



Reproductive Realities in Modern China: Birth Control and Abortion, 1911–2021 (Cambridge University Press, 2023)

Reproductive Realities in Modern China

A Conversation with Sarah Mellors Rodriguez

Shui-yin Sharon YAM, Sarah MELLORS RODRIGUEZ

While China's reproductive policies have long been studied as a mechanism of biopolitical control, the everyday reproductive experiences of Chinese people are often eclipsed. Spanning more than a century, Sarah Mellors Rodriguez's important monograph *Reproductive Realities in Modern China: Birth Control and Abortion, 1911–2021* (Cambridge University Press, 2023) fills this gap by examining how Chinese citizens, especially working-class women, navigated the changing cultural and sociopolitical landscapes of reproduction. Supplementing state archival research with oral history interviews, the book enacts a feminist methodology that highlights the lived experiences of individuals from different class backgrounds. Meticulously researched and cogently written, Rodriguez's volume is an important addition not only to China studies, but also to scholarship on reproductive politics, health, and medicine.

Shui-yin Sharon Yam: What is the origin story of this research project and this book? What motivated you to trace the reproductive policies and practices in twentieth-century China?

Sarah Mellors Rodriguez: I became interested in reproduction and contraception in China nearly 15 years ago. In 2009, I started teaching English at a suburban middle school in Guangdong Province. I had heard about the harsh enforcement of the One-Child Policy and that transgressors were sometimes forced to undergo abortion and sterilisation surgeries. Yet, to my surprise, I had a number of students in my classes with as many as eight siblings. My pupils often teased each other, joking that one student had cost his parents an additional 1,000 yuan in fees or that another had managed to evade the policy altogether. Their nonchalant attitude towards the policy caught me off guard.

In 2011, when I was teaching English and history at Nanjing University of Aeronautics and Astronautics in Jiangsu Province, I was asked to teach a compulsory class for university faculty and administrators. As I grew closer to my adult students, they invited me to their homes and confided in me about their personal lives. Like their parents decades earlier, some students admitted that they had known very little about sex or birth control when they were married in the 1980s and 1990s. Many of them, then in their forties and fifties, had undergone multiple abortions in accordance with the One-Child Policy, the violation of

which could lead to heavy fines or even expulsion from the university. This led me to research human rights violations associated with the One-Child Policy for the Congressional-Executive Commission on China, a bipartisan US Government agency that monitors rule of law issues in China.

It was this series of events, which revealed the vast degree of variation in policy enforcement and the enduring gaps in sex education and birth control use, that piqued my interest in studying the history of contraception. I wondered how these contemporary stories fitted into the longer narrative of birth control use in China.

SSY: Methodologically, you supplemented mainstream archival sources with oral history interviews so you could, as you put it in the book, ‘approach birth control and abortion from the perspective of lived experience’ (p. 3). Feminist research methodology privileges the stories and embodied experiences of those who are rendered silent in the dominant public sphere. In what way does critical feminism inform your research agenda and priorities? Put differently, what is the relationship between feminist research methodologies and the study of modern Chinese histories?

SMR: Critical feminism is essential to my book and my approach to history in general. One of the goals of *Reproductive Realities* is to move beyond top-down, policy-based analyses of reproduction in China because that type of scholarship often inadvertently denies individual agency and overlooks women’s lived experiences. Instead, my work aims to shed light on how women from diverse class backgrounds navigated and responded to changing state policies.

As to the relationship between feminism and the study of modern Chinese history, a good starting point is the 2008 article ‘Chinese History: A Useful Category of Gender Analysis’, in which pioneering feminist historians Gail Hershatte and Wang Zheng chart the impact of Joan Scott’s work and gender studies as a whole on Chinese historical research. As Hershatte and Wang argue, for decades, the study of modern Chinese history rarely privileged women or feminist perspectives and when it did, in the 1970s and 1980s, it focused on things like kinship practices or whether the 1949 revolution helped or hurt women. Thanks to the ‘gender turn’ in Chinese scholarship in the 1990s, feminist historians began privileging gender (rather than just women) as a category of analysis and interrogating the meanings associated with gendered terminologies and identities.

