Less Reproduction, More Production:

Sarah Mellors

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Abstract In the early People’s Republic of China (PRC), Communist officials initially placed strict constraints on birth control use, encouraging high fertility rates. However, in an effort to enhance agricultural and industrial productivity, such restrictions were gradually repealed and by the 1970s, aggressive promotion of family planning had become the norm. Drawing on both archival and oral history, this article considers the lived experience of birth control use from the founding of the People’s Republic until 1958, a period that is often overlooked in studies of reproduction and contraception in modern China, but that had important implications for later trends. Despite claims that discussion of sexuality was suppressed in the PRC and an early ban on certain publications related to sexual hygiene, a considerable amount of literature on sex and birth control was published in major cities in the 1950s. Narratives on sex and birth control in women’s magazines and sex handbooks, however, varied widely and access to birth control and surgeries, such as abortions and sterilizations, differed dramatically according to location, class, and education level. This essay probes the circumstances under which women or couples practiced birth control while demonstrating the diversity of contraceptive discourses and practices in the early People’s Republic. Though underexplored, the early years of the PRC remain critical to histories of reproduction in China because many of the gender dynamics, socioeconomic pressures, and cultural preferences that informed contraceptive practices in the 1950s continued to do so for decades to come.

Keywords China • medicine • birth control • gender • population

Since the enactment of the controversial one-child policy in 1979, which limited Chinese couples to one child each but was revised to allow for two births per couple in 2015, myriad academic studies and journalistic accounts have examined the policy’s execution and its consequences. Yet, the vast majority of work on birth control and
family planning in modern China narrowly focuses on the one-child policy and does so primarily through analysis of policy documents. When the period prior to the one-child policy is addressed, it is often as a preface to more substantive discussions of later eras (Greenhalgh 2008; White 2006; Scharping 2003; Greenhalgh and Winckler 2005).

The existent research on population planning emphasizes the role of the social sciences in producing authoritative scientific knowledge and the ways in which government technocrats have deployed these narratives to justify top-down demographic change.1 In the Republican period (1912–49), abortions and sterilizations were officially banned and yet were common in urban China (Kohama 2010). Tyrene White and Masako Kohama show that immediately following the establishment of the People’s Republic of China (PRC) in 1949, the Communist Party severely restricted access to birth control, believing that a large population would strengthen the nation. Gradually and sporadically during the late 1950s and 1960s, as Party elites changed their minds about the benefits of natalism, the state endorsed broader access to contraceptives (White 2006; Kohama 2010). Susan Greenhalgh and Edwin Winkler argue that by the 1970s, bureaucratically enforced population planning was becoming the norm, a topic Thomas Scharping treats in detail (Greenhalgh 2008; Greenhalgh and Winckler 2005; Scharping 2003).2

By privileging the perspectives of officials and policy makers, most studies of birth planning in modern China overlook the lived experience of how such policies were implemented and received.3 Indeed, a closer examination of how individuals navigated birth planning policies reveals that many of the issues that faced family planning efforts in later decades were already apparent in the 1950s. How, then, did state policies, individual concerns, and collective or familial pressures shape the realities of reproductive life in urban China in the decades leading up to the one-child policy?

1 In *Just One Child*, for example, Greenhalgh provides an eye-opening account of how a group of missile scientists in China became the nation’s leading Marxist demographers and the creators of the one-child policy. Elaborating on the coproduction of population science and postwar politics, a special issue of *East Asian Science, Technology and Society: An International Journal* (v. 10, no. 4) situates Chinese birth planning and the one-child policy within the broader framework of population science in Cold War East Asia.

2 In *Birth Control in China, 1949–2000*, demographer Thomas Scharping thoroughly analyzes the institutional structures undergirding birth planning in the PRC. Although he provides a brief overview of birth planning prior to the one-child policy, Scharping’s primary objectives are to trace the evolution of bureaucratic mechanisms used to regulate childbearing under the one-child policy and to explore the effects of the policy on population trends.

3 One of the only works to address how population policies were interpreted at the grassroots is Gail Hershatter’s (2011) innovative monograph, *The Gender of Memory: Rural Women and China’s Collective Past*. Taking an oral history approach to women’s experiences in rural China, she conducted interviews with seventy-two rural women in Shaanxi asking how they experienced the early Mao years. She finds that women’s personal experiences diverged widely from official narratives of women’s liberation under socialism. Yet, her treatment of birth control is brief, and because she only interviewed women from a small corner of China, one wonders if her findings are merely representative of local reproductive patterns or if they have broader implications for other parts of the country. Focusing more narrowly on birth control, rather than on women’s experiences as a whole, Masako Kohama uses oral histories and archival analysis to explore how women in Shanghai experienced the enactment of birth planning in the 1950s and 1960s. She offers rich analysis of the techniques used to promote family planning, personal reactions to birth control, and the ways in which birth planning both empowered and burdened women. This article seeks to position Kohama’s findings within a comparative geographic framework, to examine discourses on contraception within multiple medical systems, and to address birth control not only within marriage, but also in unsanctioned contexts.
To answer this question, I use oral histories, court cases, political confessions, and published sexual hygiene guides to examine birth control in urban China from the founding of the PRC China in October 1949 until 1958, highlighting historical continuities and breaks with the pre-Communist era. While each type of source presents its own challenges and omissions, taken together these fragments offer unique insights. Since state fertility policies differed for rural and urban areas, I focus on three Chinese cities of varying sizes with vastly different levels of economic development—Shanghai, Tianjin, and Luoyang—as well as other locations in China. Comparing research sites spread across a large portion of eastern and central China allows me to uncover regional and local differences in access to birth control. Additionally, I historically situate contemporary contraceptive trends, attitudes toward sex and reproduction, and cultural meanings associated with birth control, an exercise that sheds light on the co-constitution of state and society, medicine and culture, and individual and collective decision making.

This research draws on a pool of interviews with fifty-two people, twenty-seven women and twenty-five men, conducted primarily at my three research sites between 2015 and 2017. The interviewees were all ethnically Han, ranged in age from forty-six to eighty-six (the majority being in their sixties and seventies), and were socioeconomically diverse (from workers with little formal education to white-collar employees, such as professors and doctors). The interviews were conducted individually, in couples, and in groups with some interviewees reflecting on their own lives and others relating the experiences of their parents and friends.

Supplementing my textual research with these oral histories enabled me to contextualize published documents and gain insight into those experiences “official” narratives elide. However, conducting interviews about events that took place six decades ago proved challenging for a number of reasons: the reliability of memory, the ways in which contemporary circumstances shape historical memory, the seemingly randomness of the survey sample (I selected interviewees based on their proximity and willingness to participate in the study), and the implications of a young, foreign, white woman conducting these interviews. While certainly not a perfect source base, the interviews are valuable in their ability to provide diverse perspectives on reproduction and serve as a counterweight to the political agendas of “official” sources. To partially validate my interviews, I compared them and cross-checked them with archival materials to get a more complete picture. My hope is that the benefits of using oral histories to gain nuanced perspectives on reproduction and birth control, coupled with efforts to verify certain claims against other types of sources, will outweigh the limitations of this methodology.

