



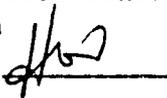
DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Public Health Service  
Centers for Disease Control**Memorandum**

Date March 2, 1982

From Charles H. C. Chen, Visiting Scientist, Program Evaluation Branch (PEB),  
Family Planning Evaluation Division (FPED), Center for Health Promotion and  
Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): People's Republic of China - August 13-31,  
1981: Beijing Medical College, Beijing; and September 1-October 1, 1981:  
National Center for Family Planning Training, Nanjing.

To William H. Foege, M.D.  
Director, Centers for Disease Control  
Through: Horace G. Ogden  
Director, CHPE 

**SUMMARY**

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
- II. PRINCIPAL CONTACTS
- III. BACKGROUND
- IV. BEIJING MEDICAL COLLEGE - COLLABORATIVE RESEARCH PROJECTS
  - A. Introduction
  - B. Protocols For Collaborative Research Proposals
- V. CONSULTATION ASSIGNMENT AT THE NATIONAL TRAINING CENTER FOR FAMILY PLANNING PERSONNEL

**APPENDIX****SUMMARY**

Dr. Charles H.C. Chen of the Family Planning Evaluation Division (FPED) of the CDC was assigned by CDC, in collaboration with the Johns Hopkins University, to visit Beijing in August 1981 to discuss a collaborative research project with the Beijing Medical College. He visited prospective study sites, inspected the health statistics and record systems, and observed the field operation of the family planning program. He also discussed the feasibility of a collaborative research project with the related faculty members of Beijing Medical College and the authorities of related government institutions. Two research proposals were prepared and submitted to the Population Council and the Rockefeller-Ford Foundation, respectively, for grants.

Upon completion of tasks at the Beijing Medical College, Dr. Chen was requested by the World Health Organization (WHO) to teach demography and family planning evaluation to family planning personnel at the National Center for Training Family Planning Personnel in Nanjing, China. The consultant report of this mission is attached as an Appendix.

## I. PLACES, DATES, AND PURPOSE OF TRAVEL

Beijing (Peking), China, August 13-31, 1981: to discuss a collaborative research program between CDC and the Johns Hopkins University with Beijing Medical College. In addition to discussions with the authorities of Beijing Medical College and related governmental institutions, field trips were made to both an urban residential area and a people's commune to observe the field operation of the family planning programs and review the health statistics data system.

Nanjing (Nanking), China, September 1-October 1, 1981: at the request of WHO, to teach demography and family planning evaluation to family planning administrators at the National Training Center for Family Planning Personnel.

## II. PRINCIPAL CONTACTS

### A. Beijing Medical College

1. Dr. Peng, Zuei-Tsung, Vice President
2. Dr. Liu, Sih-Jieh, Dean, School of Public Health
3. Dr. Lee, Ten-Lin, Director, Dept. of Medical Sociology, School of Public Health
4. Dr. Wang, ShaoXian, Deputy Director, Dept. of Medical Sociology, School of Public Health

### B. Ministry of Health, The State Council

1. Dr. Chien, Hsin-Chung, Minister

### C. Family Planning Commissions, The State Council

1. Mr. Yu, Wang, Executive Secretary
2. Mr. Hsiau, Zhen-Yu, Director, Planning and Finance Division

### D. National Center for Training Family Planning Personnel

1. Mr. Wang, Kang, Secretary General

### E. Office of United Nations in Beijing

1. Eric Goon, WHO representative in Beijing
2. Mrs. Siri Melchior-Teilier, United Nations Fund for Population Activities (UNFPA), Regional Coordinator
3. Ms. Joan Ann Kaufman, UNFPA Program Officer

## III. BACKGROUND

In 1980-81, Dr. ShaoXian Wang, Deputy Director of the Department of Social Medicine and Health Statistics of the Beijing Medical College, visited the Family Planning Evaluation Division (FPED) of CDC and the Department of

