with a discussion of several hypotheses and the relevant variables.

¹⁹ We have highlighted the most prominent pattern but we are aware that other factors such as population structure may play an important role in contraceptive choices as well.

BUREAUCRATIC COMPETENCE. Bureaucratic competence matters because those within key government agencies have expertise and command significant institutional resources in the policy process. As a World Bank report noted, “whether making policy, delivering services, or administering contracts, a capable, motivated staff is the lifeblood of an effective state” (World Bank, 1997, p. 9). Equally important, rationalization of the bureaucratic structure may reduce the use of state coercion. Our examination of the enforcement of population policy reveals two types of social control: one is triggered and sustained by party-dominated mass mobilization, and the other gains momentum from intensive administrative capacity building. This typology of social control corresponds to the two notions of power that Michel Foucault proposed: sovereign power and disciplinary power (Foucault, 1979; Burchell, Gordon, and Miller, 1991). Whereas sovereign power tends to force people to accept authority of the state by violence or the threat of violence in a discontinuous manner, disciplinary power partitions the social space into surveillable units that can be consistently regulated and administered. Because authority under disciplinary power is enforced internally and aimed at “self-improvement,” coercion tends to be more subtle, private, and informal. By helping nip in the bud the possible challenges to state power, for example, BPAs function to enhance state control without resorting to overt coercion. We therefore hypothesize that the more competent a provincial family planning bureaucracy, the more institutionalized and routinized the family planning program will be and the less likely for a province to favor ineluctably coercive measures, such as sterilization. Conversely, in provinces lacking competent family planning bureaucracies, the family planning program will be less institutionalized, forcing the bureaucrats to rely heavily on mobilization and crash campaigns.

BASIC EDUCATION OF WOMEN. Women with basic education – as a measure of cognitive abilities – will likely have more knowledge about contraception and thus will be less influenced by family planning enforcers in choosing contraceptive methods than their less-educated peers. In the meantime, educated women tend to be more self-conscious in exercising birth control, which also reduces the necessity for coercive measures such as sterilization. We therefore introduce the basic education level of women as a control variable.

MINORITY POPULATION. Under current government population policies, minority nationalities have been treated more leniently than the majority Han nationality. In Tibet, for example, Han couples are generally not allowed to have a third child, whereas there are few constraints on child-bearing for minority couples (*ZGJSNJ*, 1989, p. 303). It is thus expected that in areas with a concentration of minority population, there is less need for radical birth control measures. The minority population will also be used as a control variable.

The dependent variable here is state coerciveness. Given that systematic data on overt state coercion are not available, for measurement purposes we choose two indicators that differ in their level of coerciveness: the prevalence rate of IUD insertion and the prevalence rate of sterilization. Although high IUD prevalence rates and heavy reliance on sterilization both reflect strong state intervention, sterilization is obviously more coercive, not only because it is generally irreversible in China but also because it is a riskier procedure.²⁰

In operationalizing and testing the hypotheses, we already have provincial data on the prevalence rates of sterilization and IUD use for 1997. Because bureaucratization in a narrow, limited sense means professionalization, we measure bureaucratic competence by using the percentage of family planning professionals that are college educated (we have data for 1995). For women's educational level, we use the 1990 census data on the percentage of the female population that is illiterate in each provincial unit. To test the impact of minority population on the use of coercion, we create a dummy variable according to whether the provincial unit is a minority autonomous region (coded as "1" if yes and "0" if no). Ordinary least-squares regression produces the results shown in Table 6.4.

The regression results show that our proxy measure for bureaucratic competence has a statistically significant relationship to the degree of state coercion. Other things being equal, one percentage increase in the number of family planning professionals who are college educated will lead to a

²⁰ Women prefer an IUD to sterilization. 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, p. 210). A recent survey conducted by the SFPC in ten cities found that, after couples were allowed to choose an informed and voluntary way, the rate of sterilization dropped whereas IUD usage remained large (<http://www.sfpc.gov.cn>).

Table 6.4. *Determinants of the Rate of Sterilization and IUD, 1997*

Explanatory Variables	Percentage	
	Sterilization	IUD
Bureaucratic competency	-1.96** (0.320)	0.93** (0.284)
Basic education for women	0.0001 (0.156)	-0.47** (0.139)
Minority population	-13.15* (5.728)	1.91 (5.094)
Constant	75.23** (8.659)	39.28** (7.700)
Adjusted R^2	0.59	0.49
SE of regression	11.37	10.11
No. of observations	30	30

* $p < .05$.