This study sheds light on several key features of contraception and abortion during the period from 1949 and 1958. First, despite an early ban on birth control publications, which was later reversed, a considerable amount of literature on sex and birth control was published soon after the PRC’s founding. While some of my interviewees claimed

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4 In this essay, I use the terms birth control and contraception interchangeably. I broadly define them as any practice that prevents carrying a pregnancy to term.

5 The study had IRB approval and all participants consented to participate. To ensure privacy, pseudonyms have been used in place of real names.
that birth control and information about it were all but nonexistent at this time, others said they learned about birth control through books and practiced the rhythm method or alternative techniques for fertility control (interview with author, Shanghai, 10 August 2016; interview with author, Shanghai, 11 August 2016; interview with author, Shanghai, 30 August 2016). Second, narratives on sex and birth control in women’s magazines and sex handbooks varied widely. These narratives were often inconsistent, combining imperial ideals of female chastity with “scientific” discourses on sex and Marxist arguments about productivity (Rocha 2010). Debates at all levels of government about the ethics of birth control as well as a lack of reliable biomedical contraceptive methods added to the confusion. Finally, as with information about sex, access to birth control and contraceptive surgeries varied according to demographic factors. The Chinese Communist Party (CCP) in particular encouraged workers to use birth control to increase agricultural and industrial production.

Contributing to the growing body of scholarship stressing the centrality of bodies to modern state governance, my findings demonstrate that although they appeared draconian, CCP birth planning policies were in fact understood, experienced, implemented, and challenged in a variety of ways. Pockets of individual sexual decision making always existed in Maoist China, but the scholarly focus on top-down policy implementation obscures these nuances. This study also illustrates that the belief in Western medicine’s inherent superiority was not universal. For Chinese birth control users, the distinction between the “scientific” and the “backward” was not always clear-cut or even important. Indeed, cutting-edge technologies of the day were often no more effective in preventing pregnancy than their “unscientific” counterparts, and consumers appropriated and experimented with these methods to suit their own needs.

The essay’s analysis ends with the year 1958 when the Great Leap Forward (1958–61), a campaign to shift China from an agrarian economy to a socialist planned economy through industrialization and collectivization, directed focus away from family planning and new publications on birth control diminished drastically. The Great Leap resulted in the most devastating man-made famine in Chinese history with a death toll of 18 to 30 million people. This staggering loss of life changed the tenor of discussions on population control.

1 “More Sons, More Happiness”

In the early years of the PRC, population policies were inconsistent and often contradictory. At the national level, the central government seemed to endorse a blanket pro-natalist policy, yet various measures were enacted throughout the 1950s granting broader access to contraceptives. In what context did the epistemological shift from natalism to birth planning emerge and how did this change initially manifest itself?

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6 A significant amount of the literature examining the relationship between bodies and governance in China is grounded in Michel Foucault’s concept of biopolitics. For additional examples of this type of work, see EASTS 5, no. 3 (2011); Greenhalgh and Winckler 2005; and Heinrich 2018.
According to two elderly men I interviewed in Shanghai, the traditional Chinese adage, “more sons, more happiness” (duozı duofoo), best illustrated China’s early fertility policy (interview with author, Shanghai, 8 June 2016). Modeling itself after its closest ally, the Soviet Union, China borrowed heavily from its neighbor’s fertility policies, which incentivized large families to promote collective consciousness and augment the workforce (Selezneva 2015). As in the Soviet Union, Chinese women who had many children were honored as “glory mothers” (muqin yingxiong) (Wang et al. 1986; Min 1994). China’s population consequently swelled from 541,670,000 in 1949 to 659,940,000 in 1958 (National Birth Planning Committee Integrated Planning Division 1983).

Most efforts at fertility control, because of their association with Malthusianism, were deemed “bourgeois” and “capitalist” and therefore in opposition to the goals of the party-state (Shi 1980). In 1957, when prominent intellectuals openly criticized the state’s natalist policies, they were thoroughly punished (Shapiro 2001). In terms of daily life, limited access to contraceptives, due to both resource scarcity and bans on contraceptive sales, as well as a lack of information about birth control use, were the most effective means of promoting natalism (Shanghai Municipal Archives [SMA], B242–1–585). Instances in which the government took a hard stance against those attempting to regulate their fertility were typically cases of abortion, in which those responsible were caught and tried (East China Normal University Archives [ECNUA], En 0351–150–012). Yet, in its first decade of rule the CCP played a much less invasive role in the reproductive lives of its citizens than it would in the future.

In the long term, Party leaders determined that birth control facilitated state modernizing efforts and could offer a solution to lagging grain production and the resulting grain shortages, both pressing problems that peaked in the crisis of the Great Leap Forward (White 2006). Although Mao once declared “many hands make light work” (ren duo liliang da), meaning that China’s large population was an asset, the belief that slowing population growth to align with bleaker agricultural realities began to gain credence over the prevailing notion that a larger population could produce higher outputs. Rather than openly acknowledging the impending food shortage, the issue was often framed in terms of improving maternal and infant health, expanding childhood education, and reducing household burdens (White 2006).

Elite female cadres also played a part in pushing for greater access to abortion and sterilization, arguing that women could not “hold up half the sky” and continue their revolutionary work with too many children (White 2006). In fact, when the women’s magazine New Women of China conducted a reader poll in 1955 about demand for birth control and abortions, urban cadres, followed by university professors, secondary school teachers, students, and factory workers mostly desired birth control to limit family size. The poll results—226 written responses penned by urban individuals from much of eastern and central China who either supported or opposed birth control—were so significant that they were even secretly circulated among the highest echelons of the Communist Party (Chinese University of Hong Kong Archives, “Readers’ Responses to the Article ‘Birth Control Methods,’” New Women of China). Although debates about birth control in the PRC arose around the same time as debates about the status of women, pundits and activists lamenting women’s lack of marital or economic freedom rarely if ever condemned their lack of reproductive freedom. Instead, concerns about the maternal health and postpartum productivity dominated the conversation.
about birth control. It was thought that women should have many children but not so many that they could not remain useful contributors to the workforce (Guangdong Provincial Archives [GPA], 233–2–267–33–39).

Beginning in the mid-1950s, couples were encouraged to have children when their bodies had fully matured and at a pace that was healthy for the mother’s body. This was not, however, an effort to limit population growth, but rather a plan to improve the “quality” of the population: healthier mothers meant healthier children and a healthier labor force (Luoyang Municipal Archives [LMA], 14–16). This government campaign promoting late marriage (wanhun)—often used in connection with the term “planned birth” (jihua shengyu)—evolved into the public health slogan of the 1970s, “later, longer, fewer” (wan, xi, shao) (University of Ohio, Toledo, “China Trip, 1958”; Zhou 1955). The delayed marriage campaign of the late 1950s, rather than dying out with increased access to contraceptives, escalated throughout the 1960s and 1970s.

