

Introduction

Li Xiaoping was a credit officer at a small bank branch and a married woman. One day in 1956, Chen Xu, the director of a nearby military camp, visited the bank. Soon after meeting, the two began having an affair. However, when Chen professed his love to Li and asked her to leave her husband for him, she refused. Not long after, Li realized she was pregnant and that Chen was the father. Knowing that adultery was punishable by law and an out-of-wedlock pregnancy provided the most indicting evidence of infidelity, Li decided to abort the fetus using a method she had heard about that involved consuming quinine tablets. Today quinine is used to treat malaria, but for much of the twentieth century taking an overdose to deliberately terminate a pregnancy was relatively common in China and other parts of the world.¹ Though not technically banned at the national level, local authorities frequently charged and convicted people who underwent, performed, or facilitated home abortions.² Knowing this, Li had to convince her doctor to prescribe quinine for another illness. In the end, she successfully aborted the pregnancy, and the affair was not discovered for another two years.³

Li's account offers a rare glimpse of the diverse family planning strategies ordinary people employed during the early People's Republic of China (PRC; 1949–present). In 1949, the prolonged Chinese civil war ended when the Chinese Communist Party (CCP) defeated the ruling Nationalist Party and established a new government. For the Communists, eliminating class differences and colonial influences, forging a socialist citizenry, and improving the economy through

¹ Qingdao Municipal Archive (QMA), D0042–92-00079; QMA, D00011400034; Dorothy Dunbar Bromley, *Birth Control: Its Use and Misuse* (New York: Harper and Brothers Publishers, 1934), 103.

² Women who met certain conditions were permitted by law to have abortions; Wang et al., *Dangdai zhongguo de weisheng shiye* (Public Hygiene Undertakings in Modern China), vol. 2 (Beijing: Zhongguo shehui kexue chubanshe, 1986), 233.

³ Shanghai Jiao Tong University Archive (SJTUA), Z1–9-727.

2 Introduction

agricultural collectivization and industrialization were central state objectives. In this context, women were encouraged to serve the state in terms of both productive power and reproductive labor: Women not only had to balance work inside and outside of the home, but they were also expected to have abundant children to grow the workforce. Indeed, women's social roles as wives and mothers were seen as essential for the maintenance of the nuclear family unit, the perceived basis for social stability in Chinese society. To protect those interests, the party policed out-of-wedlock pregnancies and dramatically restricted access to birth control and abortion. Set against the backdrop of resource scarcity, unpredictable political campaigns, and proscriptive social norms, Li Xiaoping underwent a dangerous covert abortion not merely out of self-interest but for self-preservation. Fear of being accused of social deviancy and facing untold judicial repercussions played an important role in her decision to abort the pregnancy.

This incident might seem unusual or anomalous, yet cases like this can be found throughout urban China, and in some instances in more rural areas, dating from at least the late imperial period.⁴ In fact, the circumstances Li found herself in – seeking an abortion to cover up evidence of extramarital sex – were actually quite typical of abortion seekers, both in China and abroad.⁵ Even the specter of state punitive power in the realm of private life was not new, as performing or facilitating an abortion to conceal infidelity had been punishable by law since the eighteenth century.⁶

Still, Li's experience is unique in that, set in 1956, it falls at the start of the period in which China's most sophisticated and elaborate mechanisms of reproductive surveillance were being honed. In the decades to come, the boundary between state, society, and women's bodies would become even blurrier.

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Perhaps a more appropriate point of entry into a discussion of reproduction and contraception in modern China would be the One Child Policy

⁴ Matthew H. Sommer, "Abortion in Late Imperial China: Routine Birth Control or Crisis Intervention?" *Late Imperial China* 31, no. 2 (2010): 97–165.

⁵ Kate Fisher, *Birth Control, Sex, and Marriage in Britain, 1918–1960* (Oxford: Oxford University Press, 2006) and Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and the Law in the United States, 1867–1973* (Berkeley: University of California Press, 1998).

⁶ Sommer, "Abortion in Late Imperial China," 119–123.

(1979–2015), one of the most ambitious social engineering projects of all time, which – at least in theory – restricted couples to one child.⁷ Born out of heightened global concerns about resource shortages and overpopulation in the developing world, the policy aimed to accelerate China’s economic growth and improve the standard of living.⁸ Since the enactment of the One Child Policy, myriad academic studies and journalistic accounts have examined the policy’s execution and its consequences. These publications range from news articles reporting the horrors of forced sterilization and abortion to demographic studies praising the efficiency with which the Chinese government lowered the country’s birth rate. Yet, an obvious tension exists between the introductory anecdote, in which a young woman fears punishment for undergoing an abortion, and conventional narratives surrounding the One Child Policy. Through what process did undergoing an abortion or using birth control shift from a taboo, criminal offense in the early and mid-twentieth century to a state-mandated behavior under the One Child Policy? How was this epistemological change experienced in everyday life and manifested in women’s bodies?

