**Impact of COVID-19 and Recovery Roadmap in China**

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According to the WHO report, as of October 2023, the COVID-19 has led to more than 770 million infections and 6 million deaths worldwide. The epidemic is the most serious infectious disease pandemic that has occurred globally in a century, and it is the fastest spreading, most widely infected, and most difficult to prevent and control public health emergencies in China. Although China has made significant adjustments to its epidemic prevention and control policies, in the post epidemic era, the epidemic may not disappear completely, but has its ups and downs, and it is highly likely that it will co-exist with human society for a long time, with long-term demographic and socio-economic impacts. So, what kind of impact has the COVID-19 had on our population and families? What measures should be taken to cope with the impact of the epidemic on population and families in the post epidemic era? These are important questions that need to be answered in order to promote high-quality population development in the face of the long-term impact of the epidemic.

**I. Impact of** **the COVID-19 on China's Population**

**1.1 The COVID-19 further depresses China's fertility levels**

The COVID-19 has further depressed fertility levels in China against the backdrop of the continued low number of births in the country in recent years. The number of new births in China declined from 12.01 million in 2020 to 10.65 million in 2021, and then to 9.56 million in 2022.The number of births in November and December 2020 decreased by more than 45 percent compared to the same period in 2015 due to the impact of the outbreak, suggesting that the outbreak at the beginning of 2020 severely curtailed people's childbearing plans, leading to a sharp year-end decline. In particular, the impact of the COVID-19 epidemic was most pronounced among young women of childbearing age under 30, with the largest year-on-year decline in the number of births in 2020 compared to 2019 among women under 30, at 23.6 percent, which was higher than in other age groups (9.0 percent and 19.6 percent for the 30-34 and 35-39 age groups, respectively).

A combination of factors has led people to delay entering into marriage, dampen their desire to have children, and postpone or cancel their childbearing arrangements.

Firstly, the reduction in income as a result of the epidemic, which has caused some people to lose their jobs or take pay cuts, is an important reason for the decline in fertility intentions. Unemployment data from the National Bureau of Statistics for April 2022 show that the problem of unemployment among young people has become more acute under the impact of the epidemic, with the surveyed unemployment rate for 16-24 year olds at 18.2 per cent, an increase of 2.2 percentage points compared to March, the highest since historical data became available.

Secondly, the epidemic has led to the suspension of offline teaching in primary and secondary schools and kindergartens in many cities, thus increasing the burden on parents to care for their children and further reducing the desire to have children. Globally, Israel has the highest fertility rate among all developed countries in the world. In recent years, the average fertility rate in developed countries has been around 1.6, while Israel's fertility rate is as high as 3.1. An important reason for Israel's high fertility rate is that Israel's early childhood enrolment rate is higher than that of the vast majority of the world's countries, and primary and secondary school pupils stay in school longer than in the vast majority of the world's countries.

Thirdly, due to epidemic prevention and control, some places have suspended marriage registration operations, which has directly led to people postponing the marriages. For example, data from China's Ministry of Civil Affairs show that the number of marriage registration pairs in the first quarter of 2020 was only 1,557,000, while the number of marriage registration pairs in the first quarter of 2019 was 2,815,000 pairs.

**1.2 The COVID-19 has had a major impact on mortality and life expectancy**

The COVID-19 cause short-term increases in mortality and decreases in life expectancy. According to the latest WHO estimates, the total number of deaths directly or indirectly related to the epidemic (known as "excess deaths") between 1 January 2020 and 31 December 2021 is estimated to be 14.9 million (range: 13.3-16.6 million). Patrick Heuveline, a professor of sociology at the California Population Research Centre, found that life expectancy worldwide fell by 0.92 years from 2019 to 2020 and 0.72 years from 2020 to 2021 following the outbreak, a total reduction of almost two years, and the first decline in life expectancy since the United Nations began estimating life expectancy in 1950. The decline is also the first since the UN began estimating life expectancy in 1950

The number of deaths in China has climbed somewhat in the short term after further adjusting preventive measures for the COVID-19. According to the National Health Commission from 8 December 2022 to 12 January 2023, a cumulative total of 59,938 in-hospital COVID-19 infection-related deaths occurred in healthcare institutions across the country, of which 5,503 deaths were caused by COVID-19 infections leading to respiratory failure, and 54,435 deaths were caused by COVID-19 infections in combination with underlying diseases.

