

第四次世界妇女大会 NGO 论坛  
The Fourth World Conference on Women NGO Forum

# 妇女健康与发展

Women's Health and Development

论文汇编

Abstract



中华预防医学会妇女保健学会

Maternal Health Care Society of China Preventive Medical



# 妇女健康是人类发展的保障

Women's Health Is the Guarantee of the Development of Human Beings



研讨会会场。

The conference hall of the Forum.

为迎接联合国第四次世界妇女大会召开，中华预防医学会妇女保健学会于1995年4月17日至4月20日在北京召开了“妇女健康与发展”专题研讨会。与会者共200多人，世界卫生组织的官员、专家及驻华的有关外宾应邀到会。

In order to welcome the UN 4th World Women's Conference, "Women's Health and Development Forum" was held in Beijing from April 17th to April 20th 1995, by Women's Health Branch of China Institute of Preventive Medicine. More than 200 guests, including officials and experts from WHO and some foreign guests concerned, were invited to attend the Forum.

摄影：张一兵

Photoed By Zhang Yibing



研讨会主席台。从右至左：严仁英、朱宗涵、哈莫德、黄启臻、何界生、胡庆礼、李世绅、黄永昌、王凤兰。

The platform (from right to left): Yan Renyin, Zhu Zonghan, Ms. Hammond, Huang Qizao, He Jiesheng, Hu Qinli, Li Shizhuo, Huang Yongchang, Wang Fenglan.

北京市卫生局局长朱宗涵和世界卫生组织总干事卫生政策特别代表哈莫德女士在交谈。



Mr. Zhu Zonghan, Director of Beijing Public Health Bureau is talking with Ms. Hammond, the Health Policy Special Representative of the Secretary General of WHO.



卫生部副部长何界生讲话。

Mr. He Jiesheng, Vice-Minister of the Ministry of Public Health of China, is giving a speech.



世界卫生组织总干事助理胡庆礼讲话。

Mr. Hu Qinli, Assistant Secretary General of WHO, is giving a speech.



全国妇联副主席黄启臻讲话。

Ms. Huang Qizao, Vice-Chairman of China Women's Association, is giving a speech.

与会代表听取发言。

The representatives of the forum are listening to speeches.





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地址:广东省珠海市香洲海东路碧海花园十二栋一楼

电话:(0756)2222882 图文传真:(0756)2220074

电挂:0287

邮政编码:519000

*Chairman of the Board: Cai Farong Chief Manager: Zhou Guorong*

*Addreas: 1st floor of No12 Building, bitao Garden, Huahai Road(e), Xiangzhou, Zhuhai city, Guangdong province*

*Telephone Number: (0756)2222882 Fax: (0756)2220074 Cable: 0287 Post Code: 519000*

主 编:王凤兰、庞汝彦  
策 划:项小瑛、赵恒刚  
责任编辑:徐兰芳、张伶俐  
游 川、白 露  
陈文珍、张仙景

编 务:刘沛军

翻译校对:金 晖

装帧设计:龚 艺

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Huang Qizao

June 12, 1995.

Women's Reproductive Health is Associated with

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Yan Renying

May, 1995

Women's Health is the Basis of Women's Development and Human Civilization. All the Society Should Pay Attention to Women's Health

Wang Fenglan

July 6, 1995

妇女健康是  
发展人类文明  
基础，全社会  
都要关心  
妇女健康。

王凤兰

一九九五年六月六日



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TRY



# 中国妇女生殖健康状况的概述

——王凤兰

尽管人们对生殖健康这一概念、内涵及其外延,在不同国家、不同组织间有着不同的理解,学术界也还存在着某些分歧,然而,它赋予实践的最根本的目的,在于消除妇女在性和生育的一系列过程中及婴幼儿早期生长发育阶段的死亡风险,帮助妇女具有安全满意的性生活,通过安全妊娠、分娩、提高母婴的存活率,在育龄期不担心意外怀孕,预防性传播疾病,使其在不同的生理条件下都得到尊重,生活得安全、健康、幸福。

