Exploration of the Rural Maternity Protection System under the Active Reproductive Policy

---- Take the example of Delay Town, Shanxi Province

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Abstract. The twentieth National Congress of the Communist Party of China noted that "Chinese-style modernization is modernization with a huge population". Population and development are closely related, and since the reform and opening up, the demographic dividend has provided a core power source for China's economy to shift to a high-quality development stage. However, at the end of 2022, China's population will experience its first negative growth in 61 years, and the problem of population aging is serious. To promote the long-term balanced development of the population, the State has successively optimized and improved the fertility policy, but after the implementation of the policy, a large number of studies have found that the policy adjustments have not produced obvious effects, and falling into the "low fertility trap" is still a major challenge for us. In terms of maternity protection, the problem of unfairness and irregularity is still prominent, and a large number of policies are directed at urban salaried women, with less coverage of rural women's rights and interests. In this paper, research was conducted in the town of Danzi, Shanxi Province, to compare the differences between urban and rural maternity protection in Shanxi Province, to investigate the maternity needs of rural women, and to put forward targeted policy recommendations. At the same time, this study will help to enrich the research content in related fields, explore the fertility needs of fertile families, and release the kinetic energy of fertility, so that rural residents can "afford to give birth to children, and even more affordable to raise them".

Keywords: Population; Birth policy; Urban and rural areas; Birth security.

1. Literature Review

Family planning is a long-standing basic national policy of China, and the social security system has a profound impact on individual fertility intentions, reproductive behavior, and the total fertility rate[1]. Maternity insurance system refers to the fact that through legislation, the state and society provide medical services, maternity allowance and maternity leave, and a social insurance system that provides necessary economic compensation and medical care[2]. China's current maternity protection system is characterized by fragmentation, insufficient fairness, a small number of actual beneficiaries, and inefficient operation. Per the spirit of "establishing a fairer and more sustainable social security system", the rights and interests of the entire population in respect of maternity protection should be established, and a maternity protection system covering the entire population should be set up - a system of maternity allowances and maternity medical care in the context of basic medical insurance[3].

2. Overview of the maternity protection system

Maternity insurance usually makes institutional arrangements in the form of social insurance, including two aspects: first, maternity insurance generally guarantees the basic living needs of women during childbirth (including perinatal, lactation or part of lactation)[4]; second, maternity insurance is generally used to deal with the social and economic risks of women due to pregnancy, childbirth, examination, medical and nursing costs; second, to subsidize the economic income of women during childbirth (including perinatal, lactation or part of lactation).

The maternity insurance system is a social security system that provides income compensation, medical care, and maternity leave to the bearer of the act of giving birth during the period in which
the birth occurs. It is a social security system designed to protect against the risks of maternity[5]. Like other social systems, maternity insurance systems are a product of the socialization of production. Maternity insurance systems vary from country to country, depending on their specific economic, cultural, and social systems. The contents of a maternity insurance system mainly include the scope of coverage of maternity insurance, the coordination and management of the maternity insurance fund, and the application for and payment of maternity insurance benefits, of which maternity insurance benefits are the core system of the legal system of maternity insurance[6]. It should be noted that maternity insurance and medical insurance have now been merged, and the focus of protection after the merger still tends to be on active employees who participate in basic employee medical insurance. The Opinions of the General Office of the State Council on Comprehensively Promoting the Merger and Implementation of Maternity Insurance and Employee Basic Medical Insurance, issued and implemented by the General Office of the State Council on March 6, 2019, states that it is ensured that the maternity insurance treatment of the employee during the period of maternity remains unchanged. Maternity insurance benefits include maternity medical expenses and maternity allowances as stipulated in the Law of the People's Republic of China on Social Insurance, and the required funds are paid from the employees' basic medical insurance fund. The duration of the maternity allowance is following the duration of maternity leave as stipulated in the Special Provisions on the Labor Protection of Female Employees and Workers and other laws and regulations. At present, maternity insurance coverage is available only to formally employed married female workers and the unemployed spouses of male workers, and maternity allowances for female workers in establishments that do not participate in maternity insurance cannot be covered. In particular, women in vast rural areas and groups of rural migrant workers, where vulnerability is high, have no access to maternity insurance coverage, which is not conducive to maternity insurance playing its universal, welfare role as social insurance.