**1.3 Adverse effects of the COVID-19 on the mental health of the population**

The outbreak has significantly increased public anxiety and depression. Using data from 204 countries and regions from January 2020 to January 2021, The Lancet found that the epidemic led to an increase in the prevalence of anxiety disorders in 2020 of about 0.76 billion, an increase of about 25.6 percent. And the epidemic has led to an increase in the prevalence of depression by about 0.53 billion in 2020, an increase of about 27.6 percent. An online survey conducted in China two weeks after the outbreak showed that more than half of a total of 1,210 respondents rated the psychological effects of the outbreak as moderate or severe, with 36.4 percent reporting symptoms of anxiety, 32.4 percent reporting feeling stressed, and 31.3 percent experiencing depressive manifestations . In the early stages of the epidemic, incomplete information about the channels of transmission of the virus, treatments and safety measures led to public fear and anxiety, and the blockade measures triggered a state of anxiety and insecurity.

**1.4 The particular impact of the** **COVID-19 on older adults**

Firstly, the COVID-19 poses a significant risk to the lives and health of older adults. By mid-February 2020, while the majority of COVID-19 cases in China occurred in those aged under 70, those aged 80 years of older had a case fatality rate of 22 percent and accounted for 15 percent of deaths. The elderly have lower levels of autoimmunity than other groups, and often suffer from many underlying and chronic diseases, making them more likely to be infected with the new coronavirus and more likely to develop severe symptoms after infection. In addition, during the outbreak containment period, access to health care for older persons was also greatly affected, with older persons suffering from illnesses postponing hospital treatment, reducing their use of health-care services and stopping attending outpatient clinics, which had a negative impact on their health care.

Secondly, the epidemic has affected the daily social interactions of older adults, which has had an adverse impact on their mental health. While the daily lives and social interactions of older adults are mainly concentrated in the community, parks and other locations, the reduction in the number of outings at home during the epidemic has greatly restricted the social activities of older adults and widened the distance between older adults and the community, especially for those living alone in isolation at home and those who are widowed and isolated, thus exacerbating the problem of their marginalization.

Thirdly, the prolonged duration of the epidemic has further led to the integration of more older adults into the information society, but more older adults are also facing the problem of the digital divide. During the epidemic, the "health code" became a basic pass for daily travelling, and online consultation and mobile phone booking also became a major means of accessing medical care during the epidemic, further highlighting the digital divide among the elderly.

**II. Impact of the COVID-19 on Chinese Families**

**2.1 Impact of the COVID-19 on the economic stability of households**

Firstly, households were hit at the economic level. On the one hand, the global economic downturn caused by the epidemic forced many people to lose their jobs or reduce their working hours, and the income of most households was generally reduced significantly. On the other hand, household expenditures have not decreased, but even increased due to healthcare costs or distance learning. The "Trend of Household Wealth Changes in China under the Epidemic - China Household Wealth Index Research Report (2020Q1)" released in April 2022 shows that the epidemic has had a greater impact on middle- and low-income households.

**2.2 Unprecedented increase in demand for home-based care due to the COVID-19**

In order to control the spread of the epidemic, childcare institutions and schools in many countries have been forced to close temporarily for varying periods of time. With young children in need of care and older children in need of homework help, parents have to take on different roles to meet the different needs of their children. For urban families, restrictions on mobility bring back into the home the domestic labor that would otherwise be shifted outwards.

**2.3 Impact of the epidemic on the household division of labor and gender inequality**

In economic and employment terms, the epidemic has exacerbated women's employment difficulties and economic vulnerability, with women more likely than men to face unemployment, reduced work output and lower incomes. In terms of family care, women tend to be more responsible for household chores and caring for family members due to home segregation. Women personally take on most of the unpaid care workload transferred from the State and society to the family, including child and elderly care, calming family members, promoting healthy living, and other family labor and responsibilities, and therefore face more family conflicts or suffer greater stress.

**2.4 Changes in family relations**

In the family, this change is reflected in the patterns of behavior between husband and wife as well as between parents and children. Firstly, while increasing online interactions to obtain information, intra-family communication became closer, and the uncertain external environment facilitated intra-family communication. Family members are also better equipped for face-to-face offline interactions, and intra-family communication becomes more frequent. Secondly, the offspring spend significantly more time with their parents than in the non-epidemic period. When the offspring are in the same space with their parents for a long period of time, there is a significant rise in intergenerational communication and contact compared to the past.