In 1953, a central government decree ordered local governments to loosen restrictions on access to abortions and sterilizations (Wang et al. 1986). Local policy changes, however, occurred at different rates. For example, in 1953, Beijing first permitted non-cadre women over thirty-five with at least six children or a serious illness to undergo these procedures but only with both their husband’s and their work unit’s consent (Scharping 2003; Beijing Municipal Archives [BMA], 135–001–00226; BMA, 002–002–00213). That same year, Shanghai enacted a similar policy change allowing chronically ill married women over thirty-five to undergo sterilization and sick women who had undergone more than two miscarriages or cesarean sections to have abortions (SMA, B242–1–560). In 1956 Luoyang’s government began allowing women with debilitating illnesses to have abortions and women over thirty with at least four children to undergo sterilization surgery (LMA, 48–301). In 1957 Tianjin enacted a comparable policy with provisions for work unit subsidization of medical fees and paid leave for recovering patients (Tianjin Municipal Archives [TMA], X0044–Y-000378–013). Such policies and the reproductive options they entailed, however, did not extend to the rural population. Even when the Ministry of Health published a directive in 1957 permitting women with the desire for sterilization, who had undergone a professional medical examination and had no medical contraindications, to have this procedure and women not wishing to carry a pregnancy to term to undergo abortion surgery, local governments continued to police these practices (Wang et al. 1986).

Moreover, initially there were no provisions for male sterilization, even though vasectomies would have been equally effective in preventing further births and were less invasive than tubal ligations. When I asked a seventy-year-old interviewee why women were encouraged to have sterilizations rather than men, she argued that men worked more efficiently than women and that their work was often more important than women’s work, so it made sense for them to continue working while their wives underwent surgery (interview with the author, Ningde, 12 June 2016). Other female interviewees in their sixties and eighties expressed similar views, arguing that as the primary breadwinners, men could not afford to be temporarily incapacitated from surgery, so therefore women must instead bear the physical burden of sterilization (interview with author, Shanghai, 20 December 2016; interview with author, Luoyang, 12 January 2017). As with childbearing, sterilization in China would become another form of gendered and largely invisible labor. In the 1950s, the law
and common assumptions about proper gender roles worked in concert to ensure that
can continue more than their share of the burden of reducing fertility, a trend that
continues today.

2 “Let’s Talk about Sex”

Some scholars have argued that communism’s focus on the state and society rather
than on the individual, and Marxist denial of gender difference, meant that sexuality
and reproduction were rarely discussed in Maoist China (McMillan 2006; Ruan 1991).
Historian Harriet Evans, however, has demonstrated that publications discussing vari-
ous aspects of sexuality were available throughout the 1950s. These articles offered
diverse narratives on sex and birth control, but often assumed that readers were edu-
cated, urban, and had contact with the opposite sex (Evans 1997).

Support for overt discussions of sex and contraception was certainly not unanimous
within the Party, as simultaneous efforts to promote natalism evince. In November
1951, the Ministry of Propaganda banned publication and distribution of four major
publications on birth control: two magazines titled Guide to Married Life and Women’s
General Physiological Knowledge, as well as two contraceptive guidebooks, Com-
monly Used Birth Control Methods and Practical Birth Control. The CCP condemned
them for spreading knowledge about birth control that might undermine the “spirit of
increasing the population” (SMA, B1–2–3622–152; Guo 1950). Although Shanghai
was the main target for the ban, a copy of the notice was also distributed to officials in
Beijing who might encounter the offending literature. Books promoting a healthy sex
life, such as Arts of the Bedchamber, were also banned (SMA, B1–2–3622–152). The
fact that these publications were still for sale and being read after 1949—to the point
that officials saw them as a threat—suggests that there may have been a strong demand
for, or at least curiosity about, sex and fertility regulation.

Despite the initial ban, information on sex and birth control continued to circulate.
Indeed, the limited scope of the ban offers some of the strongest evidence that central
government leaders were ambivalent toward natalism. In addition, long before steril-
ization and abortion became widespread, guides detailing these procedures were being
mass-produced (Wang 1959; People’s Republic of China Ministry of Health Education
Office 1958). The showcasing of condoms and other contraceptives at a 1957 exhibi-
tion in Shanghai, as well advertisements for contraceptives in newspapers and on
billboards, further highlight the prominence of birth control in public discourse (“Chu-
lemi Contraceptive Cream” 1957; “Jiajiale biyun pian” 1959; Deng, Ma, and Wu 1992;
University of Ohio, Toledo, “China Trip, 1958”).

When I asked my interviewees what, if anything, they were reading about sex and
birth control in the 1950s, they had a variety of responses. Some, like a group of men in
their late seventies who I interviewed in Luoyang, said there was little information on
birth control at that time and noted that even if there had been written information about
sex, only the city’s small literate population could have taken advantage of it (interview

7 Evans’s work provides a thorough overview of gendered discourses and constructions of womanhood in
the People’s Republic.
with author, Shanghai, 10 August 2016; interview with author, Shanghai, 11 August 2016; interview with author, Luoyang, 11 November 2016). While a limited number of urban residents had access to health classes that covered sex (Fig. 1), my other interviewees—all of whom were literate—said they learned about sex primarily through reading books (“A Women’s Health Class in 1955” 1955).

One man, who I will refer to as Old Wang, offered a rich account of such an experience. Born in Shanghai in 1946, Wang was one of nine children raised in a wealthy Guomindang household. Of the nine children, only six lived to adulthood. Shanghai is a city of immigrants and Wang’s parents were no different—his mother originally came from Shandong and his father from Jiangsu. When Wang was a child, his family had eight nurses and housekeepers, a big house, plentiful food, a car, and beautiful clothes. His parents were well educated but he only received a high school education under the Communists. According to Wang, urban people learned about sex from books like Knowledge about Sex,\(^8\) which was first published in 1956 to spread

\(^8\) Harriet Evans (1997) translates Xing de zhishi this way.
awareness about sexual hygiene and enable young people with sex-related illnesses to treat themselves (Wang, Zhao, and Tan 1958). In choosing what material to publish, readers submitted questions to the editors and the editors responded to their questions in subsequent editions of the book. Knowledge about Sex was so popular that several more editions were printed in 1957 and 1958 in Beijing, Guangxi, Chongqing, and Shanghai. Altogether, more than 3.6 million copies of this book were sold, and copies of these books are still fairly common in used book markets and bookstores in China.

Knowledge about Sex, like many other books about sexual hygiene from the 1950s, equated gender with sex, defining women by their reproductive functions rather than their gender performance. Categories like “woman” and “female” were treated as fixed and stable, even though they varied over time and across cultures (Butler 1990). Harriet Evans (1997) argues that the discourse of essential difference between the sexes only further reinforced gender hierarchies. This formulation of gender affirmed the idea that women were sexually passive and innately designed to be wives and mothers (1997). In addition, guides to sex and marriage repeatedly affirmed the notion that intercourse was only for married heterosexual couples. In this context, there was little room for alternative gender identities, and discussions of sex and sexuality were confined to static gender roles and the fundamentals of reproduction.