中国政府历来关心妇女和儿童的健康,它表现于新中国成立后的不同历史时期。

## 一、历史的回顾:

1950~1965年 从新中国成立到文化大革命以前这段时期。年轻的共和国面对着殖民主义,战争、饥荒留给中国人民的贫穷、落后,高孕产妇死亡率、高婴儿死亡率、高出生率及疫病流行的残酷现实,开展了以消灭急性传染病,地方病为中心的爱国卫生运动;取缔娼妓,治疗并消灭了性传播疾病;针对产褥感染、新生儿破伤风是引起孕产妇及新生儿死亡的主要原因,我国妇幼卫生事业开拓者、著名的妇产科专家杨崇瑞博士创立了新法接生,并在全世界率先开展了对旧接生婆的培训活动,创立了助产教育。

1966~1976年 文化大革命时期。中国在极左思潮的影响下,政治、经济、文化、教育、科技各项事业都遭到了严重的破坏,也恰恰在这个时期,“把医疗卫生工作的重点放到农村去”的口号响彻中国大地,大批城市的医务人员走上了支援农村,接受贫下中农再教育的“六·二六”道路,一些医疗设备也从城市调往农村;合作医疗制度席卷广大农村并提出了“一根银针,一把草药”,很类似今天世界卫生组织提倡的适宜技术(ARI、ORT)的指导思想;培养了农民养得起用得上的赤脚医生。这些宝贵的经验,已被世界卫生组织总结为著名的

“阿拉木图宣言”,至今已成为全球2000年为之奋斗的目标。70年代初开始在全国范围内提倡计划生育,在不到十年的时间里,人口出生率和自然增长率分别由1970年的33.34‰和25.83‰下降到1979年的17.82‰和11.61‰,总和生育率由5.8下降到2.8,死亡率由7.6‰下降到6.2‰。同时还开展了妇女病的普查普治。

正象有的学者认为的那样:“人类有意识、有目标、自觉地运用科学方法控制自己的生育行为是社会发展的必然性,也是人类文明进步的表现。”以农村为重点的妇幼卫生和计划生育相结合的服务,已经成为这个时期妇女实现男女平等、就业、健康、自身解放的重要手段。

1978~1988年 党的十一届三中全会,使中国走上了改革开放,以经济建设为中心,坚持四项基本原则的发展道路。确立了“贯彻预防为主,依靠科技进步,动员全社会参与,中西医并重,为人民健康服务”的卫生工作方针及把医疗卫生工作重点放到农村的战略和2000年人人享有初级保健的目标。在全国范围内开展了以消灭儿童急性传染病为中心的儿童计划免疫工作,实现了85%的免疫覆盖率,使儿童计划免疫覆盖的几种主要传染病的发病率和死亡率明显降低。1982年12月4日第五届全国人大第五次会议通过《中华人民共和国宪法》第四十八条规定“中华人民共和国妇女在政治的、经济的、文化的、社会的和家庭的生活等各方面享有同男子平等的权利”。“国家保护妇女的权利和利益,实行男女同工同酬,培养和选择妇女干部”。第四十九条“婚姻、家庭、母亲和儿童受国家保护,夫妻双方有实行计划生育的义务,父母有抚养教育未成年子女的义务,成年子女有赡养扶助父母的义务。禁止破坏婚姻自由,禁止虐待老人、妇女和儿童。”1980年9月10日第五届全国人大第三次会议通过了《中华人民共和国婚姻法》,1985年12月31日国务院批准了由民政部1986年3月



15日发布的《婚姻登记办法》，同年，卫生部、民政部(86)卫妇字第14号《关于婚前健康检查问题的通知》要求有条件的地方开展婚前健康检查，相继卫生部又颁行了《婚姻保健工作常规》，国务院颁行了《女职工劳动保护规定》，前者明确规定了对患有急性法定传染病及性传播性疾病的，必须在治疗后才能结婚。后者对女职工月经期、孕期、产期、产褥期、哺乳期实行保护，规定产后休三个月产假，哺乳时间，建立哺乳室等。与此同时，在城市开展了围产保健、农村开展了孕产妇系统管理和儿童健康系统管理，子宫脱垂、尿瘘由国家提供免费治疗。在改革开放的情况下，我国与联合国儿童基金会，人口活动基金会，世界卫生组织之间开展了广泛的合作。如妇幼卫生示范县(30个)，示范县扩展县(65个)，围产保健培训，计划生育宣传教育，避孕药具的生产、应用研究、人口理论研究等项目并创建了中国儿童发展中心。