In the past three decades, scholars have produced a wealth of research on women and gender in China, and there is a growing body of interdisciplinary scholarship that highlights the experiences of LGBTQ+ individuals and communities. In short, while the use of a feminist lens in my work is certainly not novel and I owe much to scholars writing before me, my approach is relatively new with respect to the history of reproduction in modern China. My intention in employing femi-

nist methodologies is to place women's experiences at the centre of analysis while challenging official state narratives that often sideline gender issues.

SSY: You wrote extensively about medical pluralism and syncretism in China, wherein 'medical practitioners and consumers turned to' both Western biomedicine and traditional Chinese medicine (TCM) to address fertility regulation (p. 215). At the same time, the two medical systems have also been politicised throughout China's history in relation to the nation-state. How did the politicisation of medicine affect people's reproductive choices across time? How did access to different forms of reproductive medicine—or the lack thereof—influence people's decisions?

SMR: The contentious relationship between traditional and Western medicine in China yielded conflicting official messages about the reliability and safety of certain traditional medicines. For instance, at various points in the 1950s, Chinese authorities launched targeted campaigns to both encourage and discourage traditional Chinese herbal contraceptives. This would have generated a lot of confusion about the specifics of contraception at a time when access to information about birth control was already highly uneven. As I argue in the book, at the level of practice, it seems that most people were not particularly concerned about whether a medicine was 'Western' or 'traditional' and instead simply sought contraceptives and abortifacients that were available and effective. The fact that traditional contraceptives were less expensive and more widely available for much of the Mao era would have made them more accessible to poorer individuals and those living in rural areas.

Unfortunately, conflicting official campaigns and inconsistent access to reliable reproductive medicines also made women even more vulnerable to dangerous medical practices. For instance, as part of the first official 'birth planning' (state-led family planning) campaign, between 1956 and 1957, the Ministry of Health circulated TCM contraceptive formulas in newspapers and magazines. However, some users of these recipes reported debilitating side effects, including severe pain, uterine haemorrhaging, and full-body swelling. Repeated reports of negative side effects associated with herbal contraceptives led the central government to condemn these methods in 1962. Yet, the same formulas reappeared in official publications only a few years later and, in the 1970s, some 'barefoot doctors' [赤脚医生, minimally trained rural medics] were encouraged to prescribe the condemned formulas to their patients.

SSY: In Chapter 1, you discuss how Chinese elites and feminists were influenced by Margaret Sanger's discourse on eugenics and birth control. Your analysis points to a transnational network of liberal elite feminism and eugenics. For instance, some Chinese feminists and intellectuals saw birth control and abortion as a form of women's empowerment and independence. Some even depicted birth control as a societal responsibility for working-class Chinese women: by practising birth control and preventing the birth of poor children, they could help lessen the burden placed on the nation. As you rightly point out, these narratives perpetuate an individu-

alist understanding of reproductive choices, rather than interrogating how dominant cultural and sociopolitical forces inform women's reproductive decisions and the future of their children. Did you find any instances in which Chinese feminists or intellectuals articulated a vision of feminism and reproductive autonomy that was not yoked to nation-building and/or eugenics?

SMR: As you mentioned, many of the sources I encountered explicitly framed birth control and childbearing in terms of either individual responsibility or collective benefits—that is, nation-building or racial strengthening. Yet, there were certainly some self-proclaimed feminists in the early twentieth century who endorsed birth control for the sake of women's reproductive autonomy. Mirela David's 2018 article 'Female Gynecologists and their Birth Control Clinics: Eugenics in Practice in 1920s – 1930s China', for example, highlights the work of Chinese women gynaecologists who established birth control clinics and disseminated contraceptives for the express purpose of aiding and empowering poor urban women. Unfortunately, official opposition to contraception and difficulties accessing the urban poor stymied their efforts, but as David argues, these gynaecologists were driven by a genuine concern for women. To my knowledge, efforts to promote reproductive autonomy were confined to Chinese elites. Nevertheless, it is possible that people from other walks of life were concerned about this issue and that their work is not known because it did not leave a paper trail for historians to analyse.

SSY: In 1994, in preparation for the International Conference on Population and Development in Cairo, a group of Black women in the United States invented the framework of reproductive justice (RJ) (Sister Song n.d.). Driven by an understanding that reproduction decisions are informed by intersecting power systems and oppression, the RJ framework uplifts the experiences and voices of marginalised poor women, women of colour, and trans people. Given that there are transnational confluences of reproductive discourse and practices—such as Margaret Sanger's influence on Chinese intellectuals and gynaecologists (Chapters 1 and 2), and the use of 'menstrual regulation' as a guise to terminate a pregnancy in both China (Chapter 2) and the United States—were there any resonances between the RJ movement in the United States and reproductive attitudes in China at the time? Did you see any articulations of reproductive justice in China?