Population Dynamics of the Johns Hopkins University School of Hygiene and Public Health (JHSPH) as a United Nations Fund for Population Activities (UNFPA) fellow. During her visit of several months all parties expressed interest in undertaking a collaborative study that would contribute to an understanding of reproductive health issues and contraceptive practice in the People's Republic of China (PRC) as well as foster continuing research collaboration among the related institutions. As a result, Dr. Charles H.C. Chen of FPED was assigned by CDC, in collaboration with JHSPH, to visit Beijing in August 1981 to discuss more concrete research ideas with the authorities of the Beijing Medical College and related government institutions. He also visited prospective study sites.

One of the projects sponsored by UNFPA in China is designed to establish training centers for family planning in Nanjing and elsewhere in China to train trainers who, in turn, will train about 70,000 full-time family planning workers at the commune level and above. After finishing his mission with Beijing Medical College, Dr. Chen was loaned to the World Health Organization (WHO) as a demographic consultant on a 4-week assignment to teach demography and family planning evaluation at the National Family Planning Training Center in Nanjing.

#### IV. BEIJING MEDICAL COLLEGE - COLLABORATIVE RESEARCH PROJECTS

##### A. Introduction

The faculty members of Beijing Medical College, such as the key staff of the Department of Medical Sociology and Health Statistics, Dean of the School of Public Health, and Vice President of the College, were visited to discuss details of possible collaborative research projects on reproductive health and family planning. Discussion included identification of major research issues so as to determine study topics, methodology, organization of field work, and budget.

The Beijing Medical College has two teaching and demonstration sites, one in an urban area and one in a rural area--Si Chen District is an urban area consisting of 10 townships with a population of about 800,000; rural Shun-Yi County consists of 29 communes with about 450,000 population and is situated in a northwest suburb of Beijing City.

To observe field operation of the birth planning program and the data collection and record-keeping system at local levels in detail, field trips were made to visit a Residential Council (Si-Chen District, Si-Chang-An Township, Si-Lien-Tz Residential Council) of about 3,000 population in central Beijing City; and a People's Commune (Shun-Yi County, Yang-Chen Commune) of 19,220 population located about 100 miles northwest of Beijing City. In addition, a trip was made to a teaching hospital of the Medical College to examine the health record system.

For any collaborative research with foreign institutions, approval is required of related government agencies such as the Ministry of Health, National Office of Family Planning Commission, and the Academy of Social Sciences. To keep these agencies well informed of the collaborative attempt, Dr. Chen also called on the authorities of these agencies, including Dr. Chen, Hsin-Chung, Minister of Health; Mr. Yu, Wang, Executive Secretary of the Office of National Family Planning Commission; and Mr. Wang, Kang, Secretary General of the Academy of Social Science.

#### B. Protocols for Collaborative Research Proposals

Authorities at Beijing Medical College were concerned with two proposals during my visit. After my return from China, two preliminary proposals entitled, "Studies on Health Problems Associated with Birth Planning in the People's Republic of China" and "Studies on Mortality and Fertility in Beijing, People's Republic of China," were finalized with colleagues from the Department of Population Dynamics, Johns Hopkins University. These two proposals have been submitted for financial support to the Population Council and the Rockefeller-Ford Foundation Population Research Program, respectively.

The objective of the first proposal is to undertake studies to attempt to answer the question of how the People's Republic of China has been able to rapidly achieve a low level of fertility and mortality. In addition, health problems associated with fertility regulation will be given special attention and emphasis.

Specific research issues of this proposal include the relative fertility and health impact of the four "proximate fertility determinants"--marriage, contraceptive practice, abortion, and breastfeeding. The interaction between contraception and abortion, health problems associated with the use and use-effectiveness of various fertility control methods--awareness, perception, and acceptance (or non-acceptance) of the "one-child family" goal and related incentive-disincentive schemes--as well as several "new" fertility regulation methods reported to be in use there, will be studied.