** $p < .01$.

Notes: SE = standard error. Numbers in parentheses are SEs.

Source: ZGRKTJNJ (various years).

2 percentage point decline in the prevalence rate of sterilization and a 1 percentage point increase in IUD use. Although a high proportion of illiterate women reduces the prevalence rate of IUD use, its impact on the use of the 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 be sterilized. The adjusted R^2 figures (0.59 and 0.49) indicate that the three independent variables explain approximately 59 percent of the variation in the sterilization rate and 49 percent of the variation in the IUD use rate.

The relationship between bureaucratic competencies and coercion can be explored further with the aid of Figure 6.5. On the horizontal axis is the percentage of family planning professionals with a college diploma as of 1995; on the vertical axis is the rate of sterilization in 1997. Clearly, there is an inverse relationship between bureaucratic competence and state coerciveness in population control. All four provincial units (Hebei, Fujian, Guangxi, and Guizhou) with less than 10 percent of college-trained professionals had a sterilization rate of more than 50 percent, compared with less than 30 percent for five provinces or municipalities (Beijing, Tianjin, Shanghai, Liaoning, and Jilin) that boast more than 25 percent of college-trained professionals.

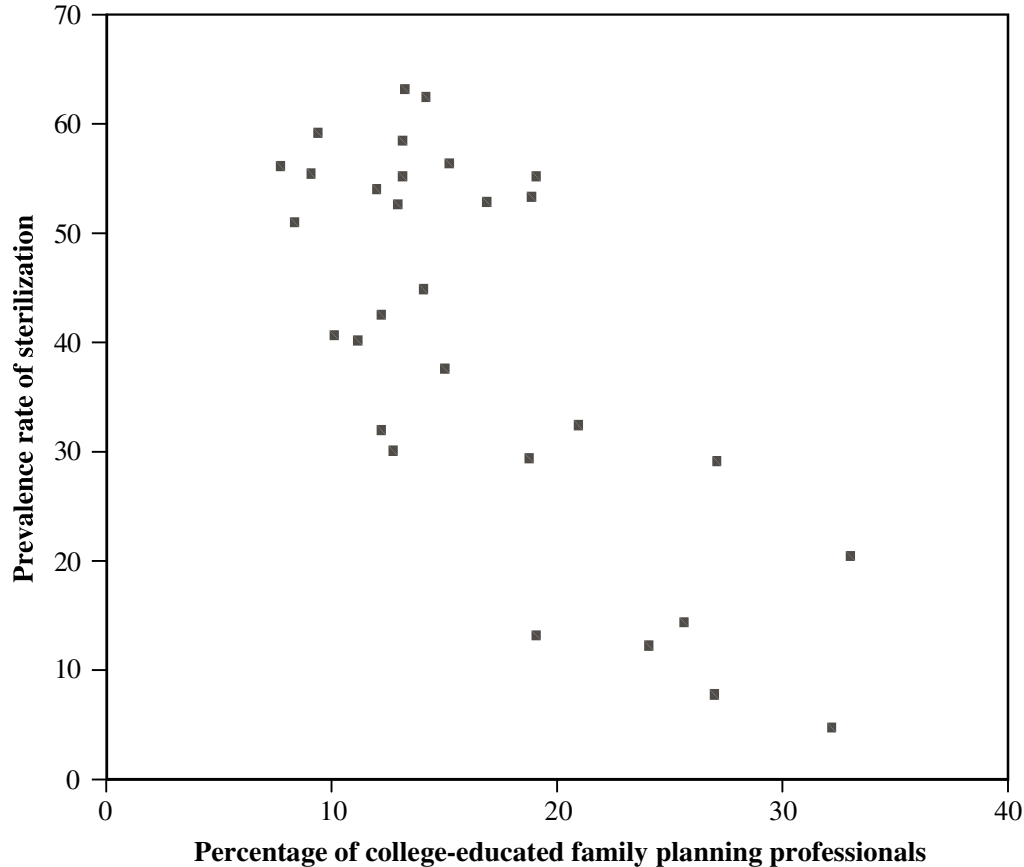


Figure 6.5. Bureaucratic capacities and prevalence rate of sterilization, 1997.