SMR: I did note certain resonances between the RJ movement and conversations in China about reproduction in the early twentieth century. As did Margaret Sanger in the United States, some Chinese intellectuals observed that the intersection of patriarchal social norms and class inequality particularly disadvantaged poor women and restricted their autonomy. This line of thinking reflected, at the very least, a basic understanding of the overlapping systems of power that govern reproductive behaviours.

To my mind, though, the most obvious connections between the RJ framework and my research come from more recent decades. One of the key facets of the RJ framework is protecting the right to *not* have children. In my interviews with younger people, I found that our discus-

sions increasingly veered in the direction of individual reproductive decision-making. The desire for greater personal fulfillment beyond childbearing, as well as the financial challenges associated with raising children, made educated women want to either reproduce along an individualised timeline or, in some extreme cases, not have children at all. Although unmarried women and those without children face immense discrimination (see, for instance, Fincher 2016), not having children could also be construed as a kind of privilege reserved for urban women with education and greater financial resources.

As to reproductive justice and the specific issue of abortion access, perhaps because abortions were so widespread—widespread to the point of being compulsory—during the past several decades, defending abortion access had not been a central priority of Chinese feminists. Rather, the conversation has focused on protecting women from invasive population policies and over-zealous birth-planning officials. In the past five years, however, abortion access has become an issue of greater concern since some provinces, like Jiangxi and Guizhou, are restricting ‘non-medically necessary’ abortions to 14 weeks. Given these policy changes, concerns about reproductive justice are on the rise.

Ruby Lai’s 2022 book, *Premarital Abortion in China: Intimacy, Family and Reproduction*, which investigates premarital abortion among Chinese migrant workers, sheds new light on this issue. Lai demonstrates how financial circumstances, migration status, and gender norms shape access to and attitudes towards premarital abortion. For young women migrant workers who become pregnant out of wedlock before they have the financial and marital stability to support a family, access to safe abortions is critical. With changing demographic patterns and reproductive policies, then, the kinds of conversations surrounding reproductive politics in China are shifting.

SSY: The reproductive experiences of marginalised communities in China, such as ethnic minorities and LGBTQ+ people, were often not represented in mainstream archives. How were these groups impacted by state policies on reproduction over time? Methodologically and ethically, how should scholars unearth and highlight their experiences?

SMR: This is something I would have liked to discuss more in my work, and I hope that future scholarship will address this topic more fully. Unfortunately, my research suggests that LGBTQ+ people were subjected to many of the same reproductive expectations as their heterosexual counterparts.

The situation of ethnic minorities is a little more complicated. At first, in the 1950s and early 1960s, ethnic minorities were sometimes excluded from birth-planning campaigns due to fear of sparking ethnic conflict. For example, unlike their Han counterparts, ethnic minorities living in major cities were not required to view films or attend focus groups promoting birth planning. However, by the late 1960s, ethnic minorities were increasingly being encouraged to limit their family size and were even blamed for China’s large population; ‘otherising’ tropes painted

ethnic minorities as ‘backward’ and unwilling to adapt to modern demographic patterns. Perhaps that is one reason that ethnic minorities were included in the One-Child Policy, which was enacted in 1979 and restricted all couples regardless of ethnicity or place of residence to one child each. Yet, it is worth noting that when the original policy was relaxed in 1984, ethnic minorities were subsequently permitted to have multiple children—two in urban areas and three in rural ones. Unfortunately, some Han people felt that by adopting this new policy the government was giving ethnic minorities preferential treatment—a sentiment I encountered among my undergraduate students while teaching in China in 2011. Although the original intention was to limit ethnic conflict, it inadvertently heightened tensions between Han and non-Han people. Arguments that population policies governing ethnic minorities exhibit favouritism not only ignore the fact that in some rural areas Han people have long been able to have multiple children, but also fail to recognise the other ways in which ethnic minorities face limits on their autonomy. One need only look at the example of forced abortions and sterilisations among Uyghur women in Xinjiang to debunk the myth of preferential reproductive treatment for ethnic minorities (Wieting 2021).

