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Women's Health and Abortion Culture in China: Policy, Perception and Practice

Naomi Bouchard
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WOMEN’S HEALTH AND ABORTION CULTURE IN CHINA:
POLICY, PERCEPTION AND PRACTICE

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Abstract

Since China’s implementation of the Family Planning Policy in 1973, much research has been dedicated to analyzing the effects of a policy that strictly controls the reproductive lives of a population now comprised of 1.35 billion people. Analyses focus on the rise of abortions in China, now at an annual rate of at least 13 million, but offer little insight into the perceptions of the population in regard to China’s new abortion culture. This study aims to shed light on current perceptions through a range of in-person, qualitative interviews conducted in Kunming, China. The study is limited to a sample size of fifteen persons and all study participants are female and anonymous. Participants were prompted to offer their thoughts on a range of issues, including the Family Planning Policy, sex education, abortion advertisements, hospital policy, and the now widespread practice of abortion. Perceptions were generally negative in regard to the effects of the Family Planning Policy, sex education was largely viewed as inadequate, and abortion advertisements were strongly criticized for their public and misleading messages. Hospital practice encouraging caesarean delivery, cultural emphasis on abortion over other alternatives, and government policy targeting single mothers were found to be harmful to women’s health. China does not allow women to be fully in charge of their own reproductive decisions, which is increasingly disheartening to women. Inadequate sex education and misleading advertisements for abortion services are met with disapproval and frustration. In order to see improvements in women’s health, it is critical to foster a culture that emphasizes direct education, accepts unmarried, pregnant women, holds hospitals accountable to policies that may endanger their patients, and encourages women to make decisions for themselves.

Keywords: Health Education, Gender Studies, Individual and Family Studies, Sociology
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Introduction

When faced with a population of 1.35 billion people, even basic necessities such as providing healthcare, education and the means through which a population can clothe and feed itself become complicated. Faced with its rapidly growing population, the Chinese government began to take steps to curb growth, starting with the legalization of abortion in 1953, exactly twenty years before the landmark decision Roe vs. Wade made it to the U.S. Supreme Court. The government followed this with a nationwide family planning program in 1973, which offered birth control methods, family planning and abortion services, and promoted “later marriage, longer intervals between births, and smaller families (wan, xi, shao)” (Wang, 2014, p. 159). Faced with the looming population target of 1.2 billion by the year 2000, however, it became clear that this policy alone was insufficient (Wang, 2014). Six years later, in 1979, the policy known in the West as the “One-Child” Policy was officially introduced to China.

Family Planning Policy Explained

The term, “One-Child” Policy, is a misnomer coined by Western media that continues to be used today. It implies that all Chinese couples are restricted to one child per family, but this is an oversimplification. Rather, a myriad of rules and exceptions, as well as various degrees of enforcement, are all tied into what the Chinese call the Family Planning Policy. Families in rural areas, for example, are often allowed a second child if the firstborn is a daughter, referred to by some as the “one son or two child” policy (Evans K., 2000, p. 110). Ethnic minorities are subject to different rules, with urban couples often allowed two children and rural couples three or four, and, in cases of non-genetic disability or a child’s death, all Chinese couples may be allowed another child (Smolin, 2010, p. 16). Additionally, enforcement methods that vary tremendously affect the number of children couples may be permitted to have. Local officials may respond to pressure to meet population targets by
encouraging coerced abortions, while others may allow couples to “pay their way out” through imposed fines (Smolin, 2010, p. 17). Lastly, urban areas are often subjected to stricter regulation than rural areas (Wang, 2014).

**Effects Seen Today**

The Family Planning Policy, while considered draconian and invasive by many, has undeniably had its intended effect. China has hit its target population goals, but not without consequences. An aging population and possible labor shortage loom on the horizon, and a cultural preference for boys combined with the strict “one-child” policy has resulted in an unprecedented gender gap, with an approximate female to male ratio of 100:120 (Smolin, 2010). Some of these “missing girls” are not products of abortion, but have been abandoned across the country at alarming rates and are ending up in orphanages (Evans K., 2000). As a result of this gender imbalance, some predict catastrophe. In addition to increased crime and violence, Ross predicts a “‘bachelor army’ of men unable to find partners and its corollary, an increase in sexual trafficking” (2010, p. 68). In response to these forecasts, the government announced in 2009 an important revision to the policy, allowing couples to have two children if both spouses were from only child backgrounds themselves. Recently, this revision has been extended to include couples in which only one parent is from an only child background (Holliday, 2014).