According to the three interviewees—Old Wang, a shop owner in her fifties surname Liu, and Lin, a seventy-two-year-old gynecologist from rural Fujian province—in the 1950s and even in the 1960s most people were not comfortable talking about sex or birth control. Wang, Liu, and Lin, who were all interviewed separately, agreed that most mothers wanted to share information about sex and sexual hygiene with their daughters but did not want to do so outright because it was perceived as vulgar (interview with author, Ningde, 12 June 2016; interview with author, Shanghai, 11 August 2016).

Therefore, in the words of my interviewees, “people with culture” (you wenhua de ren), or those with privileged upbringings, purchased books like Knowledge about Sex as wedding gifts for their daughters to help them prepare for sex on their wedding night. Also, husbands might give books like this to their new brides to educate them about sex and pregnancy (interview with author, Shanghai, 10 August 2016). Lin said that in the 1950s and 1960s, most information about sex and birth control, if not learned through personal experience, was conveyed through reading books rather than speaking with friends or family. The introduction to Knowledge about Sex echoes this sentiment, lamenting that too many young people and even married couples lack an accurate understanding of sexual hygiene and that this can destabilize marriages. Both the authors of Knowledge about Sex and Old Wang blamed “feudalism” (fengjian zhuyi) and the “old society” for widespread ignorance about sex.

All three editions of Knowledge about Sex featured sections on both sexes’ reproductive systems, masturbation, menstruation, pregnancy, and birth control. These books also contained detailed diagrams of male and female genitals, as well as charts on the ideal timing of male and female orgasms during sex. These diagrams attempted to make sex into a science that could be studied and mastered. Knowledge about Sex also claimed that intercourse typically lasted between two minutes and ten minutes, but

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9 Knowledge about Sex was even translated into Korean and Vietnamese.
that women usually take between ten and thirty minutes to orgasm and that a lack of knowledge about timing could lead to an “unharmonious” sex life (Wang, Zhao, and Tan 1958).

As for birth control, Knowledge about Sex recommended contraception for the benefit of both parents’ and children’s health. It claimed that in the old society, couples used methods such as practicing sexual self-control and taking abortifacients to terminate unwanted pregnancies, but that neither approach was ideal. The book introduced three methods for regulating fertility. The first involved inserting a contraceptive suppository covered in spermicidal jelly or another substance with spermicidal properties into the vagina before intercourse to kill sperm that attempt to enter the uterus. The authors conceded that although this method was simple and convenient, it was largely ineffective. The second approach involved using contraceptive devices: for men, condoms, called yinjingtao or baoxiantao (literally, insurance sheath), and for women, diaphragms or cervical caps. The authors stressed that using a diaphragm with contraceptive jelly is effective 98 percent while condoms are effective in preventing conception 95 percent of the time. Finally, Knowledge about Sex recommended using the “rhythm method” or “safe period method” (anquanqi biyunfa)—planning sexual intercourse based on the woman’s menstrual schedule to prevent pregnancies (Connelly 2008). Each month was broken up into three periods: the “easy conception period,” the “safe period,” and the “menstruation period.” It was believed that if a couple kept to a schedule of intercourse dictated by the woman’s period, chances of unwanted conception could be reduced (Fig. 2) (“Jieyu anquanqi cankao zhishi biao” 1956). My interviewee, Lin, said that the most common and effective form of birth control in the 1950s and 1960s was the rhythm method. She said that couples,
especially women, began using this approach when they felt they could not handle having any more children (interview with author, Ningde, 12 June 2016). Other sources also indicate that the rhythm method was being practiced in China at this time, particularly in rural areas with little access to mass-produced contraceptives (ECNUA, B 0357–001–018).

The rhythm method, still used today worldwide, was entirely compatible with Chinese beliefs about fertility and health. According to Traditional Chinese Medicine (TCM), the world is made up of qi, “a vapor taken to constitute the essence of matter,” and erratic menses indicated that a woman had imbalanced levels of yin and yang, the complementary types of qi (Hinrichs and Barnes 2012: 5). Francesca Bray has argued that in TCM, a regular menstrual period was believed to indicate health and balance. If amenorrhea occurred due either to pregnancy or some more serious and potentially dangerous cause, this indicated the existence of a menstrual blockage (Bray 1997). A couple not wanting to conceive would adhere to the rhythm method to ensure that the woman’s menses were regular. Alternatively, a woman might consume tiaojingyao, or medicines that induced menstruation, to prevent pregnancy (Bray 1997). In imperial and Republican China, while a doctor might be reluctant to help a woman arbitrarily terminate a pregnancy, medicines for inducing menses could be purchased from private sellers and apothecaries (Li 2000). Indeed, such practices endured in the PRC.

Couples and individuals could also learn about sex and birth control from articles in women’s magazines and health guides. These materials blended aspects of Western biomedicine, the many strands of TCM, and the imperial Chinese ideal of chastity. In 1956 and 1957, Party leaders Mao Zedong and Zhou Enlai tentatively acknowledged the need for population control, arguing that unmitigated population growth was at odds with a socialist planned economy. According to Mao’s logic, every aspect of production should be planned by the state, including reproduction (Whyte, Wang, and Cai 2015). Immediately following these pronouncements, the first state-coordinated effort at educating the populace about contraception commenced, and publications on sex and birth control briefly proliferated. While publications about birth control were always in circulation, the shifting political climate meant that this particular state effort at promoting birth control only lasted until the end of 1958 (Tien 1965). A second surge in birth planning promotion took place between 1962 and 1963, but as with the previous wave, this effort suffered from lack of organization and manpower. Like Knowledge about Sex, guides to sexual hygiene contained detailed images and diagrams of the reproductive organs. While in theory these books would have been intelligible to people with varying degrees of education, the guides were largely designed for an urban audience with access to contraceptives.

In 1958, for example, the Shandong People’s Publishing House printed a booklet generically titled the Birth Control Propaganda Handbook explaining how to practice birth control. The handbook recommended several strategies for controlling births, some of which are still advocated today and some of which are of questionable utility. Like many other birth planning books from this period, the Birth Control Propaganda Handbook had illustrated instructions for administering cervical caps, condoms, contraceptive ointment, suppositories, and vaginal plugs (yindaosai). The guidebook explained how to wash out contraceptive devices such as condoms and cervical caps for reuse, presumably because such items were hard to come by. Condoms were to be treated with talcum powder to ensure that they dried correctly and inflated or filled with
water to check for punctures (this strategy was also practiced in Britain during World War II). These methods were echoed in other guides to sex from the 1930s and 1940s and well as in contemporaneous books (Xu 1941).

The Birth Control Propaganda Handbook also discussed how to make birth control products from scratch in the event that standard, ready-made options were unattainable. The authors offered three recipes for making homemade suppositories that could be inserted into the vagina before intercourse. The recipes involved rolling cotton into a ball (leaving a dangling eight-inch string, something like a contemporary tampon) and soaking it in diluted vinegar, hot soapy water, or wheat flour boiled with salt (Jieyu xuanchuan shouce 1958). According to similar sources, one cotton ball could be used repeatedly and would prevent sperm from entering the uterus (Wang 1957). The authors also recommended using the withdrawal method because it did not require any medicine or contraceptive devices, did not negatively impact a couple’s sex life, and was easy to put into practice.

