

Analysis of the Influence of Public Service Policy on the Effect of "Comprehensive Two-child Policy"

Based on the Survey of Three Cities in Shaanxi Province*

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Abstract—Through the investigation of three cities in Shaanxi province, it is found that after the implementation of the "comprehensive two-child" policy, public service policies on birth, education and medical treatment, etc. have been rapidly improved on the original basis, which has reduced the cost of birth and rearing and encouraged the initiative of the masses to have children. However, under the current policies, the government can only play an "underpinning" role. There is a big gap between the government's support and parents' pursuit of improving the quality of their children, thus it is not enough to change the current population situation. The change of bearing concept, the constraint of economic conditions, the lack of childcare services, and the imbalance of educational resources are all important factors that restrict the two-child birth. The country should implement the policy of encouraging childbearing as soon as possible, popularize high-quality childcare institutions, increase the number of public kindergartens and focus on improving the quality of compulsory education, and create an atmosphere of encouraging childbearing in the whole society so as to gradually change people's bearing concept.

Keywords—public service policy; "comprehensive two-child policy"; effect

I. INTRODUCTION

China's total fertility rate (TFR) has fallen below the replacement level of 2.1 since the beginning of the last century. Since the new century, there has been a lot of controversy about the value of this index, but the relatively recognized range is between 1.6 and 1.8 — 1.2 according to the 2000 census; 1.33 according to the 2005 national sample survey of 1% of the population; 1.74 according to the 2006 national population and family planning sampling survey; 1.66 according to Zhai Zhenwu, Chen Wei (2007); 1.47 according to Guo Zhigang (2009); 1.18 according to the sixth national census in 2010; 1.4 according to Chinese Academy of Social Sciences (2015); ranging from 1.63-1.66 during 2008-2010 and 1.7 in 2017, according to Zhai Zhenwu's estimation using household registration data (2015) Compared with other countries in the world, the change of

fertility rate in China "has a very obvious trend of convergence with Europe and neighboring developed countries", "is far lower than the average level of India, Asia and the world, lower than the average level of North America, and only second to the average level of Europe, Singapore, South Korea and Japan" [1] (Yang Juhua, 2011). China is close to or has fallen into a low fertility trap (China is close to or falling into a low fertility trap (TFR below 1.5). This data was 5.87 in the 1950s, 5.68 in the 1960s, 5.81 in 1970 and 2.31 in 1980 [2]. The sharp decline in the TFR has been accompanied by a decline in willingness to bear children. The desired number of children was around 2-2.5 in the 1990s; according to the 2007 national public opinion survey on social conditions of residents, the average number of children residents intend to have is 1.89 (Zhuang Ya'er et al., 2014); according to the survey on hot issues of family happiness in China in 2012, the desired fertility level of people of childbearing age was 1.82-1.88, with an estimated value of 1.86 (Wang Jun, Wang Guangzhou, 2016).

Low fertility for more than 20 years has created serious social problems in China: "getting old before getting rich". Firstly, the proportion of the population aged 65 and above in the total population in previous censuses: 4.4% in 1953; 3.6% in 1964; 4.9% in 1982; 5.6% in 1990; 7.0% in 2000; 8.87% in 2010. According to the statistical bulletin on national economic and social development 2014 issued by the National Bureau of Statistics, there were 137 million people aged 65 and above in 2014, accounting for 10.1% of the total population; 10.5% in 2015; expected 12.04% in 2020; expected 21.96% in 2040; 23.07% in 2050. (Zhou Wenjing, 2014) According to the United Nations statistical standards, a country of which the population at and over 65 years old accounts for 7% of the total population is an aging country. Second, the balance of sex ratio at birth is broken (according to the national 1% population sampling and population census data, the sex ratio at birth in China in 1982, 1990, 2000 and 2010 were 108.47, 111.14, 116.86 and 117.94 respectively, and 121.21 in 2009-2010). Third, the problem of supporting old people is looming large (Total dependency ratio in 2014 was 36.2% [3]). Fourth, the risk of single-child family to their only child rises. Fifth, the problem of structural labor shortage emerges, etc. Some scholars worry that the decrement of population will lead to the decline of Chinese civilization, and Professor Chen

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Youhua (2016) even appealed that "continued low fertility rate means human suicide".