To answer these questions, this book approaches birth control and abortion from the perspective of lived experience. The existing research on population planning in China emphasizes the role of the social sciences in producing authoritative scientific knowledge and the ways in which government technocrats deployed certain narratives to justify top-down demographic change. By privileging the perspectives of officials and policymakers, most studies of population planning in modern China overlook how such policies were implemented and received. By contrast, *Reproductive Realities* draws on the oral histories of approximately eighty women and men and extensive archival research to investigate local enactment and reception of fertility policies since the founding of the Republic of China (1911–1949). In so doing, this research exposes the messy realities of local policy implementation and the ways in which

⁷ Various exceptions to the policy were made beginning in 1984. See Chapter 6 for more on this topic.

⁸ *The Population Bomb*, the 1968 book published by an influential American professor of population studies Paul Ehrlich, has come to represent the post-World War II preoccupation with limiting population growth in the developing world. Ehrlich deemed overpopulation “mankind’s most pressing problem” and claimed that coercive population planning measures were necessary to prevent global poverty, food shortages, and environmental degradation; Paul R. Ehrlich, *The Population Bomb* (New York: Sierra Club/ Ballantine Books, 1968), 176.

4 Introduction

officials, medical practitioners, and individuals (especially women) challenged, reworked, and coopted state policies to suit their own interests.

Consonant with state-building practices in other parts of the world, beginning in the early twentieth century disciplining the bodies of the citizenry played an increasingly central role in Chinese political governance.⁹ In the mid-nineteenth century, the Qing dynasty (1644–1911) faced mounting internal and external threats to its rule. Dissatisfied with the state of trade relations with China, the British launched the Opium Wars (1839–1842, 1856–1860), which opened up China to more imperialist incursions and eventually led to the fall of the Qing dynasty in 1911. Against this backdrop, Chinese elites embraced scientific rationality as a means to transcend the nation’s debased status as the “sick man of Asia.”¹⁰ In particular, the intelligentsia envisaged citizens’ bodies to be microcosms of the nation, therefore creating a healthier citizenry would logically forge a stronger nation. During the Republican period (1911–1949), the preoccupation with modernity and the perceived link between science and national stature engendered increased attention to all aspects of citizens’ bodies, including their reproductive functions. In theorizing this phenomenon, Michel Foucault coined the term “biopolitics” to articulate the ways in which the invasive and disciplinary nature of modernity brought bodily practices under the purview of governments and rendered human life a site of political concern.¹¹ In China and elsewhere, this new manifestation of state power normalized the surveillance of birth, sexuality, illness, and health.¹² In practice, as this book demonstrates, the intensifying focus on bodies disproportionately affected women because state surveillance of reproductive practices was intensely gendered.

⁹ The body of literature exposing the centrality of health and bodies to modern state governance is too vast to cover in a footnote, but suffice it to say that this topic has been examined in countless colonial, national, and transnational contexts.

¹⁰ Vera Schwarcz, *The Chinese Enlightenment: Intellectuals and the Legacy of the May Fourth Movement* (Berkeley: University of California, 1986); Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004); Bridie Andrews, *The Making of Modern Chinese Medicine, 1850–1960* (Honolulu: University of Hawaii Press, 2014).

¹¹ Michel Foucault, *The History of Sexuality, Vol. 1: An Introduction* (New York: Pantheon Books, 1978), 140.

¹² The literature investigating how modernization and state-building efforts (and often, conditions of colonization or semi-colonization) led to increased government attention to health, sex, and reproduction around the world is too extensive to review in a footnote, but some examples can be found in Philippa Levine, *Prostitution, Race & Politics: Policing Venereal Disease in the British Empire*; Theodore Jun Yoo, *The Politics of Gender in Colonial Korea: Education, Labor, and Health, 1910–1945* (Berkeley: University of California Press, 2014); and Laura Briggs, *Reproducing Empire: Race, Sex, Science, and US Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002).