This guidebook included another method of birth control derived from Daoist practices: the urinary tract compression method or acupuncture point method. The book explained that, like the withdrawal method, this approach has been in use since ancient times and did not require any medicines or birth control devices. During intercourse, when a man feels he is ready to orgasm, he should use his right hand to apply pressure for three minutes to the area between the anus and the base of the penis. After he has climaxed, he can release his hand. The pressure will have allowed him to orgasm without releasing any sperm, thus vastly decreasing the risk of pregnancy. The book’s authors stated that if performed correctly, this method was very effective and aligned with traditional Chinese ideas about health and healing.

Daoist teachings argued that men need a certain amount of female yin to balance out their abundant yang. Excessive sex could drain a man of his yang but an appropriate amount of sex would benefit him by replenishing his yin. A man could receive yin from female orgasms but he himself should try to limit emission of his seminal essence (jing) so as to avoid depleting his finite qi and causing illness (Shapiro 1998). Hence, the practice of “cultivating life” (yangsheng)—preserving jing through proper sleep, diet, temperature regulation, and even engaging in intercourse without releasing semen—arose (Zhang 2015). For the same reason, masturbation was condemned for its damaging effect on men’s health (Wang, Zhao, and Tan 1958). The Maoist state, by deploying this ancient religious practice as a form of birth control, completely removed the practice from its original socio-cultural context and yet acknowledged the enduring power of pre-Communist practices. Hugh Shapiro and other scholars argue that yangsheng practices remained a part of health discourse in the Republican period, and that after the opening up of China in the 1970s, these practices were revived (Shapiro 1998; Mann 2011; Zhang 2015). However, this use of yangsheng in modern China has not been explored in detail and reveals that yangsheng practices did in fact endure during the Mao period, but in a form disassociated from their roots. Yangsheng via the “Acupuncture Point Method,” somewhat ironically, was believed to prevent both impotence and conception.

Other guides to birth control suggested alternative ways of reducing the risk of pregnancy but also argued that non-biomedical birth control methods generally failed. For example, General Knowledge about Birth Control, published first in 1955 and then again in 1957 by the Shanghai Public Health Press, conceded that many birth control
methods were troublesome, unreliable, and potentially dangerous to one’s health. Yet, the authors claimed that some of these methods have been practiced widely in China. One category of birth control methods was jieyu biyunfa, literally birth control methods that limit desire; by curbing the desire for sex, they could reduce the risk of pregnancy (Bray 1997). However, General Knowledge also cautioned that these methods were unreliable and could occasionally result in unintended pregnancy, which might disrupt a happy marriage. Such contraceptive methods included the withdrawal method (tiwai pajiingfa, literally ejaculating outside the body), the rhythm method, and prolonging breastfeeding (because a woman is physiologically less likely to get pregnant while nursing). The book argued that, since ancient times, rural couples wishing to have fewer children or to at least lengthen the intervals between pregnancies have deliberately prolonged nursing. Today, however, it is known that this method is not equally effective for all women and that prolonging nursing for too long can cause a child to develop malnutrition (Song and Zhao 1957).

General Knowledge about Birth Control argued that in contrast to “unscientific” birth control methods of the past, new, scientific methods were entirely safe and much more effective. In fact, this was not the case. In many ways birth control medicines and devices in 1950s China were just as unreliable as earlier ones but appeared more trustworthy under the guise of scientific-sounding names and explanations. These so-called scientific approaches to contraception involved inserting acetic acid, soap, quinine (medicine typically used to treat malaria), or mercury into the vagina before sex to dissolve sperm during intercourse (Song and Zhao 1957; Achan 2011). While such approaches may have acted as effective spermicides, they could definitely cause long-term harm to a woman’s body. The book suggested combining these homemade spermicides with other methods such as cervical caps and contraceptive jellies, cautioning that when used alone spermicides are not entirely effective. An alternative contraceptive technique involved washing out the vagina after sex with water, soap, and vinegar to kill any leftover sperm. These birth control methods, all of questionable utility, also appeared in Chinese and foreign contraceptive guides from the 1930s and 1940s (Xu 1941).

These types of contraceptive methods were held in such high regard that, as of 1955, the Chinese central government was domestically manufacturing boric acid and importing tannic acid, cocoa butter, lactic acid, gelatin, and quinine for use as birth control. According to contraceptive guides from the 1930s and 1940s, as well as internal CCP directives from the 1950s, fatty substances like cocoa butter or acidic materials like tannic or boric acid, could be inserted into the vagina before sex, thus serving as spermicides (Xu 1941; Yan 1933; TMA, X0191–C-000058). Historically, similar approaches had been used in Europe, the United States, and the premodern Muslim world to some effect (Winder 1855; Musallam 1983; Tone 2010). High-profile Western birth control advocates like Margaret Sanger and Marie Stopes had even espoused these and similar methods in the 1920s and 1930s (Musallam 1983; Connelly 2008). By the 1950s, even as China experimented with cocoa butter suppositories, condoms and douches had largely supplanted these birth control methods in the West (Tone 2010).

Another less well-known form of birth control was also being produced en masse in China in the 1950s: Lysol (TMA, X0279–C-000312–004). Beginning in the 1920s, the company known for its powerful cleaning agents produced inexpensive feminine hygiene products. It was recommended that women douche with Lysol after sex to
disinfect the vagina and kill any lingering sperm. Though largely ineffective and potentially life threatening, douching with acerbic Lysol was a popular birth control method in the United States during the Great Depression up until the invention of oral birth control in the 1960s (Tone 2001). This method was later discredited because it caused vaginal inflammation, destroyed the vagina’s healthy flora, and failed to prevent pregnancy. Historian Andrea Tone (2001) attributes the success of Lysol in America to the collaboration between the scientific community and advertisers in endorsing the product. As with other “scientific” methods of birth control, Lysol was alluring because it offered the promise of Western science, and therefore China sought to manufacture it with costly imported materials. While some Chinese consumers were probably drawn to Lysol for its association with systematically tested, hygienic Western medical commodities, the unfamiliarity of such a product likely would not have made it appealing to all Chinese women seeking to practice birth control.