In October 2015, the Fifth Plenary Session of the 18th CPC Central Committee decided to "fully unveil the two-child policy", which was implemented on January 1, 2016. This is a strategic and overall adjustment of China's family planning policy after the "two-child policy for only-child couples" and "selective two-child policy", in the hope that the reform of this basic state policy can alleviate or fundamentally solve China's population problem. The adjustment of the top-level design is only the first step to solve the population problem and the increase of fertility rate will not be achieved overnight. The fact that the implementation effect of "two-child policy for only-child couples" and "selective two-child policy" is far worse than expected is the best proof.

If the family planning policy was the driving force behind the decline in China's birth rate in the 1980s and 1990s, then the changes in the new century can be attributed to the intertwined effects of social and economic development, family planning policy and the change of birth concept. Modern population reproduction pattern has changed from high, high and low (high birth rate, high death rate, and low natural growth rate) to low, low and low (low birth rate, low death rate, and low natural growth rate). According to Becker's (1990) principle of "quantity and quality balance", families reduce fertility behaviors in order to improve the quality of their children. "The rising cost and declining utility of children and the trend of pursuing individual freedom" make people "consciously limit childbearing" [1]. People pay more attention to improving their own quality and realizing their self-value, and tend to have fewer and better or even no babies [4]. After this fertility culture is formed, "it has a greater role than the childbearing policy, with an inertia that the policy is difficult to influence and adjust" [5]. Song Jian (2008) believed that among various factors affecting the fertility intention of couples of child-bearing age, the concept of fertility is the key, economic development is the catalyst, and various supporting policies and relevant systems are the guarantee [6].

Professor Chen Youhua (2015) believed that the family planning policy, in its narrow sense, includes birth control policy, contraception policy, reward and punishment policy and publicity policy, and in its broad sense, it also includes family policy, education policy, housing policy, medical policy, employment policy and other relevant policies [7]. "In order to promote the long-term balanced development of population, the role of the adjustment and improvement of the fertility policy must not be over-amplified and it is necessary to implement other population policies" [8] (Zhai Zhenwu, Li Long, 2014). "It is necessary to strengthen the forecast of demand and supply of basic public services, and do a good job in the prospective allocation of basic public service resources" [9], so as to escort the implementation of policies. By improving the social security system the government can externalize and socialize part of the cost of family rearing in order to encourage the second child rearing. (Hu Meijuan, 2015) [10]

In 2017, the second year after the implementation of the "comprehensive two-child policy", the problem of birth accumulation that had been feared before the policy was relaxed did not appear. There were 630,000 fewer births in the whole year than in 2016, and the birth rate was 0.52‰ lower than in 2016 (bulletin of the national bureau of statistics). How to ensure that couples of childbearing age who are in line with the family planning policy are willing to give birth, can give birth, have a healthy baby and raise the child well, so as to avoid the chill welcome of the "comprehensive two-child policy" which the "two-child policy for only-child couples" and "selective two-child policy" encountered before? How to solve the population problem fundamentally? These public service policies in the short term are reflected in medical service security for the midwifery capacity of hospitals, pregnant women in perinatal period, infant health care, etc.; in the medium term, they are reflected in the advance planning of child-care center, kindergarten and elementary and secondary school and the gradual reduced cost of birth and rearing; in the long run, they are reflected in the improvement of comprehensive supporting facilities, especially the transformation of the whole society's fertility culture and fertility concept.

This paper analyzes the impact on the "comprehensive two-child policy" based on the family planning service policy, education service policy and medical service policy that have been implemented in China, and puts forward corresponding countermeasures and suggestions through field research and on the premise of mastering the basic situation of policy implementation.