The study will be conducted in two subdivisions of the Beijing metropolitan area, having a total population of 1.2 million with 180,000 "eligible women." First, the existing vital statistics and health record data system will be reviewed and analyzed. Concurrently, a sample of 7,500 "eligible women" will be chosen using a multi-stage systematic sampling method for two rounds of interviews with 18 months' interval between interviews. In addition, an observational study will be undertaken on the "providers" of health and family planning services to document their activities.

Several analytical methodologies will be used to analyze the data, including life table techniques, Markov process, and more importantly, the Bongaarts' "proximate fertility determinants model." Multivariate methods will be employed as appropriate.

The principle contributions to the People's Republic of China (PRC) and to other less developed countries (LDCs) by the proposed study will be as follows:

- 1) Health problems associated with the use of contraception, sterilization, and abortion will be identified, which will add to the body of knowledge on fertility regulation and reproductive health.
- 2) Study results will provide data to help formulate a sound long-term health/population policy for the PRC.
- 3) Understanding the relative fertility impact of the four proximate fertility determinants should have significant policy implications for PRC and other LDCs.

The proposed study, if approved, is scheduled to start in early 1983 and last for 3 years. The total budget of the study is estimated to be US \$250,000. For those readers interested, a copy of the protocol is on file in the Family Planning Evaluation Division, CDC.

The second proposed study is to examine child mortality and fertility as well as use-effectiveness of various contraceptive methods. In addition, the relative fertility impact of four direct fertility determinants--delayed marriage, contraception, abortion, and lactation--among subgroups of women classified by different socioeconomic status will be studied.

This study will be done in Shi-Cneng District of Beijing City, taking advantage of existing registration and health records. A total of 4,000 women will be sampled for in-depth interviews. Analysis of the data will be done initially with a study of marginal and bivariate distributions, followed by other techniques, such as life table analysis, "Birth averted" methodology, Markov process, multivariate analysis, and more importantly the Bongaarts' "proximate fertility determinants model." The policy implications relate not only to the PRC but to other LDCs as well.

The proposed study, if approved, will be from September 1982 through February 1984, approximately 18 months. The total amount of funding is estimated at US \$48,540. For those readers interested, a copy of the protocol is on file in the Family Planning Evaluation Division, CDC.

#### V. CONSULTATION ASSIGNMENT AT THE NATIONAL TRAINING CENTER FOR FAMILY PLANNING PERSONNEL

One of the projects under the agreement between the Chinese Government and UNFPA is to create a National Family Planning Training Center (NFPTC) to provide key family planning staff at provincial and county levels advanced task-oriented and operational training for their family planning work. Following the completion of my assignment at Beijing Medical College, I was loaned to WHO for a consultancy to teach demography and family planning evaluation at the NFPTC. The request for my consultancy came from the Western Pacific Regional Office of the WHO. My consultant report on this assignment is included as an appendix to this trip report.

*Charles H.C. Chen*  
Charles H.C. Chen, Ph.D.

## APPENDIX

### CONSULTANT REPORT ON TRAINING OF FAMILY PLANNING PERSONNEL IN DEMOGRAPHY AND FAMILY PLANNING EVALUATION

Charles H.C. Chen, Ph.D.\*

As a WHO consultant on loan from CDC, I was assigned to conduct training in demography and family planning evaluation for family planning personnel from national, provincial, and county levels of the People's Republic of China, at the Nanjing Training Center, and to help prepare training curricula and materials for the training courses under the project CPR/80/PO2.

The details of the training course are as follows:

#### (1) Period and Place of Training

Actual training started on September 8 and ended on September 25, 1981. Omitting two Sundays, there was a total of 16 working days.

Since the construction of the Training Center is not yet completed, the training took place in "Pei-Chi Ke," a neat, quiet guest house located in the suburb of Nanjing City. With a large classroom, dormitory for male and female participants as well as dining and kitchen services, it is an ideal accomodation for training participants from distant places

#### (2) Participants

A total of 35 regular participants attended the training sessions. In addition, 6 teachers from the colleges and universities in Nanjing attended the sessions of their interest during the training period.