**Literature Review**

Although exact figures are difficult to estimate, China’s abortion rates have risen significantly since 1979 when the policy was implemented. In addition to the powerful policy, pressure from family, traditional values, inadequate sex education, and the marketization of abortion have all contributed to today’s visible abortion culture in China. Existing studies have largely focused on these societal factors, but, despite being a crucial aspect of abortion culture, public perception remains curiously under examined. This study
aims to shed light on current public perception about China’s abortion culture through fifteen interviews covering a range of interview subjects, including students, teachers, doctors, hospital workers, and other employees.

**Hypothesis**

Although present abortion culture allows women in China to easily seek out abortion with little stigma, this study argues that the emphasis on abortion over other alternatives, misleading advertisements, and inadequate education on sexual health has a negative impact on women’s mental and reproductive health. However, changing public perceptions on present abortion culture will have an impact on traditional expectations, eventually rendering the expectation of marriage before motherhood an option rather than a requirement.

Additionally, recent rapid changes in the Family Planning Policy, despite granting women more reproductive freedom, have not been accompanied by a change in hospital policy in regard to maternal health. For various reasons of finance and efficiency, China has seen a rise in C-sections. While health risks include complications with later pregnancies, this is not a significant issue for women limited to one child by the Family Planning Policy. As the policy continues to loosen, however, more women are eligible to have a second child. Misinformation, poor sexual health education and outdated hospital policies continue to have a negative impact on maternal health.

In order to see improvements in women’s general and maternal health, it is critical to foster a culture that emphasizes direct and satisfactory education on all matters related to sexual and reproductive health, accepts unmarried, pregnant women, and holds hospitals accountable to policies that endanger their patients.

**Methods**

**Location**

This study focuses primarily on qualitative data collected from fifteen interviews that were conducted over a two-week period in the city of Kunming, China. The interviews
chiefly took place in the interviewee’s place of work or study, and coffee shops. Locations included hospital offices, college campuses, cafés, with one interview conducted over the phone due to travel constraints. These locations were specifically chosen with the purpose of putting subjects at ease, as most interviews were conducted in environments familiar to the subjects.

Demographics

Interview subjects were selected to represent a range of ages and professions (see Table 1). College students were interviewed as they fall within the age range of women most at risk of unplanned pregnancy, and were chosen to represent the perspective of China’s younger generation (Levin, 2012). Doctors were selected for their professional, medical opinions, as well as to provide insight into the technical and day-to-day reality of abortion in China. Teachers and other employees were interviewed to provide general observations. Each of the fifteen interview subjects was female, as women are most closely affected by abortion culture in China.
Table 1: Study Participants and Demographics

<table>
<thead>
<tr>
<th>Interviewee</th>
<th>Occupation</th>
<th>Place of Occupation</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject 1</td>
<td>Program Assistant</td>
<td>SIT Study Abroad</td>
<td>25-30</td>
</tr>
<tr>
<td>Subject 2</td>
<td>Teacher</td>
<td>Yunnan Minzu University</td>
<td>50-55</td>
</tr>
<tr>
<td>Subject 3</td>
<td>Doctor</td>
<td>Yunnan TCM Hospital</td>
<td>30-35</td>
</tr>
<tr>
<td>Subject 4</td>
<td>Hospital Worker</td>
<td>Yunnan TCM Hospital</td>
<td>30-35</td>
</tr>
<tr>
<td>Subject 5</td>
<td>Doctor</td>
<td>Maria Women's Hospital</td>
<td>25-30</td>
</tr>
<tr>
<td>Subject 6</td>
<td>Doctor</td>
<td>Maria Women's Hospital</td>
<td>50-55</td>
</tr>
<tr>
<td>Subject 7</td>
<td>Doctor</td>
<td>Kunming Medical University</td>
<td>25-30</td>
</tr>
<tr>
<td>Subject 8</td>
<td>Teacher</td>
<td>Yunnan Minzu University</td>
<td>30-35</td>
</tr>
<tr>
<td>Subject 9</td>
<td>Teacher</td>
<td>Yunnan Minzu University</td>
<td>25-30</td>
</tr>
<tr>
<td>Subject 10</td>
<td>College Student</td>
<td>Yunnan Minzu University</td>
<td>20-25</td>
</tr>
<tr>
<td>Subject 11</td>
<td>College Student</td>
<td>Yunnan University of Finance and Economics</td>
<td>20-25</td>
</tr>
<tr>
<td>Subject 12</td>
<td>College Student</td>
<td>Yunnan University of Finance and Economics</td>
<td>20-25</td>
</tr>
<tr>
<td>Subject 13</td>
<td>Graphic Designer</td>
<td>JinyuMantang</td>
<td>20-25</td>
</tr>
<tr>
<td>Subject 14</td>
<td>Teacher</td>
<td>Pollard International School</td>
<td>20-25</td>
</tr>
<tr>
<td>Subject 15</td>
<td>College Student</td>
<td>Yunnan University of Finance and Economics</td>
<td>20-25</td>
</tr>
</tbody>
</table>