No example better demonstrates the conflicting narratives and perspectives on birth control in 1950s China than the case of the tadpoles. Between 1956 and 1958, the Chinese government set about “scientifically” testing tadpole consumption as a form of contraception, an effort to affirm China’s unique medical heritage in the face of Western scrutiny and separate the wheat from the chaff of unscientific folk traditions. The study concluded decisively that mice that consumed a daily diet of tadpoles and mated still became pregnant (Su 1957). Likewise, fertile women who consumed a tadpole regimen also became pregnant under similar conditions (Su 1957). The fact that women in Hangzhou and other parts of Zhejiang province were consuming live tadpoles a few days after menstruation to prevent conception inspired this study. Multiple folk remedies recommended this procedure, but also argued that if a woman consumed fourteen tadpoles on the first day and ten on the second, then she would become sterile (Shao 1956). It was believed that the “cold element” in tadpoles could counteract the “heat” of pregnancy (Zheng 2009). According to TCM, maintaining an even body temperature and balanced levels of qi were critical for health. Other similar methods of preventing pregnancy involved consuming snails, fish eggs, or bird eggs to induce abortion (Sommer 2010). Newspaper articles in the late 1950s warned against “blindly consuming tadpoles as a form of birth control” and argued that such methods were not only ineffective but could also cause infection (Su 1957: n.p.; “Kedou biyun zhengzai shiyan, xianzai bu yao mangmu fu” 1957: n.p.). If anything, the debate over the efficacy of consuming tadpoles as birth control reveals that some women were attempting to regulate their own fertility and that biomedical ideas about reproduction were far from dominant in China. Stories about women consuming tadpoles as birth control have a long history in China, and this practice likely found more resonance among some women than purchasing alien, foreign products that lacked cultural reference points.

The Ming and Qing dynasty’s ideal of chastity was yet another conflicting strand in the mix of information about sexuality and birth control (Fei 2012). Harriet Evans (1997) rightly argues that many of the narratives on sex in the 1950s were moralizing tales seeking to protect young women and their virginity. Though some reformers sought to put an end to the centuries-old trope of the loyal widow and the chaste bride, these ideals continued to shape narratives on female sexuality (Shanghai Number Two Medical School Gynecology and Obstetrics Research Group 1958). For example, women were frequently stigmatized for losing their virginity before marriage, even if it occurred as a result of rape or sexual assault (Jiang 1949).
An article published in 1951 in Zhejiang Daily blamed premarital or extramarital sex for the ubiquity of infanticide. It charged that too many couples were having affairs that resulted in pregnancy. Afraid that their affairs would be discovered, women either secretly aborted their fetuses or drowned the babies after birth, fearing that their “bastards” (si shengzi) would face abuse for the rest of their lives. The article’s author lamented that not only was abortion dangerous but, like infanticide, it also amounted to murder. Rather than merely blaming women for abortions and infanticide, however, the article also criticized the “backward” attitudes of the masses for putting so much pressure on women to be virtuous that they resorted to killing if they failed to uphold this ideal. This article—a type of antiabortion propaganda reminiscent of the work of foreign missionaries and reformers during the Republican period who decried the prevalence of abortion, infanticide, and child abandonment in China—revealed the enduring salience of the ideal of the unadulterated virgin. This added yet another type of narrative to the heterogeneous mix of discourses on sexuality and reproduction in 1950s China.

3 Class, Geography, and Birth Control

Socioeconomic status and geography shaped birth control practices in important ways. For much of the 1950s, for example, the cost of contraceptives differed radically in different regions. Some contraceptives—cervical caps, condoms, ointments, and suppositories—were being produced domestically while others were being imported to meet the rising demand for such products. In addition, there were no regulations on the price of contraceptives. The result was uneven prices for the same goods depending on the product and the location where it was purchased. For this reason, in 1957, the Ministry of Health ordered that regional price differences be eliminated through the creation of blanket national prices for the four primary types of birth control available within China: condoms, cervical caps, contraceptive ointments, and suppositories (TMA, X0092–Y-000123–007).

Not only did the price of contraceptives differ by region, but the types of devices that were available also varied with location. The Party center mandated that in medium- to large-sized cities preference be given to selling cervical caps whereas in small cities condoms should primarily be sold (TMA, X0092–Y-000123–007). A circular published in 1957 by the China National Pharmaceutical Company of Tianjin lamented that it was difficult to enforce national prices for contraceptives as this required physically visiting each place where contraceptives were being sold and checking for discrepancies. Because the company was understaffed, it struggled to undertake all of the necessary local inspections (TMA, X0092–Y-000123–026). Apparently, capitalist inequality persisted in the contraceptive industry.

A particularly surprising example of variation across class lines can be found in the case of what could be called “upscale” contraceptives. In 1957, the Chinese national medical company recommended that birth control products be made more beautiful to appeal to customers. Specifically, condoms and diaphragms would be sold in cute boxes made of plastic or Bakelite (an early form of plastic) with accompanying perfumed sachets of talcum powder. It was thought that better packaging would sell more contraceptives, a decidedly capitalist notion and one that ran counter to the ideal of
Communist asceticism. One wonders if the intention was to charge more for more beautiful contraceptives, creating a kind of two-tier birth control market (TMA, X0092–C-000429–039).

Class and geography even shaped the kind of service customers could expect with regard to birth control. In the cities, it was mandated that establishments selling birth control products have a male sales associate for selling male contraceptives and a female one for female products to make customers, especially shy young women, feel more at ease (TMA, X0092–C-000429–039; LMA, 14–16). The staff members would be trained in the practice of birth control and able to provide instructions for use to customers. At this time, however, there was no such provision for sales of contraceptives in the countryside. Businesses selling contraceptives in rural China were few, understocked, and generally offered “poor” customer service (TMA, X0092–Y-000123–007). In fact, the Tianjin government scolded local businesses for allowing their staff to make vulgar remarks about birth control rather than taking the issue seriously (TMA, X0092–C-000429–039).

Even for those who did have access to businesses selling birth control, there were still many other obstacles to overcome. One issue was quality. While it is unclear whether the quality of contraceptives differed according to geography, what is certain is that birth control was often unreliable. For example, in 1957 customers reported that certain types of diaphragms were not effective in keeping sperm out of the uterus. Instead of being elastic and conforming to the shape of the cervix, these diaphragms were stiff and left gaps through which the sperm could swim. Other problems included contraceptive jelly or ointment that dissolved during sex, thus losing its spermicidal function, and vaginal suppositories that caused skin irritation. Officials lamented that women who used faulty contraceptives and became pregnant were resistant to trying other methods of birth control in the future (LMA, 14–16). Another major issue in expanding access to birth control was supply. Factories manufacturing birth control exhausted the necessary raw materials for production (which then needed to be imported), and birth control went out of stock in stores for long periods of time. Contraceptive ointment, for example, was sold out in Tianjin for half of 1956. Supply issues tended to be more severe in rural areas, and the authorities complained that the selection of birth control options was relatively limited outside of Shanghai and Guangzhou (LMA, 14–16). Finally, despite mandatory training, the staff selling birth control was not always knowledgeable about its use and could not correctly advise customers. Lack of affordable birth control options only further compounded these issues of quality and supply (LMA, 14–16).