80年代初我国把实行计划生育“控制人口数量、提高人口素质”，确定为一项基本国策。计划生育的宣传教育、避孕药具的免费供应、避孕方法、避孕技术的不断改革和某些利益导向政策，使生育率与婴儿死亡率、孕产妇死亡率都在逐渐下降。出生率和总和生育率波动在20‰和2.5上下。1982年人口普查报告婴儿死亡率为34.68‰。人口政策从根本上保护了妇女儿童的健康并推动着中国妇女生殖健康服务向着高水平优质的方向发展。

## 二、1990——一个划时代的变化

1990年三大国际事件给儿童的健康和福利带来了新的曙光。这三件事是：1. 儿童权利公约的批准。2. 召开世界人人享有教育大会。3. 举行世界儿童问题最高首脑会议。

### (一) 全球形势的推动

1990年9月29日—30日召开的世界儿童问题最高首脑会议(以下简称首脑会议)，作为一个划时代的里程碑，已经载入了人类的史册。首脑会议的召开正值二十世纪九十年代各种变化即将来临之时，随着超级大分庭抗礼紧张局势逐渐缓解，意味着各国首次得以摆脱大半个世纪以来僵持不下的敌对情绪，而将精力集中到为人类创造一个更美好的生活环境的目标上来。会议发

表了《儿童生存、保护和发展世界宣言》及全球行动计划并要求各国政府为实现这些目标，做出庄严的政治承诺。会议本身及会后的一系列全球性、区域性、专题性、国别性的后续活动，对各国儿童事业的发展及人类的未来，产生了普遍而深刻的影响。

### (二) 中国政府的承诺

1991年3月18日李鹏总理代表中国政府在《儿童生存、保护和发展世界宣言》及全球行动计划上签字。这意味着从1990年到2000年之间，中国政府将实现下述七个主要指标：1. 使孕产妇死亡率下降50%；2. 使婴儿死亡率及5岁以下儿童死亡率下降1/3；3. 使儿童中重度营养不良减少50%；4. 普及清洁饮水和卫生的排污设施；5. 普及基础教育，使至少80%学龄儿童完成小学教育；6. 将成人文盲率减少一半，加强妇女识字率；7. 加强对生活在极其恶劣环境下儿童的保护。(幻灯)李鹏总理表示：只要国际社会支持，中国政府有信心、有能力，实现这些目标并争取能够提前实现。这些承诺，不仅仅是我国政府对国际社会的承诺，更重要的是对人民的承诺，对广大妇女和儿童、对亿万个家庭的承诺。

### (三) 中国政府的行动

国际社会赞誉中国，“只要中国政府想要做的事，不论多么困难，它都能做到。”联合国儿童基金会期待着在实现全球行动计划中，“中国能起到率先的作用”。中国政府和中国人民不会有负众望。在国务院妇女儿童工作委员会的组织领导下，由卫生、教育、水利等19个部委和全国妇联参与，历经一年多的时间，经过反复酝酿、论证、修改、完成了《九十年代中国儿童发展规划纲要》的编制工作。1992年2月国务会议正式通过并颁行，相继各省各有关部委结合本部门的具体情况也纷纷制定了省别规划和部门规划。卫生部是在19个部委中最先报出规划的部委。结合国际合作项目，卫生部又把实施《九十年代儿童发展规划纲要》方案的各项主要目标与项目目标紧密地结合起来，在三十个省市自治区，177个市(地州盟)，305个县，完成了规划的制定和实现了政府间的层层承诺。把妇幼卫生、计划生育的项目行为转变为政府行为，调动了各级政府、各有关部门、社会各界的积极性，在地方财力困难，经济建设与社会发展千头万绪的情况下，加强中国基层妇幼卫生计划生育服

务合作项目配套金额顺利的完成并给予一系列的政策支持。

1993年在政府机构改革, 缩减机构, 压缩编制的情况下, 国务院决定将原妇女儿童工作协调委员会改名为工作委员会, 作为国务院常设机构并由国务委员彭佩云同志任主任, 下设办公室处理日常事务。妇女儿童工作委员会为推动《九十年代中国儿童发展规划纲要》的实施, 召开了各种会议, 开展了广泛的社会宣传和阶段性审评工作、强化各级政府的责任并采取了必要的激励政策。继儿童发展规划纲要之后, 目前已着手制定《九十年代中国妇女发展规划纲要》以全面推动妇女儿童事业的发展。