Explaining Variations of State Coerciveness: Grass-Roots Organizations and Policy Outcomes

Although bureaucratic competence is a crucial factor in accounting for the variations in program coerciveness at the provincial level, it does not tell much about how policy is implemented at the grass-roots level. Because cases of coercion often happen in the countryside, we also employ statistical analysis to explore the factors leading to the variations of policy implementation or coercion at the village level. To do this, we rely on data, with permission, from three rounds of community-level surveys conducted by the population center of the University of North Carolina.²¹

²¹ The China Health and Nutrition Survey (CHNS) is a collaborative project of the Institute of Nutrition and Food Hygiene, Chinese Academy of Preventive Medicine, and the University of North Carolina at Chapel Hill. The survey covers eight provinces that vary substantially in geography, economic development, public resources, and health indicators – Guangxi, Guizhou, Henan, Hubei, Hunan, Jiangsu, Liaoning, and Shandong. A multistage, random cluster process was used to draw the sample surveyed in each of the provinces (see <http://www.spc.unc.edu/china> for further information). On the quality of the data, see Short and Zhai, 1998.

Again, here the dependent variable is state coerciveness. In this case, we use the amount of the fine imposed on couples having an extra child as a proxy measure of coercion. The fines are not simply an economic penalty but also involve a threat (usually credible) to use force against violators and their other properties.²² Indeed, the U.N. Population Fund criticized China's policy of taxing families who have too many children as coercive (*NYT*, July 23, 2002).

STATE GRASS-ROOTS ORGANIZATIONAL PRESENCE. As to the independent variables, two political–institutional variables are of special interest. The first one is the presence of state organizations at the grass roots. As members of local society, village leaders are usually predisposed by cultural values and social obligations to soften state policies to accommodate the demands of local residents (Shue, 1988). Research shows, however, that the extent to which these local leaders actually do so varies according to the amount of pressure exerted on them from above (Unger, 1989). When the presence of the state is weak at the grass-roots level, local cadres are more likely to choose collusion, rather than coercion, in implementing birth control policies. When birth control is actively promoted by their superiors, however, village leaders may feel that they have little choice but to do their best to reach the targets, which usually means the adoption of more coercive means (Greenhalgh, 1994, p. 13). It is thus expected that the level of state organizational presence at the local level is positively associated with the level of coercion in birth control. A higher level of state organizational presence will lead to higher level of coercion in birth control. We measure this presence by the monthly frequency of the community leaders going to the town or county seat for meetings in normal times.

LOCAL COLLECTIVE POWER. The second independent variable of interest is local collective power, indexed by the percentage of land under collective irrigation. Before the reform era, rural collective organizations such as communes and production brigades possessed the organizational and economic resources to dictate the lives of farmers. Decollectivization

²² In one Anhui township, peasants who refused to pay fines for exceeding birth limits were held for “reeducation” for more than 40 days in a crowded room with no toilet (*SCMP*, January 27, 1999).

Table 6.5. *Determinants of the Fine for One Extra Child (in logged form), 1991*

Explanatory Variables	Coefficient and SE
State grass roots organizational presence	0.088* (0.042)
Local collective power	0.006* (0.003)
Minority (1 for minority village; 0 otherwise)	0.073 (0.273)
Income level (in logged form)	0.841** (0.261)
Intercept	1.450 (1.658)
Adjusted R^2	0.279
SE of regression	0.891
No. of observations	63

* $p < .05$.

** $p < .01$.

Notes: SE = standard error. Numbers in parentheses are SEs.

Source: China Health and Nutrition Surveys, Community Survey 1989, 1991, 1993, provided by the Population Center, University of North Carolina.

in the early 1980s undermined this enforcement mechanism and expanded the scope for resistance to the birth control policy by shifting the balance of power toward the farmers (Greenhalgh, 1994, especially pp. 13–14; Yang, 1996). However, the incidence of “local corporatism” or “new collectivism” as an institutional form implies that village leaders in some communities still retain substantial organizational and economic resources (Oi, 1992; Wang, 1996). Such resources may in turn be mobilized to facilitate the enforcement of birth planning. We thus hypothesize that the higher the level of local collective power, the higher the level of coercion in birth planning.

As for the control variables, conventional wisdom suggests that the amount of fines for one extra child is likely to be higher in areas with a higher income level. In addition, a dummy variable is created to differentiate minority and nonminority villages, as the birth control policy is known to be more lenient toward ethnic minorities.²³ Ordinary least-squares regression produces the results shown in Table 6.5.

²³ Here the analytical focus is on rural areas.