II. DATA SOURCE AND POLICY ANALYSIS

A. Data Source

Entrusted by the health and family planning commission of Shaanxi province, the project team of "research on the construction of Shaanxi province's system that encourages birth by policy" carried out a half-year research from July to December 2017. The survey aims to fully understand the basic situation of birth, upbringing and education services in Shaanxi province, the implementation of the policy and the influencing factors in the implementation of the comprehensive two-child policy. This research is divided into three basic forms: discussion, interview and questionnaire. In order to reflect the overall average level of Shaanxi province, this paper selects relevant data of city B in northern Shaanxi, city Z in Guanzhong Area and city N in southern Shaanxi for analysis. A total of 81 staff members from relevant departments including municipal and county health planning bureaus, education bureaus, cooperative treatment offices, human resources and social security bureaus and maternity and child care hospitals were interviewed; the interviewees are 58 people working in township, street and other basic units and some urban and rural residents; the questionnaires are filled out by married women aged 25-45 in urban and rural areas were surveyed, who were selected in the method of random sampling and evenly distributed in urban and rural areas, relatively economically developed, medium developed and less

developed area in the three cities. (A total of 1,000 questionnaires were distributed and 936 valid ones were recovered.)

In addition to the above field survey data, the continuous statistics were provided by the health and planning commission of Shaanxi province.

B. Basic Data Analysis

This paper divides the services and policies that have been implemented and involved in the development of children from gestation to adulthood into four categories: maternal service policy, educational service policy, medical service policy and employment policy. The contents of questionnaire are sorted out in "Table I".

TABLE I. POLICY CLASSIFICATION AND SPECIFIC CONTENTS

maternal service policy	Prenatal check-up, free pregnancy test, free folic acid
Educational services policy	entering nursery: have entered a nursery or not; nature of the nursery; charges entering kindergarten: have entered a kindergarten or not; nature of the kindergarten; charges entering a school: public or private; charging standards; whether there is arbitrary charge; the awareness rate of 13 years of compulsory education
medical service policy	maternity insurance: participation; reimbursement ratio medical insurance: nature (social security, commercial insurance); fee standard; reimbursement ratio; medical convenience: children's hospital; beds; charge
Employment services policy	Maternity leave days; post adjusting or not; impact on wages; impact on career development

1) *Maternity services policy*: At present, family planning services mainly focus on pre-pregnancy health examination, health care services during pregnancy and delivery, comprehensive prevention and treatment of birth defects, providing necessary assisted reproductive technology for infertility, and treatment of critical diseases of pregnant women and newborns. Among the above services, pre-pregnancy eugenics examination and free distribution of folic acid are the longer and more common ones are. According to the survey data, among the 252 female with children aged 0-1, 69.64% have got folic acid for free; 23.21% have not with the awareness of this policy; and 7.14% didn't even know this policy. Regarding prenatal eugenics examination, 69.39% of the respondents had received prenatal eugenics examination; 24.49% haven't received it with the awareness of the policy; and 6.12% were not aware of the policy. The awareness rate and participation rate of the two policies are high and the implementation effect is good.

91.38% of the respondents chose public hospitals and 8.62% chose private hospitals to give birth. In terms of the main factors considered in the selection of hospitals, 41% of respondents choose hospital reputation; 49% choose hospital environment; 56% choose hospital equipment; 62% choose doctor level; and 15% pay attention to the cost of production. In terms of labor costs, 31.67% are below 2000 yuan; 41.67% are between 2000 and 4000 yuan; and 26.66% are above 4000 yuan. Of these, 64.58 percent are below 2,000 yuan and 12.5 percent are over 4,000 yuan. 92.75% of the respondents participated in urban and rural medical and maternity insurance and get reimbursed. Respondents are more likely to choose public hospitals. The comprehensive coverage of medical insurance in urban and rural areas has reduced the cost of the production process. The cost of production is not the main factor restricting people's reproductive behavior, and the respondents pay more attention to the level of doctors and hospital facilities when choosing hospitals.