The background and personal characteristics of the regular participants are shown in Table 1 on the following page.

\*Demographer, Program Evaluation Branch, Family Planning Evaluation Division, Centers for Disease Control, Atlanta, Georgia, U.S.A.

TABLE 1  
Background and Personal Characteristics of  
Training Participants, Nanjing, September 1981

<u>Background and Personal Characteristics</u>	<u>Number of Participants</u>
<u>Total Participants</u>	<u>35</u>
<u>Administrative Level</u>	
Province	3
Prefecture	5
City	6
County	10
Training Center	11
<u>Current Work</u>	
Communication & Publicity	11
Family Planning Administrator	9
Family Planning Technician	5
Teacher	3
Librarian	3
Interpreter	3
Other	1
<u>Field of Specialization</u>	
Not Specified	12
Medical Science	9
Liberal Arts	7
Finance, Math, & Statistics	3
Foreign Language	3
Chemistry	1
<u>Years of Family Planning Work</u>	
Less than 3 years	23
3-6 years	2
7 years or more	10
<u>Educational Level</u>	
College	18
High School	16
Middle School	1
<u>Age of Participants</u>	
20-29	7
30-39	14
40-49	14

### (3) Forms of Training

Training was conducted mainly through lectures, group discussions, problem sessions, and presentation of special topics. Lectures were given each morning in two 1 and 1/2 hour sessions. On two or three afternoons, group discussions and/or problem sessions were conducted. On the remaining afternoons, I lectured on special topics.

The main course content was presented during lectures. All lectures were taped and later typed for use as training curricula and material following review and revision. The class was divided into three groups for discussion, with 11 or 12 participants in each group. Each group was given a subject to discuss and was requested to submit a brief summary report on the conclusion of the discussion. Individual participants were assigned exercises. The answers were reviewed, commented on, corrected, and returned to each participant. The Center's staff was responsible for these tasks. Special topics were either requested by the participants or were based on my own judgement of the participant's need for the concept or knowledge.

### (4) Brief Description of Course Content

The course on demography contained philosophy and methodology of population studies at an introductory level. The philosophy portion emphasized population theory, problems and policy, while the methodology portion included data collection, measurements of size, structure, distribution, vital rates, population, mobility, and population estimates and projections.

Evaluation research of family planning programs included objectives, content, and methods. The concepts of why, what, and how to evaluate the progress and performance of family planning programs were introduced. In addition, management of evaluative work and ways to improve the quality of data were also emphasized. Finally, an overview of current situations of family planning programs in the developing world, especially in the Far East, were given.

Subjects related to current population problems, the one-child family policy of China, and other currently important topics dealt with in family planning evaluation research, were brought up for group discussion. Measurements of growth, structure, vital rates of population, and compilation of original data for cross-tabulated tables were assigned as individual exercises.

The titles of special topics, were as follows:

- a. Population and Human Ecology
- b. Sociology and Sociopsychology of Human Fertility
- c. Anatomy of Life Table
- d. Use of Life Table technique to measure use-effectiveness of Contraceptive Methods
- e. Stratified multi-stage areal sampling
- f. Advanced techniques for data analysis

(5) Training Curricula and Materials

My lectures in Chinese on Introduction to Demography and Evaluation Research in Family Planning were all taped and are to be written up as training curricula and materials for future use. The task of tape-to-manuscript will be handled by the staff member of Nanjing Training Center. The first draft (in Chinese) will be sent to Atlanta for my review, revision, and editing.

(6) A Brief Evaluation of the Training Course

Generally speaking, the participants were enthusiastic and eager to learn as much as possible in the course. The rate of attendance was nearly 100 percent. All were very attentive to lectures and were consistently taking notes. Based on the reports of the group discussions, the participants seemed to have a clear recognition of the population problems that China is currently facing, and also seemed to have a general understanding of the function of evaluation research in family planning which had been ignored in China.