3. New rural cooperative system and problems

The new rural cooperative medical care (referred to as "new rural cooperative medical care") refers to a system of mutual medical assistance for farmers that is organized, guided, and supported by the Government, in which farmers participate voluntarily, and which is financed by individuals, collectives and the Government, and which focuses on the coordination of major illnesses. It is financed by employing individual contributions, collective support, and government subsidies. The New Farmers' Cooperative Medical Care System's coverage for childbirth includes a one-time childbirth subsidy and reimbursement of expenses related to childbirth. The rules vary from city to city, and there are usually two forms of reimbursement: 1. A one-time childbirth subsidy. For example, a direct subsidy of 1,500 yuan, with no reimbursement for related examination and delivery costs; 2. reimbursement of costs related to childbirth and delivery, regarding the reimbursement of hospitalization for illnesses, that is, for example, 80 percent of the reimbursement rate for hospitalization for illnesses in county hospitals, and 80 percent of the reimbursement for costs related to delivery.

The New Rural Cooperative Medical Scheme (NRMS) adopts a voluntary contribution method to mobilize individual cooperative medical expenses. Difficulty in raising funds for farmers and irrational fund collection methods are the two basic problems in the current financing of new rural cooperative medical care[7]. Zhu Junsheng's research and analysis found that adverse selection would lead to a decline in the participation behavior of healthy groups because the large number of participants from groups with lower levels of health would make the reimbursement costs increase dramatically, which in turn would lead to a sustained financial crisis. In addition, compensation mechanisms also have an impact on financing. Household income, as a major constraint on farmers' participation, can have a greater impact on the participation of poorer groups in particular. WHO stipulates that rural cooperative health insurance should charge premiums based on economic income to reflect equity in health financing and economic burden. In their survey, Hu Shoujing et al. found
that affluent farmers are in an advantageous position in terms of health service utilization and financial compensation, and have higher health accessibility. Therefore, the starting line, reimbursement rate, and ceiling line should be set reasonably according to the actual economic situation of farmers and the level of financing to increase the utilization of health services by poor households.

4. Case analysis

Tanzi Town Introduction: Tanzi Town is located in the east of Linyi County, Yuncheng City, Shanxi Province, about 28 kilometers away from Linyi County, with a total area of 118.9 square kilometers, under the jurisdiction of 23 administrative villages, with a total population of 37,800, the existing arable land area of 127,720 acres, the dominant industry to apple planting is given priority to. Tengzi town has strong strength in agriculture and industry, it is a large town of fruit planting and strong town of fruit processing in Linyi County, at present, there are 62 enterprises involved in fruit processing and fruit sales in the town, of which 14 are fruit processing enterprises, 36 are fruit storage enterprises, 10 are fruit packaging enterprises, and 2 are food processing enterprises. In 2019, the total income of the rural economy in the town of Tengzi was 14,800 yuan of disposable income per capita of the farmers. In 2020, the town of Tengzi was listed in the list of the Ministry of Rural Agriculture. In April, it was included in the list of 2020 agricultural industry town construction by the Ministry of Rural Agriculture.

In this paper, we interviewed 30 rural women engaged in family agricultural work in Tanzi Township, Shanxi Province, about their fertility intentions and behaviors, to understand and grasp the fertility culture, fertility intentions, the extent of the benefits of fertility protection, as people's confidence, attitudes and views on fertility in the area, and to give corresponding policy recommendations in light of the problems found in the interviews. In selecting the interviewees, the sampling method we used was stratified random sampling, in which the 23 administrative villages in Delay Township were divided into three groups according to their size and economic development status, and 10 women suitable for childbearing were randomly selected in each group for face-to-face interviews and surveys. The following are our specific findings.

Of the 30 families we interviewed and surveyed, 15 families had one child, 12 families had two children, and 3 families had three children. When asked, "What is the number of children you would like to have if you did not take into account the influence of various factors such as policy, economy, and the ability to raise children," the survey showed that 19 women would like to have two children, and 4 women would like to have three children. When comparing the expected and actual childbearing situations, we find that there is a big difference: 19 women expect to have two children, which is seven times higher than the 12 women who have two children. Meanwhile, 4 women aspired to have three children, but only 3 of the women had three children. The data may indicate that women's desire to have children is still strong in the region, and the demand for childbearing is yet to be explored and released. In the course of the survey, we also found that in people's concept of fertility and family culture, one child is the most desirable family status.