2) *Educational service policy*: The survey was conducted among 472 respondents with children aged 1 to 3. 76.97% of the respondents' children were mainly taken care of by parents, 17.14% by grandparents, and 12.12% by other means. 27.93% of respondents have a childcare facility nearby, and 71.51% doesn't. Even with childcare facilities, 58.49% of respondents chose not to attend, because their children are under the care of someone (44.71%); their children are too young (39.02%); the cost is too high (12.20%) and there are other factors (4.07%).

The survey was conducted among 463 respondents with children aged 3 to 6. 57.58% of the children stay in the kindergarten all day; 31.06% of the children stay the kindergarten half day; and 11.36% of the children did not enter the kindergarten. Among the reasons for children's not entering the kindergarten, the children's age was the main reason (60%); they are being nursed (28.89%) and the cost is too high (2.22%). 81.07% of the respondents showed that the monthly fee for kindergartens was less than 1,000 yuan, and 98.5% of the respondents had an ideal enrollment fee of less than 1,000 yuan. 83.45% of the respondents' children were under the care of parents; 10.07% were under the care of grandparents; and 6.47% were nursed by other means.

The survey was conducted among 256 respondents with children aged 6 to 18. 81.94% of the respondents knew that 13 years of compulsory education had been implemented in Shaanxi province, including 6 years of primary school, 6 years of junior high school and senior high school as well as kindergarten. 18.06 percent of respondents said they were not aware of the policy. 70.42% of the respondents believe that there is no arbitrary charging in schools; 26.06% of the respondents believe that there is, but it is rare; and only 3.52% believe that there is widespread arbitrary charging. When answering the impact of compulsory education on promoting the implementation of the "two-child policy", 65.94% of the respondents thought it had no impact; 31.53% thought it had a relatively positive impact; and 2.54% thought it had a negative impact.

According to the interview results of government officials, Kindergartens are mainly run by the private sector, accounting for more than half of the total. But every township, every district and county is guaranteed to have at least one public kindergarten. Public kindergartens are provided with teaching auxiliary, learning materials, health care and education, and school uniforms for free. Private kindergartens are subsidized according to public standards. Primary and secondary schools have been carrying out compulsory education for 13 years since the fall semester of 2016. In mountainous areas and poverty-stricken rural areas, students can enjoy free nutritious meals (packages) in addition to books, homework and school uniforms, which can free them from educational burden.

3) *Medical service policy*: 72.28% of the respondents think that the hospital is very crowded or crowded when they bring their children to hospital after the child gets sick; 24.23% think it uncrowded; 3.61% very uncrowded. 59.91% of respondents believe that the beds in hospital can meet the requirements of children's hospitalization, while 40.09% believe that it can't.

From the interviews with the government staff, it can be seen that the medical insurance has been fully covered, and the birth expenses have been fully included in the urban and rural medical insurance system. The participation rate of the new type of rural cooperative medical insurance benefiting the general public is over 95%, and the payment standard is 130 yuan per person/year, with the remaining 490 yuan allocated from the finance department. Taking part in the new rural cooperative medical system (NCMS) means they can apply for reimbursement for all costs of production inspection, the birth process, the medical costs of newborns before household registration, 70% of the cost of children that age from 0-14, with the minimum deduction as 500 yuan, 70% of the costs of congenital heart disease combined therapy, with the rest 20% and 10% undertook by the government and individuals themselves respectively. In addition to the crowdedness in the hospital, the lack of professional paediatrics and children's hospitals, the public is relatively satisfied with other conditions.

4) *Employment service policy*: According to the population and family planning regulations of Shaanxi province issued on May 26, 2016, maternity leave, nursing leave and lactation leave will be extended. "10 more days' marriage leave shall be given to couples that have pre-marriage check-ups before marriage registration; mothers who give birth to children legally shall be given 60 more days' maternity leave; female employees who participate in the pregnancy test shall be given 10 more day's maternity leave; males shall be given a nursing leave for 15 days; males who live in a different place with their spouse shall be given a nursing leave for 20 days; female employees with children within one year's old shall be given a breastfeeding leave for 3-6 months where the work unit can't provide a breastfeeding condition.