Table 6.5 shows a statistically significant relationship between income level and the amount of the fine for one extra child. What is interesting is that the coefficients for the variables of state organizational presence and local collective power are also statistically significant and point to the expected direction. Thus, the more vigorous the local government, the higher the level of coercion. In fact, if we set the values of other independent variables at their mean values and let the variable of state grass roots organizational presence take different values,²⁴ a village whose leaders visit the town or county seat for meetings nine times a month will impose 1,500 yuan more in fines than a village whose leaders never go to the town or county seat for meetings in normal times. Moreover, the degree of local collectivism is positively related to the level of coercion. If we set the values of other independent variables at their mean values and let the variable of local collective power take different values, a village with all its land irrigated collectively will impose 1,148 yuan more in fines than one with all its land privately irrigated. In sum, the statistical analysis substantiates the view that the enforcement of birth control policy in rural areas is highly dependent on existing political institutions, rather than program institution alone.

CHANGE AND STABILITY IN PROGRAM IMPLEMENTATION

China's ability to use demographic engineering in an era of growing economic liberties points to the enduring power and reach of the Chinese state. In fact, the population control program got a boost in connection to the aftermath of the Tiananmen crackdown in 1989. Amid the diplomatic freeze that greeted China, General Secretary Jiang Zemin argued that China's economic independence rested on controlling population growth and called for doing "a good job in family planning by all means" (*JKB*, October 17, 1989). As a result of the central leadership's push, implementation of birth planning policies was more vigorous in the early 1990s. In 1991, for example, the number of surgeries again rose sharply, with more than 35 million surgeries conducted (Figure 6.3).

²⁴ The mean values for "state grass roots organizational presence" and "local collective power" and "income" are 3.46, 38.53, and 666.35, respectively. For the constant, the mean value is 1. For the dummy variable, the mode is 0, so I set its mean value to 0. The product of these mean values and their coefficients is a constant.

Yet as Rousseau put it in *The Social Contract*, “The strongest is never strong enough to be always the master unless he transforms strength into right and obedience into duty.” Although overall the Chinese government has achieved a high level of compliance in implementing its population control policies, many families have developed a myriad of strategies to evade state control so as to get the number and sex of children they deem desirable (see Wasserstrom, 1984; 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.²⁵

The pressure to achieve population control targets has thus induced various distortions in population figures. On one hand, the attempts to conceal “excess” children have led to the significant underreporting of births, particularly of girls. The underreporting rate in some rural areas, according to the SFPC, may be as high as 30 percent (*ZGJSNJ*, 1996, p. 18). Between 1991 and 1998, the underreported population in Sichuan province alone was estimated at over 400,000, approximately the population of a midsized county (*Sichuan ribao*, July 13, 2000). This has created serious problems for policy and planning and forced government agencies such as the National Statistical Bureau to work hard on strategies to adjust for such statistical “errors” annually. On the other hand, and more distressingly from a human rights perspective, the limits on the number of births per couple have prompted some couples to choose drastic measures, including selective abortion (aided by the availability of the ultrasound machine and other advances in science), female abandonment, and even infanticide. Strict population control coupled with the desire for at least one male child have thus resulted in millions of missing girls and contributed to a remarkable rise in the reported sex ratio at birth (Weiskopf, 1985; Johnson, 1993; Tuljapurkar, Li, and Feldman, 1995). Clearly, although the state birth control policy requires otherwise, many Chinese people have not fundamentally changed their childbearing preferences.

Needless to say, the draconian birth planning policies have exacerbated the tensions between state and society. According to the Communist Party’s “mass line,” leaders in the formulation or modification of policies

²⁵ In one prominent case, one woman who had been forced to undergo an abortion vented her anger by poisoning her fellow villagers, resulting in six deaths and more than 200 injuries (*Lianhe Zaobao*, on-line, April 13, 2000).

are expected to ascertain the perceived interests of the masses, obtain feedback from them, and systematize these interests before taking the results back to the masses (Lewis, 1963; Tsou, 2000). Although the Chinese leadership has pursued the birth planning policies as a necessary evil and by invoking the commonweal, the leadership's awareness of the popular resistance to the policies has over time led to some soul searching within the professional elite and efforts to smooth the rough edges of existing policies without abandoning them. Drawing on experiences from Jilin province, central leaders have since the early 1990s encouraged the implementation of "three combinations" in rural areas – combining birth control with economic development; combining birth control with helping peasants get rich; and combining birth control with building civilized and happy families (*ZGJSNJ*, 1998, pp. 71–6, and 220–6).