Source: Fifteen interviews, conducted by Naomi Bouchard

Limitations

As a newcomer to China, the author’s personal resources were limited. The subjects were therefore primarily selected from a pool of people the author was previously introduced to during her time in China, as well as contacts referred by others. Lacking fluency in Chinese, the language barrier proved a challenge and limited interviews mostly to subjects who possessed some fluency in English. However, one interview conducted simultaneously with two doctors in a hospital occurred entirely in Chinese. This was facilitated with the help of Ms. Zhou Yan, who generously agreed to provide translation throughout the duration of the interview. This method had its own limitations, as Ms. Zhou Yan was forced to paraphrase lengthy replies from each doctor. Additionally, the doctors often discussed questions with each other before replying, which further impeded direct translation. Due to
these difficulties, the author chose to continue to focus on subjects who possessed some
English ability. Lastly, due to the aforementioned constraints, this study is limited to a sample
of fifteen subjects.

Alteratives

As the nature of this study is qualitative, it was determined that conducting in-person
interviews would be most appropriate. All fifteen subjects were contacted via phone or
private message and were asked to meet at a later date to discuss women’s health issues in
China. They were informed that there would be no directly personal questions and that their
names would not be attached to anything they said. However, alternate techniques were
considered, including creating and implementing an anonymous online or paper survey. A
survey would include more demographic and personal questions, and would be ideally
administered to fifty persons in order to gain statistically significant results. While a survey
would obtain valuable quantitative data, time constraints, difficulties with ensuring
anonymity, and other ethical considerations ultimately deemed this method unusable at the
present time.

Data Collection and Analysis

Interviews were recorded manually on the author’s laptop as subjects spoke. A pre-
prepared document with fifteen to twenty questions was used, and answers were recorded
below each question posed. Interviews were typically between forty-five and ninety minutes
in length. At the end of the two-week period during which interviews were conducted, all
recorded interviews were analyzed for trends in responses and sentiments. These trends were
then documented in charts to facilitate further analysis.
Women’s Reproductive Rights

In the last several decades, women’s rights and reproductive health in China have steadily risen in nearly all areas, but have undergone intermittent setbacks and complications too. More and more, women are in control of their birth plans, choice in partners and birth control. They enjoy safer deliveries in hospitals, and there is less pressure to produce male heirs. However, government policy continues to dictate how many children women are permitted to, profitable hospital policy harmful to women’s health continues to be in practice, and cultural factors impose their own constraints on women. As traditional and modern ideals continue to converge in all areas of life, women’s reproductive health struggles to claim its place.

Past History

Despite a history that stretches back thousands of years, Chinese women have only recently begun to enjoy many of the same rights as men. Before this period, girls were expected to obey their fathers, wives their husbands, and widows their sons, a doctrine created by Confucius, the influential Chinese philosopher. Girls were married young and ordered to give birth until they produced a son (Subject2, 2014). If a woman failed in this endeavor, she risked beatings and general maltreatment by her husband and mother-in-law (Subject9, 2014). Newborn girls, for that matter, risked neglect, abandonment, and even death (Subject11, 2014; Subject12, 2014).