According to the actual survey data, 32% of the respondents have taken 90 days of maternity leave, 36%

have taken 120 days, and 16% have taken 150 or 180 days. From the perspective of salary during production, 16.67% of the respondents receive 30% to 50% of the salary before production, 33.33% of the respondents receive 50% to 90% of the salary before production, and 66.67% of them show that their salary is basically the same as that before production. From the perspective of job stability, 14.29% of respondents reported that their jobs were adjusted due to production, 57.14% thought that their jobs were not affected, and 35.71% thought it was unclear. 10.71% of respondents believe that having children has a great negative impact on their career development. Due to the short implementation time of the new maternity leave policy, the effect of the policy cannot be shown in the survey data. (The data above exclude women who are housewives.)

In addition, the influence of the national two-child policy on promoting the increase of the total fertility rate and encouraging childbearing enthusiasm of couples of child-bearing age varies greatly among regions — in the regions with strict family planning policies in the early stage, the general answer will be significantly positive; yet in areas with loose policy implementation the general response is almost no effect.

III. ANALYSIS OF THE INFLUENCE OF PUBLIC SERVICE POLICY ON THE COMPREHENSIVE TWO-CHILD POLICY

According to the above survey data, with the implementation of the "comprehensive two-child" policy, the service in fertility, parenting and education was accelerated on previous basis, and the overall implementation effect of various policies was good, benefiting the common people. It reduces the cost of giving birth to and bringing up children, improves the quality of the population and encourages some people to have children. The above mentioned free pre-pregnancy eugenics examination, free folic acid distribution, extended maternity leave, increased nursing leave, extended compulsory education time, reduced fees and so on have been generally recognized by the respondents. In particular, the medical insurance system covering the vast number of urban and rural residents has greatly reduced the cost of medical treatment due to its low payment and high reimbursement rate, making it convenient for urban and rural residents to receive basic medical services.

However, the implementation of these policies and measures cannot fundamentally meet the requirements of the broad masses of the people, remove their worries and change their willingness to bear children.

A. *The Fundamental Reason Is the Change of Fertility Concept*

The change of fertility concept is mainly reflected in two aspects: first, the issue of whether to give birth or not; second, quality and quantity of birth. Women of child-bearing age are now concentrated in those born between 1975 and 1995. Concepts like "the more sons the more blessings" and "every sheep has its own handful of grass under its beak" have long been removed from their mind. As far as children are concerned, they generally pay more attention to nutrition,

health, education, future employment and life. It is commonly believed among them that instead of spending limited financial resources and energy on raising several children, it is better to devote myself to making one child better. As far as individuals are concerned, females in this generation have their own career and pursuit of a quality life, and are not willing to work all their lives around their children and the cooking stove. After the implementation of the "two-child policy", women born in different generations are faced with different choices: women born before the 1970s are basically past the reproductive age; women born in the middle and late 1970s and early 1980s, because of their age, have many concerns from the perspective of children's physical and mental health — will the child be born healthy? Who will take care of the child when parents are getting old and it's difficult to find an appropriate baby-sitter? Can the child grow up healthily with my accompany? Will my age give the child pressure? Women born in the late 1980s and 1990s have not accumulated a solid economic foundation. This generation is generally more self-centered and concerned about their quality of life. Besides, they are still young and not eager to have a second child. The most direct beneficiaries of the "comprehensive two-child" policy should be the staff in institutions (government organs, public institutions and state-owned enterprises). But in interviews, 85 percent of those interviewed said "they were willing to have children but unwilling to do so".