Due to lack of time we were unable to examine in detail the extent to which each participant was able to complete the assignment on the computation of the size, structure, and growth of population and various vital rates, as well as the compilation of field data. Also, because of the diversity in the academic background and fields of specialization of the participants, it is not known how much the participants learned or were benefited by my presentation of special topics.

At the end of the training period all participants were asked to answer two questions:

- a) How much have you learned or gained from attending the training sessions? Mention the three most important items which you consider you have learned the best.
- b) Given the time limitation of the training course, specifically which topics should have been given more time for elaboration, and which topics should have been given less time?

Sixteen out of 35 regular participants handed in the answers in writing. The answer to the first question, in general, was that the training course, due to time constraints, could only introduce topics such as demography and family planning evaluation which have a greater depth and scope than they realized and that they had a lot more to learn on each topic. Regarding specifics, some significant points follow.

- a) Recognized the importance of the studies regarding population problems.
- b) Understood the trend of population and development of population problems in various areas in the world.
- c) Acknowledged the function and methods of family planning program evaluation.
- d) Better understood life table analysis, especially the use of the life table method to evaluate the use-effectiveness of family planning programs.
- e) Recognized the importance of service statistics for evaluating program performance.

The answers to the second question were mixed. Some suggested widening the scope and cutting the depth because some topics were hard to understand, while others asked for elaboration on the skill of data processing and analysis and less time on the measurement of vital rates. Quite a few requested using more facts and figures on China and using less materials from abroad as examples for teaching. Some asked for more lectures and less exercises. Finally, some criticized my lectures as overlapping in some parts and my statements as lacking logical ground, although they were not specific.

#### (7) Suggestions and Recommendations

The main function of the Center is to provide family planning personnel with advanced task-oriented and operational training for their work. Learning by doing is the most effective way of achieving such goals. In this connection, establishing a setting for teaching, demonstration, practice, and evaluation research of family planning is suggested. To minimize the time and cost, a county or city district readily accessible to the training center may be selected as a social laboratory, or an experimental area, where various field operations and research programs can be carried out. Thus, family planning management, data collection, compilation and analysis, publicity, and education, can be demonstrated for participants.

Since the strengthening of family planning service statistics and evaluation (CPR/80/P05) is the main companion project of the training center, one of the major roles of participants would be either to handle or to teach lower level personnel to collect, compile, and report service statistics. For the training to be functionally oriented, a course or a subcourse appropriately dealing with the skill of data collection (i.e., sampling, design of questionnaire and data form, technique of interviewing, methods of data compilation) and ways to improve data quality is suggested as an addition to the training sessions already scheduled. In particular, I would recommend the marginal punched card system at either the production brigade or people's commune or county level of administration at which most data collection and compilation is administered. The marginal punched card system would be the least complicated system for data compilation; it will also be used as the means to control and regulate the process of data collection as well. It is suggested that such a system be initiated in the teaching and demonstration area of the center, through which participants may learn it and implement it in their own places after training.

To improve efficiency of training, in general, participants with as much similar background as possible are to be placed in the same class for training. Participants with similar lines of work share common interests, and people with similar education or fields of specialization have comparable ability to learn. Thus, course curriculum is easier to prepare, topics to be emphasized are easier to be arranged, and participants gain a better understanding of pertinent subjects. On the other hand, participants in the same class should be recruited from as wide a geographical area as possible, so that they would have a chance to broaden their views by exchanging ideas and experiences through intra-class interaction during training.

Although the site of the Training Center will have to be determined and the building constructed, for further improvement of training I recommend: (1) a library with sufficient books and references to be established, (2) audio-visual and computation equipment as well as typing and reproduction services to be fully utilized for training, (3) staff of the Center will be organized and serve as teaching assistants, and (4) recreational facilities will be available for participants to do physical exercises.