After the Second World War and the loss of ten to fifteen million Chinese military and civilian lives, Chairman Mao sought to rebuild the country’s labor force by encouraging women to have more children (Subject10, 2014). Abortion and the use of birth control was strictly discouraged, and, in August 1958, Mao declared a population goal of “one billion and some hundred millions more” (Scharping, 2013, p. 47). Due to physical labor demands, rural villages were specifically targeted by this policy, with one respondent noting that her own
grandmother had seven children (Subject1, 2014). The policy made childbearing an act of pride for many women eager to serve their country, but it also ensured that childbearing would continue to be viewed as a woman’s duty, rather than a choice.

**1979 and On**

Once it became clear that China’s booming population was translating not to more hands for labor but instead to more mouths to feed, newly appointed Deng Xiaoping quickly imposed the Family Planning Policy, known in the West as the “One-Child” Policy. Women, told for thousands of years that their most sacred duty was to produce children, were now not only discouraged from doing so but were being punished for it as well; “Forced sterilizations, mandatory insertions of metal IUDs—which could be monitored by X ray to make sure they remained in place—became commonplace assaults on the women of China, as did forced abortions, even at full term” (Evans K., 2000, p. 100). At the same time, the deeply ingrained cultural preference for boys was contributing to mass female infanticide, with as many as one in four killed in some regions (Smolin, 2010, p. 12). Women “lost control” over when they should have children, with strict timelines and quotas imposed by the government (Subject6, 2014). Human rights groups the world over condemned the policy and its systemic targeting of women. Still, faced with these facts, many respondents do not denounce the policy outright but instead express more complicated views.

**Family Planning Policy and Perceived Necessity**

Despite the ‘success’ of the Family Planning Policy, China still boasts the largest population in the world. Many wonder where China would currently be without the policy, with some speculating that the controversial policy helped the country to avoid certain disaster. One respondent firmly believes the policy was necessary, as an overpopulated country would “bring serious problems like hunger, poverty and crime” (Subject2, 2014). Another felt it was necessary, as “most of the population did not have the education to realize
how much stress on resources a big population causes” (Subject6, 2014). This touches upon a common refrain uttered by critics of the policy, who argue that better education, access to birth control, family planning and sex education, and other incentives would all be more effective and more humane methods to control the booming population. One respondent reflected this view, speculating that it may have seemed like a good choice at the time, but was clearly not the “perfect choice”, and arguing that the policy was unnecessary because it causes other problems such as the aging population (Subject7, 2014). Most respondents, however, took a stance somewhere in the middle of the views expressed above.

Although the following respondents mostly agreed that the policy was necessary “at the time”, their views differ in regard to the policy’s implementation and current state. It “could have been done in a more moderate way…like they are implementing now”, remarked one (Subject1, 2014). One doctor felt the policy was necessary to “rebuild this country” but felt the government should not have forced women to get abortions they did not want, and should have instituted more ways to protect women and children (Subject3, 2014). Another interviewee acknowledged the necessity of the policy due to Mao’s initial advocacy for the “birth blooming” and the subsequent famine, but now feels it is necessary to allow people to have more than one child as the newly updated policy permits (Subject8, 2014). In this regard, she feels the Chinese government has made two right choices about the “birth of Chinese people” (Subject8, 2014). Two respondents stressed the issue of China’s aging population, arguing that the policy is no longer necessary and the government is correct to implement the recent reforms that allow many couples to have more than one child (Subject9, 2014; Subject10, 2014). Although study participants express differing opinions in regard to the true necessity of the Family Planning Policy, nearly all are in agreement that current conditions stand in stark contrast to pre-policy China, and have improved drastically for women around the country.
Gender inequality remains a problem in China, but improvements have been rapid and observable. Women can decide whether or not they want to have children, no longer follow a strict, government sanctioned birth plan, are more educated, and can choose their own husbands (Subject2, 2014; Subject6, 2014; Subject9, 2014). One doctor remarks, “After 2000, you hardly heard news of forced abortions”, while another says women have begun to “concentrate on their own health” (Subject3, 2014; Subject7, 2014). Some comment on the ban of sex-selective abortions, observing that more people are beginning to “like boys and girls equally” and that “gender equality has improved a lot” (Subject13, 2014; Subject11, 2014). Lastly, one interview subject sums up the sentiment expressed by others and says, “now women have more rights and more choice” (Subject9, 2014).