The 1990s also saw a program reorientation toward better reproductive services and more choice in contraception. Compared with the early 1990s, the cases of abortion decreased by nearly two-thirds in the late 1990s; by 2000, the abortion rate for married women in their childbearing years dropped to less than 2 percent.²⁶ In October 1999, Beijing eliminated the onerous system of permits for pregnancy, giving women choice in deciding when to have a child. Invoking a long-standing exception, most provincial units, including metropolitan cities such as Beijing, now permit parents who are only children themselves to have two kids. In most rural areas, couples whose first child is a girl are also permitted to try a second time after a suitable interval (four to six years). By the end of the 1990s, many localities had 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). Instead, the state has developed new and somewhat more humane techniques to exercise birth control. The recent Population and Family Planning Law, for example, virtually legalized unauthorized births by instituting a new "baby tax" on couples violating state family planning policy.²⁷

Although they are introducing modifications, the Chinese leadership is convinced that China's low birth rate is not stable in that without the heavy state intervention in family childbearing decisions a substantial hike

²⁶ See <http://www.sfpc.gov.cn/cn/news20010720-3.htm>; accessed on July 5, 2002.

²⁷ For more information, see <http://www.sfpc.gov.cn/cn/news20020107-1.htm>.

in the total fertility rate would follow. Thus, on various occasions, Chinese leaders have stressed that the population control policy cannot be jettisoned. In 1997, Jiang Zemin explicated “three no changes” in birth planning: no change in the existing birth planning policy; no change in the previous population control targets; and no change in the leaders’ responsibility system for birth control (*ZGJSNJ*, 1998, p. 1). The new law on family planning also makes it clear that the basic orientation of existing population policy would not be cast aside. This may help explain why, even in many coastal regions where the surgery quota has been abandoned in policy implementation, population targets remain an important indicator for measuring performance of birth control cadres. Ultimately, the number of children a couple can have is still at the behest of the state. In most places, the system of permits for pregnancy is still maintained, under which a quota on childbirth must be obtained before pregnancy and used in the same year. Needless to say, the ponderous birth planning apparatus has a vested interest in perpetuating the status quo.

CONCLUSIONS

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 scholars have suggested that, as a result of these changes, the regime is facing imminent institutional decay (Walder, 1995; He, 2002). Others have suggested that the regime cannot but democratize (Friedman, 1995; Chen, 1999). If so, the pattern of state–society relations in post-Mao China would simply follow that of the other formerly socialist countries: the state weakened, society strengthened. If and when the economy began to perform poorly, regime transformation resulted (see Bunce, 1999).

The Chinese case, however, points to the coexistence of a liberalizing economy with the continuing presence of a hard party-state as far as population policy is concerned. Indeed, this coexistence is encouraged by the Chinese leadership’s shift to using per capita gross domestic product and other economic indicators of development as a major source of their performance legitimacy. As a result, for the past two decades or so, while China’s leaders have promoted socioeconomic reforms that have greatly enhanced personal freedom, they have also aggressively implemented population policies that impinge on fundamental human freedoms. Hence

the reduction of the state's role in the economy has not meant a simple or similar pattern of state withdrawal in all policy sectors. The population policy implementation, for example, features significant efforts in building administrative capacity, which has helped sustain an unpopular policy for more than two decades.

Our analyses also reveal significant ethnic, spatial, and temporal variations in the implementation of population policies. Whereas the provincial-level analysis indicates that strong administrative competence moderates the intensity of coercion, the community-level analysis suggests that the level of state coerciveness is higher in localities where grass-roots political institutions are more robust or the legacy of collective institutions is more enduring. We therefore anticipate that China's efforts at administrative reforms, including raising the education level of civil service staff, should help make implementation of the unpopular population policies kinder and gentler through an emphasis on service rather than coercion. Nonetheless, without dramatic changes in the population picture, we do not expect fundamental changes to current population policies within the existing political framework.

Finally, the case of China's population control highlights the need to reconceptualize state power in the study of Chinese politics and society. For a long time, the analysis of state–society relations in China has tended to focus on the Foucaultian sovereign power. Because this notion of power creates a dichotomous world in which there are the oppressors and the oppressed, analysis along this line often leads to conclusions or predictions that emphasize either continuous state repression or inevitable state withdrawal. Instead, we need to examine the emergence of new governance mechanisms alongside old patterns of coercion. We should also pay attention to how the increasing sophistication of techniques of surveillance and discipline are adapting to and reshaping the evolving patterns of state–society relations.

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