Review Of "China's Changing Population" By J. Banister

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Book Reviews


In this comprehensive treatment of population trends in the People's Republic of China since 1949, Judith Banister describes and interprets the demographic transition that occurred over the course of thirty-five years. At its best, this volume serves as a lens through which to view the vast panorama of political, social, and economic developments that comprise the history of the People's Republic. At its worst, it is encyclopedic—solid, informative, tedious, but an excellent reference. It is the first work of its kind to make use of China's 1982 census data and fertility survey.

The volume is organized around basic demographic themes: health and morbidity, mortality, fertility, population distribution, internal migration and ethnic groups. After describing trends in health care, disease control, and mortality decline, Banister sets the stage for her discussion of fertility with three chapters devoted to the policies that have contributed to China's extraordinary fertility decline since 1970. It is here that the drama of the story unfolds, a drama in two acts. The first act occurred between 1970 and 1977, when intensified family planning efforts and an improved rural health care network resulted in a drop in the birth rate from 37 to 21 per 1000 population (p. 353). The second act began in 1978, and culminated in the one-child policy in effect since 1979. This policy resulted in a further decline in the birth rate, but to enforce it, couples of child-bearing age have been subjected to intense pressure, economic sanctions, and compulsory abortions and sterilizations.

Banister documents all of these, as well as the unintended but tragic consequence of increased female infanticide. Her purpose is to disprove the Chinese claim that the program is voluntary, and to prove instead that "the roots of coercion originate from the top" (p. 205), a purpose which may account for the sometimes moralistic and polemical tone of this chapter. She argues correctly that while the state advocates the use of patient persuasion and education, it simultaneously hands down strict quotas for child-bearing, leaving local cadres to choose between adopting a correct leadership style and failing to meet the quotas, or resorting to coercion in order to avoid political and economic sanctions themselves.

What is curious, however, is the decision to separate the discussion of the first four years of the campaign (1979-83) from the discussion of the slight relaxation of the policy beginning in 1984. The latter is left for chapter 10, when we discover that widespread resistance to, and unhappiness with the policy has led to some limited accommodation on the part of policy makers. This choppiness not only disrupts the narrative on the one-child campaign, it leaves us with confusing messages. Is the Chinese leadership immune to the political, social and human costs of the one-child campaign? Is the population defenseless against the all-intrusive state apparatus? After making a strong argument in the affirmative on both

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This volume, a popular account of the Chinese health delivery system, is based on two medical study tours (1979 and 1981) to China by the author and on a limited perusal of primary and secondary literature. Rosenthal divides her work into six chapters.

The first chapter (jointly written with Jay Greiner), is a brief review of the development of barefoot doctors from their essentially political origins to their increasing professionalization. Rosenthal believes there is an inherent contradiction in the concept of barefoot doctors and it “is that at the same time the training will become elaborated, Barefoot Doctors will continue to be asked to do agricultural work” (p. 14). Chapter 2, originally published in Social Science and Medicine (Vol. 15A, 1981), describes the integration of Traditional and Western medicine in China. Much of the chapter is based on well-known secondary literature and is now clearly dated.

The third chapter, jointly authored with Paul Pongor, contains portions which were originally delivered at a 1980 symposium for the Society for Applied Anthropology. The chapter discusses the five-tiered rural health system in 1980. The appendices to this chapter are useful and interesting additions to Rosenthal’s analysis. Chapter 4 briefly sketches the family planning process at the local level in 1981; there is no attempt to include in this chapter the important changes since that time. In Chapter 5, there is a discussion of traditional medicines and Rosenthal concludes, “There is also ample evidence that Traditional recipes are being standardized and produced as patent medicines thereby changing the original character of Traditional prescribing which was highly individualized. Production is being more highly regulated than ever before” (pp. 165-66).