When we further asked, "Would you like to have another child in addition to your current child?" 23 women indicated that they were not willing to have more children, and there was a big difference between the actual choice of childbearing and the expectation of childbearing. When asked about the reasons for this, we found that the top reason was economic issues, as the cost of raising children was high; busy work, personal career development, and age issues came second. 40% of the women did not want to have children because they had no one to help them take care of their children; some of the women reflected that the maternity protection policy and supporting benefits could not meet their needs, and they experienced that their time would be squeezed out after raising a child, and so on. However, the most important reasons are financial problems and personal career development.

In the question "How much did you spend on prenatal checkups during your pregnancy (unit: yuan)", the data showed that 65.38% of the respondents indicated that their prenatal checkups cost
less than 2,000 yuan; 23% indicated that their prenatal checkups cost roughly between 1,001 yuan and 4,000 yuan, and 7.69% indicated that the cost was between 4,001 and 6,000 yuan, and the rest was more than 8,000 yuan. 7.69% of the respondents said that the cost was between 4001 and 6000 yuan, and the rest said it was more than 8000 yuan. When asked whether the cost of prenatal checkups and delivery expenses put pressure on individuals and families, 30% of the respondents indicated that there was a certain degree of pressure. Among our respondents, 69.23% did not pay maternity insurance, and 73.08% said that their loved ones did not participate in maternity insurance either. People's awareness of maternity insurance and maternity protection is shown to be vague and without concepts, believing that maternity is a matter for their own family and they have not thought of seeking help. In the survey on the reimbursement of prenatal checkup expenses, the results showed that only 30.77% indicated that they had been reimbursed, a result that indicates that a significant portion of the population (around 70%) had not been reimbursed even though most of the prenatal checkup expenses were concentrated in the lower range. Those who received reimbursement were reimbursed for their maternity expenses through the New Farmers' Cooperative (NFC), which reimburses in two forms: 1. A one-time maternity subsidy is given. For example, a direct subsidy of 1,500 yuan, with no reimbursement for related checkups or delivery costs; 2. Reimbursement of costs related to childbirth and delivery. The reimbursement is managed by reference to hospitalization for illnesses, i.e., if the hospitalization for illnesses in a county hospital is reimbursed at a rate of 80 percent, then the costs associated with the delivery are reimbursed at 80 percent.

When asked, "At the level of maternity protection, what services do you think the government can provide to effectively increase your willingness to give birth?", 61.54% of respondents indicated that the State's strengthening of the construction of basic medical facilities in rural areas and improving the level of medical care would effectively increase their willingness to give birth, while 57.69% indicated that they would like to see the provision of education subsidies and the provision of financial subsidies. 53.85% indicated that the reimbursement for prenatal checkups and hospital deliveries should be increased, 53.85% similarly indicated that incentives should be provided for multiple births, economic subsidies should be provided, and 50% indicated that housing subsidies should be provided as a guarantee. A smaller proportion indicated the need to expand the scope of free infant and child vaccines, safeguard the employment rights and interests of women of childbearing age, and strengthen the construction of childcare services in rural areas, among others. These data show that the government's supportive guarantee measures play an important role in increasing people's willingness to give birth. Medical facilities and standards, education subsidies, costs of prenatal checkups and hospital deliveries, financial incentives for multiple births, and housing subsidies are all important factors influencing people's decisions to have children. Among these factors, education subsidies, prenatal checkups, hospital deliveries, reimbursement of expenses, and incentives for multiple births are essentially economic subsidies. In addition, we should also note that education and medical problems in rural areas and the economic problems of families with many children need to be given priority attention. We should actively explore the sinking of quality education resources and subsidized education funding to reduce the educational and economic burden on families. For families with multiple children, an active subsidy policy may be needed to help them resolve their financial difficulties.