**III. Recovery Roadmap for China's Population and Family Development in the Post-Epidemic Era**

**3.1 Improve the fertility support system and enhance fertility intentions in the post epidemic era**

Firstly, promoting the high-quality development of a universal childcare service system. It is necessary to vigorously develop community child-care services and build community child-care service facilities that are commensurate with the size of the local resident population; to promote the provision of child-care services by employers for their employees; and to formulate and introduce national vocational skills standards for child-care instructor qualifications and other qualifications, so as to attract more talented people to join the child-care industry.

Secondly, the reproductive rights and interests of female groups must be safeguarded from multiple angles. There is a need to effectively safeguard women's equal employment rights and to protect the special labor rights and interests of women during pregnancy, childbirth and breastfeeding in terms of working hours, wages and labor intensity. It is also necessary to strengthen employment and entrepreneurship support policies, and to provide vocational skills training and other public employment services to women who wish to be reemployed after childbirth. Female workers can make use of maternity leave to actively learn about work and improve their overall quality, so as to avoid being out of touch with the content of their jobs afterwards. Finally, the system of shared parental leave and childcare subsidies should be improved.

**3.2 Improve the health prevention and control system and enhance the ability to respond to major public health** **emergencies**

The level of investment in public health should be increased. There is a need to reform and improve the disease prevention and control system. List the health sector as an important area for expanding effective investment; optimize the structure of investment in medical and health resources; accelerate the layout of a number of national clinical medical research centers, and strengthen basic research and the development of core technologies in the field of life sciences, so as to increase the strength of epidemic prevention and control.

**3.3 Focus on the mental health of the population in the post-epidemic era to enhance psychological resistance and resilience**

In future public health emergencies, attention should be paid to the mental health of the population. An assessment system should be constructed to identify high-risk groups at an early stage. Moreover, it should carry out publicity on psychological knowledge, set up a hotline for psychological assistance services and establish a social support system to mitigate the psychological harm caused by the epidemic. Combining emergency assistance with long-term sustainable work, and combining prevention with intervention, can effectively and sustainably improve people's resilience levels and prevent post-disaster psychological epidemics.

**3.4 Focus on the older adults and improve the social governance system for the ageing society in the post-epidemic era**

Firstly, the government's guiding role should be brought into play to ensure comprehensive coverage of basic old-age services. Social security-based old-age services should cover every stage of the lives of the elderly groups in time, should include various aspects of medical care and psychological care for the elderly groups, and should cover all elderly groups without discrimination. There is a need to further increase the construction of basic old-age services in order to guarantee equity in access to old-age services for the elderly population.

Secondly, enterprises, communities, public welfare organizations should focus on the specific needs of the elderly and provide them with a full range of elderly services, including medical care, life care and spiritual and cultural services. Medical care is the most important need of the elderly. In response to the previous epidemic prevention and control of elderly people's difficulties in accessing medical care, the community should work together with the nearest hospital to form a complete and continuous guidance services for the elderly. At the same time, areas with the necessary conditions should further sink medical resources and establish a point-to-point long-term medical follow-up mechanism for the elderly.

**3.5 Establish the support system and strengthen the family's resilience to risks**

Firstly, social protection policies for families should be established. At the level of family livelihood, the Government can meet the basic survival needs of families through various cash subsidies, unemployment insurance, interest-free short-term loans and so on, so as to safeguard the economic security of families. At the level of family health, the social protection system can ensure that sick family members receive timely and affordable treatment through medical insurance and sickness allowances, etc., and can also ensure that family members can reduce the threat of viruses through the provision of vaccines and other means. At the level of family care, social protection systems can encourage parents to stay home to care for their children through paid leave and grants, and can also encourage employers to allow paid leave for their employees through subsidies to businesses.

Secondly, job protection schemes should be developed to safeguard family employment. Active labor market policies include measures such as unemployment insurance and job protection schemes. A job protection programme is a model in which the Government uses wage subsidies or wage credits to subsidize employers to pay a portion of the wages of employees who are forced to work fewer hours or who are on leave. After surviving the crisis, businesses are able to resume operations more quickly and workers are able to retain their jobs and entitlements.

Lastly, within the family, men should be encouraged to share household chores and caregiving responsibilities, so as to reduce the burden and pressure on women. The labor value of family work should be acknowledged, and men and women should be guided to share family responsibilities and to share equally and reasonably the work of household chores, educating children, caring for the elderly, and so on. In addition, society should take the initiative to share family responsibilities for women. For example, certain subsidies or tax breaks should be given to family members who take on the responsibility of caring for the family during the quarantine period of the epidemic, and care leave during special periods should be explored as a way to reduce family pressure.