In terms of the broader project of excavating the experiences of LGBTQ+ people and ethnic minorities, other scholars are already doing important work to that end in the fields of history, comparative literature, media studies, and anthropology, to name a few. A combination of access to more diverse sources and creative research methodologies has allowed scholars to shed significant light on the experiences of minority groups.

SSY: Based on your research, how did people circumvent or resist the state’s biopolitical control of their reproductive lives?

SMR: In the early twentieth century, when abortion was illegal and contraception was politically suspect, women underwent back-alley abortions and experimented with various forms of contraception—typically medicines that ‘regulate menstruation’. In these instances, access to contraception or abortifacients might be empowering but they also made women vulnerable to physical trauma, legal repercussions, and even death. In the 1950s, when restrictions on birth control and abortion were relaxed, some people embraced these options while others simply refused to use contraception. For example, in some cases, men and women avoided attending meetings designed to promote birth planning or lied to policy enforcers about whether they were using birth control.

From the 1970s through to the end of the One-Child Policy in 2015, couples used a variety of different strategies to evade state policies, including surreptitiously removing an intrauterine device (IUD) to try for another child, undergoing sex-selective abortions, or having unauthorised children for which they were charged heavy fines. In

some cases, these efforts to circumvent state control were successful in that couples were able to have the additional children they desired. This would have been particularly important for rural couples who did not already have a son but sought one to assist with farm labour and carry on the family line. Sympathetic local cadres might even give couples an extended period to pay off the ‘excess child fees’ [多子女费] they had incurred or might not force them to pay at all. Despite these successes on the part of parents seeking additional children, widespread policy evasion and lax policy enforcement could also trigger violent crackdowns on unauthorised births. For instance, as Thomas Scharping (2005) and Tyrene White (2018) have shown, when census results revealed that certain rural areas still had comparatively high levels of fertility, authorities enacted ‘crash drives’ of forced abortion and sterilisation to radically lower the birthrate in a short period.

SSY: Your book charts the beginning and the end of the One-Child Policy, but state reproductive control persists. What will the reproductive future of Chinese people look like?

SMR: As a historian, I am always reluctant to speculate about the future. What I can say is that despite the rollback of the One-Child Policy in 2015, so far, efforts to encourage women to have more children have not borne much fruit. The high cost of raising and educating a child, particularly in urban areas, educated women’s emphasis on independence and career advancement, and memories of the One-Child Policy’s brutal enforcement, have made producing larger families less desirable. Rather than improving nationwide access to social services that would benefit mothers, in response to the declining birthrate, the State Council recently proposed that abortions be limited to those that are ‘medically necessary’—a move that builds on existing abortion restrictions at the provincial level. The language of the proposed law is deliberately vague, meaning that the conditions under which a ‘medically necessary’ abortion is considered justified are unknown. Such a policy, if implemented, could force mothers to carry dangerous, unwanted, or unviable pregnancies to term. The policy could also portend more limited access to reproductive health care across the board with particularly serious implications for unmarried mothers, women living in rural areas, and same-sex couples. Another proposal, though directed at men, similarly suggested limiting access to vasectomies. These phenomena indicate that individual interests—namely, women’s interests—will continue to be subordinated to those of the state.

Rather than resorting to the familiar coercive tactics of the past, individual provinces have recently taken more progressive steps to encourage births. For example, at the national level, children born to single mothers are not eligible for the residence permits they need to obtain health care and education, and in some cases unmarried mothers may even be fined for their out-of-wedlock births. Similarly, it is illegal for unmarried women to undergo in vitro fertilisation, a service that given health disparities between urban and rural areas is mainly avail-

able to urban women. However, Sichuan Province recently eliminated all birth restrictions and is even offering paid maternity leave and medical bill reimbursement—benefits married women are guaranteed—to single mothers. Certain cities are also extending maternity leave allowances and some provinces are even considering offering paternity leave. For the time being, though, it seems like access to reproductive health care and the extent to which people can exercise their own reproductive agency will continue to vary significantly across China with rural women shouldering more than their share of the burden of raising the birthrate. ■

This text is taken from *Made in China Journal: Volume 8, Issue 1, 2023*, edited by Ivan Franceschini and Nicholas Loubere, published 2023 by ANU Press, The Australian National University, Canberra, Australia.

doi.org/10.22459/MIC.08.01.2023.21