Like access to contraceptives, access to birth control procedures also varied greatly according to geography, occupation, and class. While surgical records from the 1950s are rare and particularly difficult to access in China, the available records suggest that at least some individuals were having abortions and sterilizations at this time. As the population continued to grow and grain production lagged, birth control became a national imperative. Consequently, legal restrictions on access to abortion and sterilization surgery were repeatedly relaxed. Under certain conditions, men could now undergo sterilization surgery. Moreover, by 1957 in places like Shanghai medical fees for abortion and sterilization were subsidized (SMA, B112–4–118–82). As in the early 1950s, women demanding sterilization surgery needed their husband’s permission as well as local health department approval to undergo surgery. The Shanghai
municipal government also stipulated that such procedures could only be conducted at private hospitals under the supervision of private physicians (SMA, B242–1–560). Because private hospitals were more expensive and rarer than public hospitals, this would have meant that most qualifying individuals were wealthier, urban women. In Beijing, however, female cadres who qualified for abortion or sterilization surgeries and received permission from the appropriate state authorities could undergo these procedures at public hospitals with state subsidization (BMA, 135–001–00069).

Other than female cadres and the dangerously ill, the first people to obtain access to birth control and contraceptive surgeries were those the government felt could contribute most to national productivity, namely urban workers (gongren) and their family members. The results of the 1955 New Women of China survey mentioned earlier indicated that demand for birth control was relatively high among workers, yet it is unclear what, if any, role this played in the national government’s decision to grant workers priority access to contraception. Internal government records and other literature revealed that the Party was most concerned with the number of hours women workers could labor following a pregnancy (People’s Republic of China Ministry of Health Education Office 1958). Indeed, a 1958 article in the Zhejiang Daily warned female workers at the Fuhua Silk Factory to use birth control when returning home to the countryside during the spring festival. The article cautioned that the risk of getting pregnant was greatest in the countryside due to ignorance about birth control, and that production levels fall when women become pregnant and take maternity leave (Chen 1958). In terms of wealth, workers were far from the richest people in Mao’s China and yet their superior class status in traditional Marxist terms and their critical role in production gave them privileged access to birth control.

In 1957, the State Council gave all workers and work unit staff in large cities like Shanghai and Tianjin permission to undergo abortions or sterilizations if giving birth would be detrimental to their health. The actual implementation of this policy, however, was left up to individual city governments, which worked with varying degrees of efficiency (Scharping 2003). When workers were told that they would not receive paid leave following the surgery because this type of treatment did not qualify for labor insurance (laodong baoxian), many argued that they could not handle the financial burden contraceptive surgery entailed. Ultimately, the national government agreed to give two weeks paid leave for those who had surgery and to pay for their medical expenses to encourage birth planning (SMA, B112–4–118–82). That same year, the State Council also legalized abortions or sterilizations for healthy urban workers and staff but on the condition that all medical fees be paid out of pocket (TMA, X0044–Y-000378–013).

Despite a slight loosening of restrictions on birth control surgery, abortions still made up a minute percentage of total pregnancies in the late 1950s. In the first quarter of 1958, in the medium-sized city of Hangzhou, for which there are no accurate population figures, 2,065 women had abortions (Hangzhou Municipal Archives [HMA], 087–003–0218). Similarly, according to a six-year study in Shandong of 6,779 pregnant women, only 3.68 percent or 250 individuals sought abortion or sterilization surgery. Office staff (zhiyuan) and workers (gongren) comprised 62 percent of those seeking abortions. Interestingly, housewives comprised another 23 percent and the remaining 15 percent was made up of teachers, students, farmers, and medical staff. Most of the women undergoing abortions were between twenty-five and twenty-nine
years old and already had at least three children, whereas women undergoing sterilization had more than five children (Chen 1964). Abortion rates rose in 1958 and 1962, and the researchers suggested that this was due to local family planning propaganda campaigns at those times. Otherwise, abortion and sterilization rates remained relatively low into the early 1960s. It is not surprising that women were generally reluctant to undergo abortions or sterilizations given that there were numerous botched cases. Records detail cases in which women became pregnant after sterilization, contracted dangerous postsurgical infections, or died during abortions (Zhejiang Provincial Archives [ZPA], J165–014–024–016).

Anecdotal evidence further illuminates the disparities in access to contraception and abortion. The story of Wang Xu, one of my interviewees, offers an illustrative example. Born in 1931 in Nanjing, Wang is now eighty-six years old. Shortly after the founding of the PRC and the establishment of the 1950 Marriage Law requiring both parties’ consent for matrimony, Wang and her husband had a free love marriage. While still living in Nanjing the couple had three children. At that time, Wang worked in the Office of Economic Planning while her husband had a post in another government office. In 1956, Wang’s husband was relocated to a new position, and the couple moved to Shanghai with their three children. Wang immediately noticed a large cultural and intellectual gap between Nanjing and Shanghai—Shanghai was much more open, and birth control was more commonplace. In 1957, the couple had a fourth child, and in 1958 when Wang discovered she was pregnant for the first time, she told her husband she could not handle another child. They both agreed that it would be too difficult raising and educating five children, so Wang went to the hospital and had a surgical abortion. Afterward, the couple tried using condoms to prevent pregnancy but found them to be a nuisance, a common and enduring complaint among my interviewees. Wang instead had an Intrauterine Device (IUD) inserted, which she had for more than a decade. Many of Wang’s friends experienced problems with their IUDs, including infections, bleeding, and ineffectiveness in preventing pregnancy. Fortunately for Wang, she encountered none of these issues. She said that had she not left Nanjing her life course would have differed and she probably would have had five or six children. She was grateful for the abortion and for the IUD because these things allowed her to be a better mother and to live a happier life (interview with author, Shanghai, 12 January 2017).

As a point of comparison with the previous story, consider the account of an interviewee whose mother, Luo, though similar to Wang in many ways, had a very different experience with contraception. Luo was about the same age as Wang and also a Shanghai resident, but a resident of the suburban district of Baoshan. Unlike Wang, though, Luo was destitute and uneducated. When I asked my interviewee if her mother had had access to birth control in the 1950s, she looked deeply hurt. Her mother had given birth to seven children and abandoned four of them because she was too poor to take care of them. There had been nothing in the way of birth control or abortion, and frankly, she had not even known that these were options for some people (interview with author, Shanghai, 25 January 2017). In this case, although Luo lived in Shanghai, her class and low education level—and likely her home’s distance from the city center—deprived her of access to the types of services Wang had enjoyed during the same period. When viewed in tandem, these cases demonstrate well the extent of healthcare disparities in 1950s China.
4 Infidelity, Birth Control, and Abortion

In addition to demographic factors, what other determinants contributed to the likelihood of using contraception or undergoing an abortion? Extramarital affairs, widespread to the point that city governments intervened, seem to have been a less documented but common reason for using contraception or resorting to abortion (TMA, X0053–C-000737–096). This was due in no small part to the fact that although not technically illegal, local officials punished those who committed adultery, and out-of-wedlock pregnancies provided the most indicting evidence of marital infidelity (HMA, 087–003–0362; Shanghai Jiao Tong University Archives [SJTUA], Z1–9–222). In fact, one of my interviewees said he was sure that couples having extramarital sex at that time were using birth control but that no one would ever openly admit it (interview with author, Tianjin, September 17, 2016). Furthermore, though not officially banned at the national level, provincial and local authorities frequently charged and convicted people who underwent, performed, or facilitated home abortions, providing greater incentive for couples to cover their tracks (Wang et al. 1986). This is not to say that contraception or abortion was used in every case of extramarital sex—as many unplanned births attest—but rather that they were perhaps used more in these instances than previously imagined (HMA, 087–003–0362; SJTUA, Z1–9–222). Due to political sensitivity and privacy rights, individual cases of adultery and contraception use or abortion are difficult to uncover, as the records are mostly sealed. However, I have identified several particularly interesting cases that highlight the close correlation between abortion and premarital or extramarital affairs.