全国人民代表大会颁行了《未成年人保护法》, 《妇女权益保障法》, 通过了《世界儿童权利公约》, 审议通过颁行了《中华人民共和国母婴保健法》, 其宗旨是保护母亲和婴儿健康, 提高我国人口素质。对妇女和儿童的健康和权益实行了一系列的法律保护。

卫生部通过国际合作项目, 在全国六所部属大学建立了妇幼卫生系, 通过引进国外参与式以问题为中心的教学方法, 人际交流与咨询技巧、与适宜技术, 救命知识相结合, 采取逐级扩展的办法, 两轮共培训 36 万乡村医生, 从 1993 年开始制定了以加强乡卫生院产科、儿科医生三基训练为主要目标的 (基本知识、基本技术、基本急救) 第三轮培训计划, 1994 年 1 月在全国组织实施, 重点是提高技能, 采取培训和操作相结合的办法。1994 年底连同世界银行卫生 IV 贷款的 282 个县也将完成第三轮培训的内容并由区域性专家所在的医科大学考核发证。逐步走向凭证上岗, 以确保乡卫生院产儿科质量, 降低农村两个死亡率。通过培训推广 ARI、ORT、孕产妇高危管理等适宜技术, 城市推行母乳喂养, 已有 907 所医院成为爱婴医院, 席卷 960 万平方公里的爱婴行动, 引起了国际国内的热情支持, 1995 年将全面实现我国向国际社会承诺的创建爱婴医院的中期目标。全国食盐加碘工作发展很快, 预计到 1996 年可实现全民食盐加碘, 儿童计划免疫工作, 在巩固高计划免疫覆盖率的同时, 实现了小儿麻痹症的强化服苗并预计在 1995 年消灭小儿麻痹和新生儿破伤风, 艾滋病性病的监测工作不断得到加强。

一个“母亲安全”、“儿童优先”做为人类新道德准则的倡议, 正在成为中国各级政府、社会各界及全体公民的共识。

### 三、中国在生殖健康方面所取得的巨大成就

中国已经建立了完整妇幼卫生/计划生育服务网络, 全国有 374 所妇幼保健院, 2000 多个妇幼保健所 (站), 35 所儿童医院, 县及县以上 17000 多所综合医院都有妇产科、小儿科、计划生育科, 还有 2000 多所计划生育服务站、15 万妇幼卫生专业队伍、36 万女乡医、42 万接生员, 国家级有十个业务指导中心, 六个大区以六所部属大学为龙头, 承担了区域性的妇幼卫生/计划生育技术指导和培训工作。(与各国比较幻灯片)

—孕产妇死亡率: 由建国初期的 1500/10 万, 下降到 1993 年的 67.3/10 万。

—婴儿死亡率: 由建国初期的 200—250‰, 下降到 1993 年的 45.7‰。

—新生儿死亡率: 1993 年监测结果为 33.91‰。

—5 岁以下儿童死亡率: 1993 年监测结果为 55.2‰。

—总和生育率: 由 1970 年的 5.8, 下降到 1992 年 2.0 左右。

—出生率: 由 1970 年 33.34‰下降到 1992 年 18.24‰。

—死亡率: 由 1970 年 7.6‰下降到 1992 年 6.2‰。

—避孕率: 1992 年统计为 83%。

—儿童计划免疫及覆盖率已实现了以省、县为单位的两个 85%。

—接受妇女病筛查的人数, 截止 1993 年底 32818041 例。

—接受婚前健康检查人数, 截止 1993 年底 3304170 例。

—农村新法接生率, 截止 1993 年底 85%。

### 四、中国妇女生殖健康所面临的挑战

(一) 人口众多、经济基础薄弱, 文盲中以妇女居多:

据 1992 年统计中国除台湾、香港、澳门外已拥有 11.7 亿人口, 每年出生 2500 多万婴儿, 年人口以 1500 万递增到 2000 年将达到 13 亿。人均国民生产总值 370





美元。农村人口占总人口 73.6%，据 1991 年统计，城市妇女的识字率为 78%，而农村仅为 48%，全国 15 岁及 15 岁以上文盲人口占总人口的 15.9%，而其中妇女占全部文盲人口的 69.2%，在受过高等教育的人口妇女占 25.7%，受过中等教育的妇女占 37.4%，受过初等教育的占 42.4%，农村妇女生育率较高，而就业率却很低，受传统观念影响较大。