Both of China's postimperial regimes, the Nationalist Party (1911–1949) and the Communist Party (1949–present), shared a commitment to policing the parameters of sexuality and reproduction and preserving the patriarchal family unit. Yet, they had conflicting and frequently changing policies toward fertility. Indeed, at various points both governments oscillated between banning and legalizing abortions, while contraceptives possessed a more ambiguous status ranging from being politically suspect to state mandated. Following in the footsteps of Western governments and late Qing reformers, the Nationalists initially imposed a blanket ban on abortion, but beginning in 1935 therapeutic abortions were permitted for women with life-threatening pregnancies.¹³ During World War II and the Chinese civil war, the government again promoted natalism and sought to limit abortion and birth control use. As for the Communists, although the party at first adopted strict restrictions on access to birth control and abortion, these policies were relaxed in the mid-1950s due to fears of unsustainable population growth. Despite two short-lived attempts at systematically promoting family planning – the first in 1954 and the second in 1962 – government efforts to limit family size were erratic and uneven through the 1970s.¹⁴

Building on historian Gail Hershatzer's observation that "the working out of state policies was everywhere contingent upon geography, prior social arrangements, and local personalities," this book examines birth control and abortion in three cities of differing sizes with divergent levels of economic development – Shanghai, Tianjin, and Luoyang – as well as other locations in China.¹⁵ Inconsistent local policies and a weak medical infrastructure meant that throughout the twentieth century, contraceptive practices differed radically according to demographic factors, such as

¹³ Ling Ma, "Gender, Law, and Society: Abortion in Early Twentieth Century China" (PhD diss., State University of New York, Buffalo, 2016), 1.

¹⁴ The PRC's first organized birth planning campaign technically dates to 1954 with the repeal of the ban on contraceptives, yet I have noted that official efforts to actively promote the campaign did not pick up until 1956. As for the second birth planning campaign, Masako Kohama periodizes it as running from 1962 to 1970, but the campaign was most active between 1962 and the start of the Cultural Revolution in 1966. Masako Kohama, "Zhongguo nongcun jihua shengyu de puji – yi 1960–1970 niandai Q cun wei li" (The Popularization of Birth Planning in Rural China – The Case of Q Village, 1960s–1970s), *Jindai zhongguo funü shi yanjiu* 19 (2011): 178; Masako Kohama, "Cong 'feifa duotai' dao 'jihua shengyu': jianguo qianhou xing he shengzhi zhi yanlun kongjian de bianqian" (From "Criminal Abortion" to "Birth Planning": The Changes of Discursive Space with Regard to Sex and Reproduction Before and After 1949), in *Jindai zhongguo chengshi yu dazhong wenhua*, eds. Jiang Jin and Li Deying (Beijing: Xinxing chubanshe, 2008), 331.

¹⁵ Gail Hershatzer, *The Gender of Memory: Rural Women and China's Collective Past* (Berkeley: University of California Press, 2011), 12.

6 Introduction

location, class, and education level. Acting first and foremost out of necessity, women bore the primary burden of family planning and thus drew on a diverse array of indigenous and imported contraceptive methods. At the same time, technologies ostensibly designed to “liberate” women from the burdens of motherhood actually re-inscribed existing gender hierarchies. Approaching sexuality and contraception from a grassroots perspective highlights the role that ordinary people played in shaping their own reproductive futures and the diversity of their experiences with reproduction.

In seeking to unravel the history of the One Child Policy, this book also situates contraceptive practices during that period within long-term trends. Far from being a linear, top-down movement, the enactment of “birth planning” – as state-led family planning efforts are still referred to in the PRC – was a circuitous, convoluted, and contested process. In the Mao era – and to a degree in the Republican period – debates in the upper echelons of government over the relationship between population size and economic development, as well as disagreements over the efficacy of various family planning options, resulted in repeated condemnation and endorsement of abortion and different types of birth control. Perhaps due to these contradictory messages, even as birth planning became the cornerstone of the modern Chinese public health regime, individual and familial considerations continued to play a central role in shaping reproductive practices. Moreover, despite repeated articulations of the importance of family planning to gender equality, women continued to be defined by their biological roles as mothers. Examining reproduction and contraception beyond official rhetoric demonstrates not only the growing depth and breadth of state intervention but also the precariousness of state biopolitical control.

Moving Beyond the One Child Policy

In charting the history of reproduction and contraception in China, scholars have analyzed in great detail the mechanics, as well as the short and long-term consequences, of the One Child Policy. Yet, even the most comprehensive works seeking to situate the policy historically and politically approach this topic almost exclusively through the analysis of policy documents and give short shrift to the decades preceding the policy’s enactment.¹⁶

¹⁶ One exception is sociologist Cecilia Nathansen Milwertz’s book *Accepting Population Control: Urban Women and the One-Child Family Policy*, which focuses on mothers’ experiences negotiating the implementation of the One Child Policy. Drawing on

