

Gender inequality, family planning, and maternal and child care in a rural Chinese county

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Abstract

This study examines the determinants of prenatal and obstetric care utilization within the context of recent social and economic changes in contemporary rural China. The aim of this study is to test the general hypothesis that gender inequality (women's status and son preference) and the state's family planning policy have a significant influence on maternal and childcare utilization. Both qualitative and quantitative data from a field survey in 1994 in rural Yunnan were used in the study. The findings lend support to this hypothesis. For example, the extent to which the husband shares housework and childcare, as an important marker of rural Chinese women's position within the family, is positively associated with the likelihood that a woman receives prenatal examinations, stops heavy physical work before birth, and gives birth under aseptic conditions. Also, a woman's exposure to the larger world beyond the village increases her chances of giving birth with the assistance of a doctor or health worker. Son preference is an impeding factor for maternal and child health care utilization. Already having a son in the family reduces the chances that the mother will stop heavy physical work before birth for a subsequent pregnancy. Female infants with older sisters are the least likely to receive immunizations. Women with "outside the plan" pregnancies are less likely than those with "approved" pregnancies to receive prenatal examinations, to stop strenuous work before birth, and to deliver under aseptic conditions. Thus, the study provides further evidence that the family planning policy has a negative impact on women and their families, whose fertility and son preferences conflict with the birth control policy.

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Introduction

This study embraces the belief that an integrated conceptual framework is essential for understanding the patterning of women's health in a changing world (Arber & Khlat, 2002; Moss, 2002). Moss (2002) proposes a conceptual model that integrates the larger political and cultural contexts with intra-household processes in understanding gender and health. The household is the most intimate setting for understanding gender relations both in the power structure and in resource allocation, which in turn impact on nutrition, reproductive decision-making, access to health services

and health itself (Moss, 2002, p. 654; Dollar & Gatti, 1999). However, household dynamics do not exist in isolation. Rather, they interact with the larger political/social/cultural environments to influence individual health care seeking behaviours. Research has shown that changes in social and economic policies contribute to household decisions, gender role patterns and women's health outcomes in both developed and developing settings (Young, 1996; Berhane, Gossaye, Emellin, & Hogberg, 2001; Khlat, Sermet, & Le Pape, 2000; Lahelma, Arber, Kivelä, & Roos, 2002).

Rural Chinese women's access to maternal and child health services has multiple determinants. It is influenced not only by the nature of service provision itself but also by the interplay between the family and the larger political, social and cultural environments. The

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cultural context for this study is the patrilineal family system of rural China, which perpetuates son preference and gender inequity and inequality. Three concomitant social changes that have been taking place in China since the late 1970s make up the geopolitical environment in which this study is situated. These changes include the birth planning policy, economic reform and the subsequent decline in social and health services, and the revival of a traditional gender role ideology. Few studies have taken a holistic approach to elucidating this multifaceted process of reproductive health behaviour in rural China. This study aims to fill this gap by examining individual, familial and village characteristics, and their relationship to maternal and child health care utilization in a rural county in Yunnan, China, in the context of the patrilineal family institution (virilocal marriage) and thence son preference. The study tests the hypothesis that gender inequality and the larger political environment influence maternal and child health care seeking behaviours. It specifically examines the impact of women's position within and outside the family, son preference and the family planning policy on health care utilization: (1) antenatal care, (2) birth delivery assistance from a health professional and/or delivery under septic conditions and (3) infant immunization. These three types of health services affect both the mother and the infant, and are preventative because potential problems can be monitored and prevented. Delivery assistance is also curative in terms of treating problems that can occur during pregnancy and birth. Previous research has shown that obstetric care reduces the risks associated with pregnancy complications (Nagey, 1991; Williams, Baumslag, & Jelliffe, 1994; Wasserheit, 1989). Infant mortality was found to be significantly associated with pregnancy care, birth delivery methods (traditional midwives vs. professional health workers), and immunizations in rural China and other developing countries (Huang, Yu, Wang, & Li, 1997; Zhang, Jin, & Song, 1997; Koblinsky, Campell, & Heichelheim, 1999; Nelson & Taylor, 1999; Foggin, Armijo-Hussein, Marigaux, Zhu, & Liu, 2001; Suwal, 2001). This study takes into account the effect of the distance of service location, and the socioeconomic and cultural conditions of the family and the local village, in order to assess the influence of women's position, son preference and family planning policy on the utilization of maternal and infant health care.

The study is based on data from a field survey conducted in Diandong (a pseudonym) county, Yunnan, China, in 1994. The data source is rich in information about son preference and women's status within and outside the household. It contains detailed information on pregnancy and obstetric care history. Further, the data allow for an adjustment for possible cultural and economic variations across villages in gender relations and health practice in the locality. Finally, ethnographic

data collected from field observations and interviews with local officials, health workers and local villagers, enrich the analysis.

Women's status

Women's status is central to the theory of infant survival. Women's decision-making power and autonomy have been hypothesized to be closely linked to maternal and child health outcomes (Dyson & Moore, 1983; Potter & Volpp, 1993; Mason, 1993; Caldwell & Caldwell, 1993). Greater autonomy makes it more likely that a mother will respond to her and her children's sickness by seeking adequate medical treatment and care. It also makes it more likely that female children will receive the same treatment as their male siblings (Potter & Volpp, 1993, p. 152). In settings where women lack decision-making power and freedom of movement, child mortality rates are high (Caldwell, 1986; Caldwell & Caldwell, 1993, p. 136). These factors may also have a negative effect on maternal health. Lack of control over their lives, lack of access to material resources, and restrictions on their freedom of movement will reduce the chance of women receiving necessary antenatal and postnatal health care and thus may result in an increased risk of maternal and infant mortality. Alumanah (1997) showed that in Nigeria, women's freedom of movement influenced their decision to seek medical treatment, but lack of information prevented them from actually seeking health care. Khan (1999) found that restriction on female mobility in Pakistan limited women's access to health services within and outside the village. More recent research has demonstrated a trend of worsening of women's health in transitional rural societies in Sub-Saharan Africa. The contributing factors for this trend include heavy workload, lack of access to health care, poverty, poor social status and poor nutrition (Berhane et al., 2001).

Gender division of household work is another important dimension of women's status, and its impact on maternal and child health deserves research attention. In Yunnan—and in China as a whole—gender inequality is deeply rooted in the division of labour within the family (Wolf, 1985; Xu, 1991) and is an impeding factor for maternal health. For example, women's dual onerous roles as farm labourer and housewife left them exhausted and with little time for personal health and hygiene (Wang & Li, 1994; Wong, Li, Burris, & Xiang, 1995). These demands often continue into late pregnancy.

Previous studies have at best provided only indirect evidence for the linkage between women's status and health outcome. One major problem is a reliance on measures of educational level, labour force participation and reproductive rights as a measure of women's status

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