Two representative cases illustrate well the link between illicit forms of sex and the likelihood of seeking an abortion. In the first case, Yu Chengmei, a thirty-six-year-old husband and father, was having an affair with a widow named Hu Yumei (Jade Plum). Both individuals had the class label of “middle peasant.” In June 1955, Jade Plum realized that she was three months pregnant. Not wanting her to have the baby, Chengmei repeatedly visited a fifty-one-year-old woman named Hong Guizhi, begging her to help perform an abortion. Finally, Guizhi gave in, admitting to having previously assisted in fourteen other abortions. Relying on traditional Chinese methods for inducing abortion, Guizhi inserted an herbal concoction into Jade Plum’s vagina. Over the next few days, Jade Plum experienced violent vaginal bleeding, and the pregnancy was aborted. The bleeding, however, never stopped and by the time Jade Plum was brought to the hospital her pulse had slackened and her body temperature was dropping. Not long after, Jade Plum died from blood loss. When the authorities discovered what had happened, Chengmei and Guizhi were arrested for murder. Although it was Chengmei’s idea to abort the pregnancy, he was only sentenced to two years in prison. Guizhi, on the other hand, received a seven-year sentence for “feudal thinking,” “maiming pregnant women,” and “endangering the lives of children.” While abortion was punishable by law in rural Jiangxi at this time, Jade Plum’s death seems to have been the only reason for pressing charges against Chengmei and Guizhi. Had Jade Plum survived the procedure, perhaps the abortion would have gone unnoticed (SJTUA, Z1–3–407).

The second case demonstrating the correlation between out-of-wedlock pregnancy and abortion is that of Yao, a young man in the Donggou Brigade of Jilin province. Although he was raised in a poor peasant family, Yao was able to attend medical
school, became a Party member, and was appointed as a doctor of internal medicine in the small city of Taiyuan. In 1951, however, Yao was accused of seducing Li, one of the nurses he worked with. Li became pregnant and died during an abortion Yao performed. Whether the abortion was done at Li’s request is unclear. In fact, it is uncertain what role Li played at all in either the affair or the abortion. In this case, Yao’s privileged position gave him access to the knowledge and resources to perform the abortion. In China at that time, doctors did not have a high social status but they had information at their disposal. Although Yao was initially charged with adultery, his crimes were ultimately withdrawn in 1984. Li’s case, on the other hand, was not revisited and she was denied any agency even after death (ECNUA, En 0351–150–012). What can be surmised is that Yao likely would not have felt compelled to perform an abortion on Li if the two had been married.

Contraception also seems to have been a more likely option in unsanctioned relationships. For example, in 1958 a married Beijing bus driver named Zheng Xiaoming initiated an affair with his female colleague, Xu. According to a political confession, Xu and Zheng had sex constantly, often as many as three times a day. Zheng assured Xu that she would not get pregnant because he always used a condom that he carried with him for this purpose. Presumably Zheng washed out the condom after each use and treated it with talcum powder so he could reuse it. The relationship ended only on 30 November 1965 when the couple came under fire for licentiousness and hooligan-like behavior (Stanford University Cadre Archives, Box 33). As in this previous abortion case, the desired goal of preventing conception was achieved, but in this case both man and woman benefited from the ability to regulate their fertility and conceal their extramarital relationship.

In some cases, the female partner in a couple took the most active role in seeking to prevent carrying a pregnancy to term. In a case from Jiangxi province, for example, a couple resorted to abortion through deliberate misuse of medication. Set in 1958, the case centers on Li, a bank employee and a married woman, and Chen, a local camp director. Soon after meeting, the couple 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. While Chen may have wanted the baby, Li did not. She decided to abort the fetus using a method she had heard about that involved consuming quinine pills (Qingdao Municipal Archives [QMA], D0042–92–00079). Aware that the consequences for performing home abortions could be severe, Li had to convince her doctor to prescribe quinine for another illness. In the end, she successfully aborted the pregnancy. The incident only came to light years later when Chen came under scrutiny for his role in other crimes; unfortunately for Chen, he was sentenced to reform through labor in the Chinese equivalent of a gulag for facilitating the abortion (SJTUA, Z1–9–727). Both Li and Chen were urban residents, which may account for their knowledge about contraceptive practices. In this particular instance, knowledge about and access to an abortifacient was empowering for Li and ultimately resulted in her getting what she wished for, though this was not always the case.

If these cases are at all representative—and there are countless more like them—fear of being caught committing adultery seems to have been a common motivation for using contraception or resorting to abortion. That said, the likelihood of contraception or abortion appearing in the archives in relation to premarital or extramarital affairs is
also high since such relationships—and sometimes unsanctioned abortions—were considered criminal. Nevertheless, the staggering number of cases of affairs and abortions suggest a more substantial link. In all of these cases, individuals took circumstances into their own hands, sometimes to the benefit of the pregnant woman and sometimes at her expense. In all but one of the aforementioned cases, the woman bore a disproportionate share of the burden of controlling family size, a phenomenon that speaks to the larger trend of contraception as a gendered responsibility.

5 Conclusion

This essay has sought to shed light on the diverse reproductive and contraceptive practices of urban Chinese in the 1950s, moving beyond a state-centered view of fertility policies to their actual implementation and reception. By focusing on medical discourses, as well as individual reproductive agency, I have demonstrated the complex interactions among state population policies, elite nationalist aspirations, and popular notions of health and family.

Initially, access to contraceptives was severely limited, but grain shortages, mass starvation, and labor inefficiency produced a gradual loosening of these restrictions, with burdens falling unevenly on men and women. Rather than seeking to enhance individual reproductive decision making, Party leaders looked to birth planning as a way to modernize society, deepen political governance, and optimize workers’ labor potential. Despite these ambitious goals, birth control practices in 1950s China differed noticeably according to class, geography, and education level, a trend that continued even after the one-child policy’s implementation. Such early inequalities in access to medicine foreshadowed contemporary challenges the poor, elderly, rural, uneducated, and transient face in obtaining sufficient medical care today.

For China, the 1950s marked the beginning of a slow and messy transition from haphazard, unsystematic regulation of reproduction to the near-hegemonic population control of the one-child policy era. Though underexplored, the early years of the PRC remain critical to histories of reproduction in China because many of the gender dynamics, socioeconomic pressures, and cultural preferences that informed contraceptive practices in the 1950s continued to do so for decades to come.

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