Offering the most comprehensive analysis of the One Child Policy to date, in *China's Longest Campaign: Birth Planning in the People's Republic, 1949–2005*, political scientist Tyrene White locates the historical roots of the One Child Policy in earlier PRC birth planning policies. She argues that the new limits on birth control enacted in 1979, though apparently drastic, only represented an “incremental tightening of a birth limitation program that had been in place for some time.”¹⁷ Considering this topic from the perspectives of regime capacity and Foucauldian biopolitics, in *Governing China's Population: From Leninist to Neoliberal Biopolitics* anthropologist Susan Greenhalgh and political scientist Edwin Winckler highlight the centrality of population issues to post-Mao politics and power.¹⁸ Greenhalgh and Winckler argue that population planning in the Mao era (1949–1976) was “soft” and only became bureaucratically enforced in the era following Chairman Mao Zedong's death.

Despite their important contributions, none of these works investigates how local contingencies and circumstances might have shaped individual reproductive experiences. In seeking to better understand the lives of ordinary women, two pioneering feminist historians, Masako Kohama and Gail Hershatter, have analyzed women's experiences in the Mao era from a grassroots perspective.¹⁹ Although Kohama focuses narrowly on reproduction and Hershatter addresses women's experiences in general, both scholars combine archival research with oral interviews to uncover the perspectives of non-elite women. Yet, neither scholar's work crosses the 1949 historical divide, which makes it difficult to situate these findings within a longer historical trajectory. Positioning women's reproductive experiences during the Mao era within the macro-narrative of modern Chinese demographic history necessitates taking an even longer view of history.

What can be gained from studying the history of birth control and abortion in the *longue durée*? Many social scientific analyses of the years surrounding the One Child Policy have painted this period as one of seismic shifts: the shift from pro-natalism to anti-natalism, the dramatic

extensive interviews, Milwertz attributes urban mothers' acceptance of the policy to factors beyond mere coercion; Cecilia Nathansen Milwertz, *Accepting Population Control: Urban Women and the One-Child Family Policy* (London: Curzon Press, 1997).

¹⁷ Tyrene White, *China's Longest Campaign: Birth Planning in the People's Republic, 1949–2005* (Ithaca: Cornell University Press, 2006), 5.

¹⁸ Susan Greenhalgh and Edwin A. Winckler, *Governing China's Population: From Leninist to Neoliberal Biopolitics* (Stanford: Stanford University Press, 2005), 4.

¹⁹ Kohama, “Cong ‘feifa duotai’ dao ‘jihua shengyu’,” 330–355; Hershatter, *The Gender of Memory*.

8 Introduction

increase in state policing of sexuality and reproduction, and the move from nonexistent or nonscientific reproductive medicine to ubiquitous contraceptive devices and surgeries. Moreover, the One Child Policy's implementation is often viewed, along with Deng Xiaoping's launching of economic reforms in 1978, as denoting the start of the post-Mao reform era, in which the Communist Party sought to reposition itself as the source of citizens' socioeconomic prosperity, rather than Communist ideology.²⁰ Because the years 1978 and 1949 marked significant power changes that drew global attention, these two years are also viewed as historic milestones and often treated as the cut-off or starting points for research on demography in China.²¹

While these observations about rupture and change are valid to a degree, they obscure important historical continuities. A closer look at the Nationalists' and Communists' evolving stances on science and reproduction reveals that each was the product of China's ongoing engagement with global modernizing discourses. In other words, global debates about what a modern nation should look like and the extent of government intervention in society; women's rights and normative gender roles; and how best to improve the health and productivity of the population continually informed state population policies in each chapter of China's modern demographic history. These discourses were not merely imported wholesale, but rather, were repeatedly adapted to specific political contexts and local circumstances. Still, not all of these ideas carried equal weight, and socioeconomic and political factors continually played a more central role in determining policies toward birth control and abortion than did concerns about women's welfare.

In the realm of everyday life, changes in reproductive attitudes and contraceptive practices across the twentieth century were also not nearly as stark as they appear on the surface. As population policies evolved, individual and familial attitudes toward family life, childbearing, and contraceptive technologies continued to reflect both old and new ideas. There have long been couples who desired small families and who actively sought out ways to regulate fertility. By contrast, others have consistently resisted using contraception or undergoing abortion for a

²⁰ Wang Feng, Yong Cai, and Baochang Gu, "Population, Policy, and Politics: How Will History Judge China's One-Child Policy?" *Population and Development Review* 38 (2012): 118.