B. Economic Pressures Remain the Main Constraint

According to the above survey data, national policy services cover all aspects in pre-pregnancy, mid-pregnancy, postpartum, education and medical care, greatly reducing the cost of giving birth to and rearing children. However, the cost of production, childcare, enrollment and enrollment is not the main factor affecting parents to make corresponding decisions. The financial help these policies provide is only a small part of what it takes to raise a good child. Joining a postpartum care center costs over 10000 yuan, hiring a babysitter over 5000 yuan, milk powder, diapers and nutrition products over 2000 yuan/month, and enrolling a child for early education class over 1000 yuan/month. After the children enter the kindergarten, even if the tuition fee is deducted, all kinds of interest classes and tutorial classes cost tens of thousands every year. These extra expenses far exceed the tuition fees paid to the school. When they grow up, they have to spend a lot of money to buy a house, a car and a bride price. Raising children is an irreversible process, in which parents want to give them the best financial support within their reach. The reduction of the number of Children is the best way to realize this wish under the existing conditions.

C. The Lack of Public Services of Child care Is an Important Influencing Factor

It takes the most time and energy to take care of children between 0-3. According to the above survey data, 76.97% of the respondents with children aged 1-3 are under the care of parents (mainly mothers), and 83.45% of the children aged 3-6 are under the care of parents (mainly mothers). 71.51% of the respondents have no child care institutions nearby (in

fact, in the surveyed area, there are almost no child care institutions for children under the age of 3, and there are only small classes of kindergartens for children aged 2-3). The lack of childcare facilities has led to the prominent problem of many couples of child-bearing age of who will take care of the child when considering whether or not to have a second child. While 57.14% of respondents believe that having children has no impact on their career development, the data come only from the current working women (most of whom have only one child), little do people see that many mothers have given up their jobs to become full-time mothers because of bringing up children, which has a permanent and complete impact on their career. This means that in most families, by the time their children are 3 or even 6 years old, the mother has to pay more time cost or even sacrifice her career to take care of the children.

D. Uneven Allocation of Educational Resources Aggravates the Increase of Hidden Cost of Education

It can be found from the survey that in the vast rural areas or mountainous areas, as a result of the merger of village and township schools, children have to concentrate in towns, counties and even further away for going to kindergartens, primary schools and middle schools, when they could have been go to school at home. After the implementation of the compulsory education, students don't need to hand in the tuition and fees but have to rent or buy a house and be accompanied by someone especially for their study. This trend of pursuing educational resources shows a trend of gradual transfer: families with general conditions concentrate in towns and counties; families with relatively good conditions concentrate in prefecture-level cities and those with even better conditions concentrate in provincial capitals. This means that the cost of going to school is not only the tuition and miscellaneous fees, book fees, and operating fees that are waived by the state, but also the additional housing purchase fees, school selection fee, round-trip transportation fees, and accompanying study costs borne by the family. Many families are already overwhelmed by a child's education if the cost of after-school tuition is taken into account. At the same time, the "siphon effect" of the city makes schools in different areas face the distinctly different situation: middle schools in towns and counties are in the doldrums with only one class of twenty or thirty people in one grade; yet middle schools in prefecture-level cities, provincial capitals are in full swing, with twenty or thirty classes in each grade, 50-60 people per class. The unfairness of educational resources lies not only between urban and rural areas, but also between public and private schools. Due to the flexible incentive mechanism, employment mechanism and management mode, some relatively mature private schools have gathered a large number of high-quality educational resources (teachers, hardware facilities, students, advanced management ideas, etc.), based on which they can make remarkable achievements. This gap exists from kindergarten, primary school, middle school to high school. When conditions permit, many parents give up the cheap public compulsory education and choose private schools, which will undoubtedly increase the educational burden of the family.

IV. COUNTERMEASURES AND SUGGESTIONS

A. *Early Implementation of the Family Planning Encouragement Policy Raising Children Is a Kind of Labor That Provides Public Goods for the Society with Its Own Hardships*

The cost is rising sharply while the benefit is decreasing sharply. This is also an important reason for the decline in fertility willingness. The implementation of the birth encouragement policy is extremely urgent. Its role is to reduce the economic burden of the family in the first place, and in the second place to create an atmosphere where having children is to make contributions to the society. The national finance can pay the average social salary for mothers of children aged 0-3 years, and increase the income of working mothers during their childbearing period, instead of reducing their income; give family that have a newborn second-child one-time award and the award standard can be decided by each district according to actual situation; distribute child support allowance for nutrition or education of children from birth to 18 years of age; and fully implement the policy of free pre-pregnancy and in-pregnancy checkups, free childbirth, and free medical treatment for common diseases from 0 to 6 years old.