This study has found that, at the present stage, regarding maternity protection for women's families, there is no good balance between the maternity protection needs of rural women and those of women who are covered by urban and rural basic medical insurance. Maternity protection for rural women is limited to the reimbursement of a certain percentage of the costs of maternity examinations and hospitalization for childbirth under the New Rural Cooperative Medical Insurance Scheme (NRCM). There is no protection for the economic losses incurred by families as a result of the loss of labor due to childbirth. In addition, there is a lack of expression of the rich connotations of maternity protection, such as a sound mechanism for mother and child services and improved childcare and child-rearing services. In addition, there is still a perception that childbearing is considered a personal matter, a
woman's business, or a private family matter. At the social level, there is a lack of support for women who give birth and their families.

5. Policy recommendations

Fully addressing the outstanding problems of irregularity and unfairness in the maternity insurance system. The current maternity insurance system covers only female workers, falling far short of the requirements of the "full coverage" strategy. Problems such as unclear channels and low levels of maternity compensation for unemployed women in rural and urban areas need to be addressed urgently. If the maternity protection system is not universally accessible, the spirit of establishing a "fairer and more sustainable social security system" will not be realized. On the other hand, the lack of reproductive rights for rural women runs counter to the theory of social justice and has the potential to widen the gap between the rich and the poor. Although there are differences between rural and urban women and wage earners in terms of the form of their labor and income, and the amount of income lost during childbirth, non-wage earning labor is also labor. Not only are they unable to work during childbearing, but they need to be cared for, which in effect requires increased expenditure, or cooperation among family and friends, which needs to be exchanged for their past or future labor. The low opportunity cost of childbearing for farmers should not be overlooked in favor of the protection of their maternity benefits. In the project survey, we learned that rural women "are not unwilling to participate in and contribute to maternity insurance, but just do not have the means to do so", i.e., rural women are passively excluded from maternity insurance coverage.

Supplementing and improving the new rural cooperative medical system. Under the new rural cooperative medical care system, maternity protection for women is reflected in the reimbursement of items such as maternity check-ups and deliveries, and there is a lack of financial subsidies such as maternity allowances for women who give birth and for their families. Against the backdrop of the merger of urban workers' medical insurance and maternity insurance, it is proposed that the new rural cooperative medical care system be reformed and improved to complement the new rural cooperative medical care system about women's family maternity, to make universal maternity policies accessible to rural women. At the same time, it is being explored whether reforms can resolve the problems and dilemmas faced by the current New Rural Cooperative System, such as the difficulty of raising funds and the irrationality of the payment method.

Promote the building of a childbearing-friendly society in conjunction with the building of family education and family culture. The survey found that some families have erroneous views, such as "childbearing is a woman's business and no one else can help" or "educating children and raising them is a woman's responsibility", which negatively affect the promotion of childbearing. At the same time, we found that the support or otherwise of the first child will also have an impact on the parent's decision to have a second child. article 17 of the Law of the People's Republic of China on the Promotion of Family Education, which came into effect on January 1, 2022, clearly states that family responsibility requires the joint participation of both parents and the role of both parties. With the progress of the times and the upgrading of our thinking, we should fully recognize the responsibility of the family, and that childbearing is not just a woman's business, but an important responsibility for the future well-being of the family, the society, the country, and the human race. Government departments should take the lead, publicize, advocate, and build a childbearing-friendly society in which the whole society acts consciously.

Accelerating the promotion of maternity protection for rural women is a full recognition of the reproduction value of the women's population, which is conducive to improving rural women's family status and promoting gender equality. The establishment of a system of maternity allowances and the inclusion of family planning for all those who give birth in the scope of the guarantee are based on the view of the right to maternity security as a basic right and benefit of nationals and on the recognition of women's contribution to non-wage work, including domestic work.
To effectively promote the reform and construction of the maternity protection system, conditions must be actively created. Conditions should be created to extend the maternity allowance system for employed workers to rural families and urban non-wage earners and to expand the maternity coverage of the new rural cooperative medical care system to form a relatively unified, urban-rural integrated maternity allowance system for the whole of society. On the one hand, it is necessary to appropriately increase financial inputs to compensate rural families and urban non-wage earners for the temporary economic difficulties or economic losses caused by childbirth. On the other hand, farmers should be guided to engage in bottom-up system exploration behaviors, such as exploring the model of insurance paid by village collectives, guiding the development of a stronger collective economy, and guiding farmers to participate in rural economic cooperatives, setting up family rural villages, and other forms of economy to enhance their ability to withstand risks.

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