(二) 中国尚有 8000 多万老少边穷地区的人口尚未解决温饱问题。

(三) 农村妇幼保健/计划生育服务组织在新的社会主义市场经济体制中还面临着许多新情况、新问题如资源不足、队伍不稳定、尚缺乏政策支持，自我生存与发展机制还不健全。

(四) 专业队伍的业务水平亟待培养提高并制定稳定农村妇幼保健、计划生育专业队伍的政策。

(五) 从孕产妇死亡分布、死因顺位看：农村孕产妇死亡率相当于城市的两倍，各大区间差别也很大，如西南城区 169.9/10 万，西北 137.1/10 万，东北城区 47.6/10 万，京、津、沪地区为 39.9/10 万。可见地区间确有很大差别，城乡孕产妇死亡的第一位原因都是产后出血，都是属于可以避免的死亡，尽管与经济等同的一些国家相比较低，与我国解放初期相比下降的幅度较大，但如以每年 2100 万活产计算，每年我国仍有近 20000 名妇女死于完全可以避免的直接产科因素。

(六) 从 5 岁以下儿童死亡及死因构成看，也表现为明显的地区间、城乡间的差别。在死亡年龄构成上，0 岁以内死亡占 4 岁以内儿童死亡的 81.8%，新生儿死亡又占婴儿死亡的 67.7%，在新生儿死亡中早期新生儿又占 60% 左右，结合孕产妇死亡产后出血占第一位原因考虑，提高产科质量、急救及新生儿复苏能力，提高农村住院分娩率，是我国降低孕产妇死亡率和婴儿死亡率的关键。

然而，提高农村产科质量、急救和新生儿复苏能力，需要时间，需要资金，每年我国有 2100 多万孕产妇，2000 多万新生儿，并且 80% 分布在农村。每年 ARI 夺走 30 万 5 岁以下儿童的生命：距离 2000 年只有五年多时间，我们确实面临着时间和资源的问题。

(七) 我国避孕措施的 85% 以上由妇女承担，要鼓

励男人采取避孕措施并承担起计划生育的责任，需要做大量的移风易俗，转变观念的工作，同时，也要研究开发更多的男性避孕的方法。

(八) 性传播性疾病、HIV 感染、艾滋病也在威胁着妇女和儿童的健康；吸烟与环境污染、乡镇企业健康保护条件差都将会影响妇女和儿童的健康。

#### 五、中国妇女生殖健康的展望：

妇女和母亲的健康是社会状况的一面镜子，母亲安全就意味着尊重妇女并珍惜她们对国家、对民族、对人类的贡献。儿童健康从本质上讲与母亲健康的关系是十分密切的，当然，也受社会文化、经济和环境的影响。妇女和儿童健康问题主要发生在妊娠分娩期，新生儿及婴儿期生命最脆弱的时期，这个时期受到伤害对母婴终生的影响都很严重。

许多国家的经验都一再证明妇女受教育的程度，妇女经济与社会地位对维护她们自身生殖健康的权利，有着举足轻重的作用。中国是个发展中国家，人口的基数很大，1993 年统计 15—49 岁育龄妇女达 31978 万、从 1994—1999 年每年递增 400 万，首先要增加女童受教育的机会和扫除育龄妇女中的文盲，提高她们的就业率，就可以改善她们的生殖健康水平。

通过加强现有妇幼卫生/计划生育体系的服务能力，促进妇幼保健人员与妇产科、儿科专业人员的结合，促进县及县以下、妇幼保健机构与计划生育服务机构工作的结合，合理分工、共同走进社区、走进家庭为广大妇女和儿童服务。

要提高服务质量，首先要加强现有专业人员的培训，提高她们的技术水平、改善她们的服务态度和服务方式、建立起高质量妇幼卫生/计划生育服务的标准和基本的服务规范并实行法律保护。

加强健康教育和咨询能力，使妇女能掌握自己的卫生需求，提高她们利用妇幼卫生/计划生育服务的能力。

生殖健康服务的改善，意味着妇女生殖健康权利和地位的改善，中国正在努力贯彻实施《中华人民共和国母婴保健法》，实现《九十年代中国儿童发展规划纲要》的各项目标，这些目标的实现也必然会带来人口出生率的下降及妇女生殖健康水平的提高。