B. *Establishing Non-profit Childcare Institutions Generally to Provide Childcare Services for Children Aged 0-3*

The old practice of placing responsibility for the care of young children on the old or the mother should be changed because it not only increases the burden on the elderly, aggravates family conflicts and worsens the relationship between mother-in-law and daughter-in-law, but also affects women's career development. The establishment of socialized childcare institutions is a good solution. Currently the site should be selected in towns, counties and places where the population is concentrated, and the service objects should mainly be non-agricultural industries and couples of child-bearing age with fixed working hours. The state should strengthen the cultivation of infant professionals on the basis of the original nursing and preschool education. Eligible enterprises and institutions should be encouraged to carry out pilot projects with the policy support by public finance so as to gradually introduce nongovernmental funds, and strengthen oversight and supervision by relevant departments.

C. *Increasing the Number and Quality of Public Kindergartens*

At present, in the stage of kindergarten education, private kindergartens have obvious advantages in quantity, scale and quality. Its biggest drawback is the high fees, but public kindergartens have become a scarce resource. One the one hand, to save costs, parents resort to social connections and money, or even pay the kindergarten down payment for a place in line, only to find the gap in management services of public kindergartens with private ones. On the other, parents whose children are in private kindergartens complain about the high charges. The state should increase the investment in public kindergartens to increase its number, the number of

children in public kindergartens, and reduce the cost of early childhood education.

D. *Focusing on Improving the Quality of Compulsory Education*

The popularization of compulsory education has only solved the problem of "having access to education that is affordable", and further efforts should be made to enable children from ordinary family to receive education of good quality. Compared with high-quality private schools, the hardware facilities of public primary and secondary schools have been improved, but the management philosophy, competition mechanism, incentive mechanism and faculty have not kept up. Therefore it is necessary to end the egalitarian practice of public schools, encourage competition, attract and retain more good teachers and students, and improve the quality of compulsory education. The popularization of high-quality compulsory education plays an important role in reducing the burden of family education.

E. *Increasing the Construction of Public and Professional Children's Hospitals*

It is necessary to increase or set up special children's hospitals, encourage larger children's hospitals to set up branches in districts and counties with concentrated population, strengthen the training of pediatricians, improve the pediatric facilities in general hospitals, improve their ability and quality of receiving diagnosis in prefecture-level cities and counties, so as to solve the problem of crowded treatment.

F. *Strengthening Publicity and Creating an Atmosphere of Encouraging Childbearing in the Whole Society*

Some experts use "avalanche" to describe the change of China's changing population situation. By publicizing the population situation through the media, the family planning policy will be raised to the height of responsibility to the state and society. And people need to be aware that it is an honorable act to have children, which contributes to the prosperity of the country, the society and even the mankind.

V. CONCLUSION

After the implementation of the "comprehensive two-child policy", the fertility, education, medical and other service policies in the surveyed areas have made great progress and improvement on the original basis, and the policy has been well implemented. The reasons for China's long-term low fertility rate are as follows: the fundamental reason is the change of fertility concept; economic pressures remain the main constraint; the lack of public child care services is an important factor; uneven allocation of educational resources aggravates the hidden cost of education and increases the burden of raising children. The current public service policy can only provide the most basic services, and cannot fundamentally reduce the economic cost, time cost and opportunity cost of child-bearing and child-rearing for couples of child-bearing age, let alone change people's conception of child-bearing in a short period of time.

Therefore the state should implement the policy of encouraging childbearing as soon as possible, pay social average wages to mothers of 0-3-year-old infants and young children, give one-time rewards to families with newborn second child, pay child-care allowances, and implement the whole-process free production; establish non-profit childcare institutions for children aged 0-3 universally; increase the number and quality of public kindergartens; focus on improving the quality of compulsory education; and strengthen publicity to create an atmosphere that encourages childbearing throughout society.

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