China, Economic Development and Mortality Decline

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Summary. — This article investigates determinants of China’s mortality levels and trends since 1981. Econometric results show that both economic development and social policies matter to survival outcomes, but in different magnitudes for various mortality measures. Economic growth plays a key role in reducing mortality in childhood and especially adulthood, and raises life expectancy. Declining adult illiteracy is a critical factor in reducing child mortality and increasing life expectancy. Stock of health practitioners, share of government expenditure for health and education, and policy biases favoring cities and coastal areas selectively affect survival. Authors propose policies for further reducing mortality in China today.

Key words — Asia, China, mortality, health, economic development, transitional economies

1. INTRODUCTION

Populations all over the world are demanding and struggling for a higher quality of life, the most important component of which is better survival outcomes. Sen (1998) has argued strongly that mortality is one of the most important indicators to measure the quality of life and is a central goal of development. The United Nations has included life expectancy at birth in the calculation of the influential composite human development index (HDI). The Millennium Development Goals have even set a target to reduce the mortality rate among children under five by two-thirds by 2015.

Considering the importance of mortality decline, it is key to examine the driving forces behind mortality decline to help donors, international organizations, and governments to achieve the development goals more efficiently. Higher per capita income certainly would provide a person greater capability to pursue the goal of longer life. Increase in life expectancy is often associated with higher economic growth. Therefore, incomes are important instruments for people to lead a good life. Nevertheless, income growth is only one variable among many that influence the quality of life and the survival chances of people. The literature (Sen, 1998) also has recognized that some of the other variables, such as basic education and access to healthcare, can also have a substantial impact on life and death. Because personal income and social services may play different roles on the survival chance of people under different circumstances, empirically examining the relative importance of these factors will provide useful information for governments to better allocate public resources.
and more effectively achieve the development goals.

China is a very important case for trying to disentangle the effects of economic development, education, the medical system, and other factors on mortality decline. China includes more than one-fifth of the world’s total population (21%). One of the big successes of the Maoist era (1949–76) was greatly increased survival of the population. Since 1978, China has been engaged in a massive transformation of its economy and society, gradually dismantling the command economy, opening up to the outside world, allowing markets to function in increasing portions of the economy, and reducing benefits provided by collective and governmental organizations.

On the one hand, the improved prosperity due to privatization and reform tends to increase the number of people who can afford to live better, eat more food and a higher quality diet, and pay for better quality health care. On the other hand, greatly diminished support for the basic health care delivery system may have an adverse effect on those poor who cannot afford the out-of-pocket medical expenses. Therefore, the net impact on health outcomes may not be unidirectional, cannot be confidently predicted or easily explained, and is subject to empirical investigation.

The rapid transformation over the past several decades, along with big changes in incomes, illiteracy, health policy, and inequality, provides us with grounds to measure the relative contributions of different factors to the decline in mortality. This paper estimates to what extent China’s rapidly increasing per capita income, its sharp drop in adult illiteracy, and other important changes caused its mortality decline in the economic reform period.

2. CHINA’S ECONOMIC AND SOCIAL DEVELOPMENT

China’s economy has been one of the fastest growing economies in the world over the past several decades. Real increases in China’s per capita gross domestic product have been in the range from 6% to 14% for 21 out of 24 years during 1978–2001. Per capita living standards in China (measured by real per capita GDP) multiplied almost six times over 1978–2001 (China NBS, China statistical yearbook 2002).

Since the beginning of the economic reform period, even China’s poorest rural populations have made some economic gains. Using province-level data for the rural populations, the average per capita rural consumption level multiplied 1.5–2.4 times in constant prices during 1981–95 in the poorest provinces. For example, per capita rural consumption in Shaanxi Province was only 176 yuan in 1981, and this grew 50% by 1995, to 265 yuan (1981 constant yuan) in 1995. The rural population of Yunnan Province had per capita consumption of just 150 yuan in 1981, which grew 80% to 275 yuan (1981 constant yuan) in 1995. The lowest consumption of all in 1981 was the rural population of Gansu Province, with per capita consumption of 133 yuan in 1981; fortunately, this more than doubled to 278 yuan (constant 1981 yuan) in 1995. Finally, based on GDP data, China’s poorest province is Guizhou, where rural per capita consumption was only 148 yuan in 1981, which doubled to 298 (constant) yuan in 1995. Therefore, the rural populations of China’s most disadvantaged provinces made real and non-negligible gains in their living standards during 1981–95.

During the early reform period, economic disparities between urban and rural China declined, because the early reform period focused on dismantling the rural people’s communes and returning direct control of farmland, farm inputs and outputs, and farm income to the farmers themselves. But since the late 1980s, economic inequality has risen steadily in China (Kanbur & Zhang, 1999, 2005).

A great emphasis of the Maoist decades in China was to expand access to basic primary education for children, and to give adults remedial literacy classes to overcome illiteracy. As schools were built and teachers trained, China shifted from an illiterate, uneducated country to one that provided basic education to a large majority of the population. During the economic reform period, China has continued to promote the goals of wiping out illiteracy and enrolling all children in primary school. In addition, China now attempts to provide universal nine-year education (primary and junior secondary school). Education and literacy data from successive censuses in China show steadily declining illiteracy and rising educational attainment, in the decades before and after the beginning of the economic reforms.

In the late 1960s during the Maoist era, China extended its medical coverage from urban to rural areas by introducing simple systems of inexpensive rural cooperative health insurance, minimally trained “barefoot doc-
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