卫生部妇幼司



# REVIEW OF WOMEN'S REPRODUCTIVE HEALTH STATUS IN CHINA

*Dr. Wang Fenglan*

People from different countries or organizations may have different understanding of the concept of reproductive health, its intension and extension; there may still be academic disputes over it. Yet the essential reason why it has come into practical use is that it seeks to eliminate the danger of death encountered by women in the process from pregnancy to delivery and in the early stages of infancy and child development; to help women go through pregnancy and delivery in a safe manner; to increase the survival rates of mothers and children; to relieve women of child bearing age from worries of accidental pregnancy; and to protect them from sexually transmitted diseases so that they feel respected, safe, healthy and happy no matter what kind of physiological conditions they might be in.

## I. Historical Review:

a. 1950—1965 (From the founding of the People's Republic of China till the beginning of the Cultural Revolution)

- Facing the poverty, backwardness, high maternal mortality, high infant mortality, high fertility and the prevalence of infectious diseases left by old China, the newly founded country engaged in a patriotic health campaign to combat pregnancy related infections and neonatal tetanus which were the major causes of maternal and child death. Prostitutes were banned and sexually transmitted diseases were treated and finally eliminated.

- Dr. Yang Chongrui, a famous Ob/Gyn expert and one of the pioneers for the course of maternal and child health invented new—method delivery and was the first in the world to train traditional birth attendants.

b. 1966—1976 (The Cultural Revolution)

- Politics, economy, culture, education, science and technology were greatly influenced by the ultra—Left trend of thought.

- Yet also during this period, many urban health workers went down to the countryside bringing with them a large quantity of medical equipment, thus strengthening township and county hospitals technically and greatly improving the quality of care and their service ability. They also trained a lot of bare—foot doctors who treated the patients using simple but practical skills similar to the appropriate techniques recommended by WHO nowadays. The international society paid great attention to the so—called cooperative medical system, which was summarized by World Health Organization as the well—known Alma—Ata Declaration which has now become a global target for the year 2000.

- Family planning was advocated nation—wide from the early seventies and within a decade the following progress was achieved:



	1970	1979
Birth rate	33.34‰	17.82‰
Natural growth rate	25.83‰	11.61‰
General fertility rate	5.8	2.8
Crude death rate	7.6‰	6.2‰

#### C. 1978—1988

- The Constitution stipulates that women have equal rights with men in terms of politics, economy, culture, society and family. The State Council also revised “Law of Marriage”, “Rules for Marriage Registration” and “Regulations for the Protection of Female Workers”; and Ministry of Public Health and Ministry of Civil Affairs jointly issued “Regulations on Premarital Physical Examination”.

- With the health policy putting prevention of diseases at the first place, immunization coverage rate reached 85% and the work of perinatal care in the urban areas, maternal and child systematic management in the rural areas was started. Some of gynecologic diseases were treated free of charge by the government.

- Under the open policy, our country started extensive cooperation with UNICEF, UNFPA and WHO.

- In the early eighties, family planning was determined as one of the essential national policies, which was followed by health education, free supplies of contraceptives and the improvement of contraceptive methods and techniques. As a result, fertility rate was gradually decreasing, with birth rate fluctuating around 20‰ and total fertility rate around 2.5, while life expectancy was maintained at 68—69 years.

#### II. 1990—An Epoch—making Stage

- In 1990, three major international events brought new light for the health and welfare of children:

- Ratification of Convention on the Rights of the Child;

- World Congress on Education for All;

- World Summit for Children.

- The World Summit for Children held in September 1990 was hailed as an epoch—making milestone and opened a new chapter in history of mankind. It produced the “World Declaration on the Survival, Protection and Development of Children” and the global “Plan of Action” for implementing the World Declaration. The World summit and the global, regional and national operations after it have been playing a profound role in child development around the world.

- On March 18, 1991, Premier Li Peng signed, on behalf of the Chinese Government the two documents and thereby made a solemn promise to the international society. It means that from 1990 till year 2000, China is to reach seven major targets including: Reduction of maternal mortality rate (MMR) by 50%; reduction of infant mortality rate (IMR) and under-five mortality rate (U5MR) by one-third and so on.



• Some international officials were quoted as saying: "If the Chinese Government is committed to doing something, it is sure to make it." Some UNICEF officials hope China could take the lead in achieving the World Summit goals.