²¹ Thomas Scharping, for example, begins his study of population policy in China in 1949 in *Birth Control in China, 1949–2000: Population Policy and Demographic Development*. Similarly, in *Governing China's Population*, Greenhalgh and Winckler periodize the Mao era as a distinct unit within the demographic trajectory of modern China.

variety of reasons. In light of the high cost of raising and educating a child in contemporary China, some couples, particularly those who enjoy a middle-class, urban lifestyle, have adopted the attitude that smaller families are more feasible and that sons and daughters are equally valuable in the context of only child families. Yet, this view has not entirely displaced existing ideas about family structure and normative gender roles. Among a certain contingent, son preference and the desire for more children, regardless of state policies, have endured. What can be observed is that between the early twentieth century and the present, the dynamics of sex and childbearing have continually been of great social and political significance. In addition, official policies and cultural norms have perpetuated the focus on women's bodies and the gendered burden of family planning.

Birth Control and Medical Modernity

The story of birth control and abortion in twentieth-century China mirrors the trajectory of medicine in China as whole during that same period and speaks to the intimate relationship between medicine and modernity. In the early twentieth century, Western medicine came to be seen as a panacea for China's problems – domestic weakness and corruption, foreign imperialism, and disintegrating faith among elites in traditional Confucian cosmology. Chinese medicine, conversely, became emblematic of national impotence.²² In reality, though, the categories of “Western” and “Chinese” medicine were relatively porous. Just as scholars have demonstrated of colonial medicine in other non-Western contexts, interactions between indigenous and Western medicine did not eviscerate either but yielded clearer distinctions between the two as well as medical synthesis.²³ Bridie Andrews has shown that the institutionalized form of traditional medicine in China today does not reflect a timeless and unchanging tradition. Rather, Traditional Chinese Medicine (TCM), as it is now referred to, involved the deliberate reconfiguration of older practices into a unified and distinct medical system in the early twentieth century.²⁴ Faced with government threats to abandon

²² Rogaski, *Hygienic Modernity*, 2–3.

²³ See, for example, David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India* (Berkeley: University of California Press, 1993).

²⁴ Andrews, *The Making of Modern Chinese Medicine*, 11; From 1928 to 1929, reformers who viewed Chinese and Western medicine as adversarial and incommensurable sought to terminate traditional medicine altogether, but traditional medicine ultimately endured as a state-sanctioned medical system. Ralph Croizier accounts for this phenomenon in the 1968 classic *Traditional Medicine in Modern China*, which posits that Chinese

10 Introduction

Chinese medicine, Sean Hsiang-lin Lei contends that practitioners of Chinese medicine scientized Chinese medicine, positioning it as a viable and empirical alternative to biomedicine and one that warranted state support.²⁵ Writing about the early Mao period, Kim Taylor argues that the state endorsed Chinese medicine not because it was believed to have superior therapeutic value but because it met certain political ends.²⁶ Although official policies toward TCM repeatedly changed course, in both the Republican and Mao eras the government played an active role in regulating the field of medicine.²⁷

The notion that Western and Chinese medicine coevolved in response to particular political, epistemological, and practical challenges is also useful for interpreting the history of birth control. During the Mao era, tensions repeatedly emerged between the desire to affirm TCM's validity and the inability of some traditional birth control methods to withstand empirical scrutiny. For political reasons, the state continued to differentiate between Chinese and Western medicine even while synthesizing traditional and biomedical abortion techniques. At the level of practice, however, these distinctions were often insignificant. Whereas some women perceived Western birth control and abortion methods to be more sophisticated, hygienic, and "scientific" than their indigenous counterparts, others privileged abortifacients or prophylactics made from more familiar Chinese herbal recipes. Yet, for the average woman, whether a birth control technique or abortifacient was categorized as Western or traditional was far less important than its efficacy and availability. Indeed, women and couples arbitrarily combined contraceptive and abortion techniques from TCM, Western medicine, and folk traditions.²⁸

medicine only survived its encounter with biomedicine because conservative elites embraced it as a critical part of China's cultural legacy. In so doing, Croizier reinforces the binary between Western and Chinese medicine, a construction that other scholars have more recently challenged. Ralph Croizier, *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Culture* (Cambridge: Harvard University Press, 1968), 106.

²⁵ Sean Hsiang-lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (Chicago: University of Chicago Press, 2014), 8.

²⁶ Kim Taylor, *Chinese Medicine in Early Communist China, 1945–1963: A Medicine of Revolution* (Abingdon: Routledge, 2005), 151.

²⁷ Volker Scheid and Sean Hsiang-lin Lei, "The Institutionalization of Chinese Medicine," in *Medical Transitions in Twentieth-Century China*, eds. Bridie Andrews and Mary Brown Bullock (Bloomington: University of Indiana Press, 2014), 245.

²⁸ While other research on birth control and abortion in China largely focuses on biomedicine, this book also takes into account practices derived from TCM and folk traditions.