• In February, 1992, the State Council formulated and issued a "National Programme of Action for Child Development in China in the 1990s". And all the provinces and ministries made provincial plans or plans for different agencies according to their specific situations. The Ministry of Public Health, the first of the 19 ministries to submit its plan, linked the targets of the "Programme of Action" closely to those of the international cooperative programmes. Governments in 305 counties, 177 prefectures and 30 provinces or autonomous regions all made commitment in terms of counterpart fund, relevant policies and so on, thus making the MCH/FP program a government action.

• The National Working Committee for Children and Women under the State Council, the former Coordinating Committee for Children and Women, which is headed by the State Councilor, Madame Peng Peiyun, is now working with relevant agencies to formulate "Programme of Action for Maternal Development in China in the 1990s".

• The National People's Congress has issued "Law for the Protection of the Under-age" and "Law for the Protection of Women's Rights", passed "Convention on the Rights of the Child" and reviewed "Law for Better Outcome of Pregnancy".

• Through international cooperative programmes, MCH speciality was established in six medical universities, which introduced the participative teaching method. 360,000 township and village doctors were trained during the first two waves of training while the third wave of training started in January 1994 and is to be finished by the end of 1994. Through all these training activities, a number of appropriate techniques were popularized while in the cities, through the Baby-friendly Hospital Initiative, 207 health facilities became Baby-friendly Hospitals. This year more than 500 hospitals will become Baby-friendly.

### III. Great Achievements

—MMR: From 1,500 per 100,000 in the early years after the founding of the country to 76.5 per 100,000 in 1992;

—IMR: From 200—250‰ in the early years after the founding of the country to 48.34 in 1992;

—NMR (neonatal mortality rate): 33.91‰ (surveillance date in 1992)

—U5MR: 59.08‰ (surveillance date in 1992)

—Total Fertility Rate: From 5.8 in 1970 to 2.0 in 1992;

—Birth Rate: From 33.34‰ in 1970 to 18.24‰ in 1992;

—Mortality Rate: From 7.6‰ in 1970 to 6.2‰ in 1992;

—Contraception Rate: 83.4% (1992)

—Child Immunization Coverage Rate: 85% both at the provincial and at the county level;





- Number of persons who received screening for maternal diseases by the end of 1993:32,818,041
- Number of persons who received premarital physical examination by the end of 1993:3,304,170
- Rate of aseptic delivery in the rural areas by the end of 1992:85%.

#### N. Challenges

- Large population:

1. 17 billion in 1992 with an annual increase of 15 million

Low GNP:370 US dollars

Low literacy rate (especially among women):

78% in cities and 48% in the countryside (data in 1991)

• There are still 80 million people in the minority, remote or poor regions who are short of the essential needs of life.

• The socialist market economy has brought about new situations and new questions to consider. And a lot of problems need to be solved such as resources and the stability of the staff.

- The professional competence of the staff is far from sufficient.

• There exists a great disparity among different regions in terms of maternal mortality rate, although the national average MMR may be lower than that in other countries with similar economic background. It is estimated that each year more than 20 thousand Chinese women die because of preventable obstetric factors.

• There is also a disparity among different regions in terms of infant mortality rate. A large part of the infant death happens in neonatal especially early neonatal stage, therefore it is important to improve the ability to treat emergency cases and skills for neonatal resuscitation and to increase hospital delivery rate especially in the rural areas. Thus we are facing problems in terms of resources and time, and also problems concerning how to allocate the available resources.

• 85% of contraceptive measures are taken by women in China. Therefore a large amount of work is to be done in order to change the traditional ideas and encourage men to take responsibility in family planning.

• The health of women and children are being endangered by sexually transmitted diseases, HIV infections, AIDS as well as smoking and pollution of the environment.

#### V. Perspectives

• Experience in other countries has shown that women's education background, their economic and social status play a critical role in safeguarding their rights of reproductive health. So their reproductive health could be improved if they are given more chances of education and employment.

• By strengthening the service ability of the current MCH/FP system. MCH staff are encouraged to work hand in hand with pediatricians and Ob/Gyn doctors to serve the needs of women and children.

• Training of the professional staff is to be strengthened in order to improve their technical competence, their attitude and their ways of service. Criteria concerning the quality of MCH/FP services and basic service protocols are to be formulated.