Perceived Effects of the Family Planning Policy

Although most respondents feel overall conditions have improved in China, there seems to be a consensus that conditions have improved despite the Family Planning Policy, rather than as a result of the policy itself. However, positive effects of the policy include the quality of life improving “in terms of material needs”, with the youngest generation now living a “Western lifestyle” (Subject1, 2014). Additionally, one doctor notes that children have a better chance at receiving good education, due to the tendency of parents pouring all of their resources into their only child (Subject3, 2014). The flip side of this devoted attention, however, is new concern for a generation of selfish and entitled only children. As one respondent put it, many kids do not “appreciate hardship as before, they are more interested in material satisfaction” (Subject1, 2014). Yet this same generation of only children will be expected to care for both their aging parents as well as two sets of grandparents, a “very heavy” responsibility (Subject2, 2014). With limited government
resources allocated to the care of China’s elderly and no developments projected for the future, younger generations will have no choice but to contribute as best they can.

The Family Planning Policy has exercised exceptional influence over China’s citizens and what was once a private, intimate aspect of their lives. In controlling citizens’ reproductive states, the policy demonstrates the enormous power that the government wields. This has important implications for China’s traditional and family structures. The Confucian system is entirely based on family, leaving a less significant relationship between citizens and their nation (Subject8, 2014). However, the Family Planning Policy “greatly changes the way people think about family, and questions about society, family and even the nation have become increasingly challenging to people… [There are] too many questions unanswered. It’s kind of a lost nation here” (Subject8, 2014). This respondent touches upon the ongoing societal shift away from family, both as a result of the influential government inserting itself into intimate decisions once made by family alone, and the increasing emphasis on the individual. In her book *Red China Blues*, Jan Wong says, “Many parents of the nineties were part of the lost generation of the Cultural Revolution. After suffering so much themselves, they were determined not to deprive their only child” (Evans K., 2000, p. 234). The emphasis on only children in China must be examined as a unique phenomenon not because there have never been only children, but because “for generations, Chinese society had emphasized the family, the clan, the collective over the individual. Now, for the first time in four thousand years of history, the relationship [has been] reversed” (Evans K., 2000, p. 234). These unprecedented circumstances are reflected in the interviewees’ responses, with “Selfish Generation” being the most commonly mentioned effect of the “One-Child” Policy, as seen below in Figure 1. However, although this may be a commonly mentioned consequence of the policy, there is no doubt that changes in maternal health remain at the forefront of major policy effects.
Recent changes in the Family Planning Policy have been proposed and implemented swiftly, and the perceived “loosening” of the policy has been welcomed with open arms. Last year, China announced that couples would be authorized to have two children as long as one spouse was an only child (Larson, 2014). The policy has been enacted in 29 of China’s 33 provinces and regions, and is expected to be nationwide by 2016 (Larson, 2014). However, changes in government policy have not been accompanied by appropriate revisions in hospital policy. This inconsistency endangers women and has a negative impact on maternal health.

Rates of caesarean delivery (CD) are on the rise globally, and China is no exception to this trend. Although “maternal morbidity associated with CD is not very high”, the “immediate risks of both minor and severe complications associated with delivery are higher

**Policy Revisions and Caesarean Delivery**

![Perceived Effects of the “One-Child” Policy](chart.png)

*Source: Fifteen interviews, conducted by Naomi Bouchard*
after CD than after vaginal delivery (VD)” (Wen-Ying, Liabsuetrakul, & Stray-Pedersen, 2014). In China, nearly two-thirds of urban women and one quarter of rural women now give birth by caesarean section (Xing Lin, Ling, Yan, & Ronsmans, 2012). This is a significant increase from the national rate of 3.4% in 1988, with the greatest increase occurring among urban women (Xing Lin, Ling, Yan, & Ronsmans, 2012). However, the CD rate increased between 1988 and 2008 in “all socioeconomic groups, including the poor, the uneducated and the rural population” (Xing Lin, Ling, Yan, & Ronsmans, 2012, p. 35). Despite the risks associated with caesarean delivery, women choose this option for a variety of reasons. They may choose CD because they think it is “safer and free from pain and anxiety”, but may also be encouraged by healthcare providers due to “perverse financial incentives that encourage costly procedures” (Xing Lin, Ling, Yan, & Ronsmans, 2012, p. 30). While delivery by caesarean section is not recommended for women who do not strictly need it, the rising rates in China combined with the revisions to the Family Planning Policy have additional harmful consequences.

One respondent, an obstetrics doctor, is particularly concerned with the rising rates of caesarean delivery in China. She says, “Now we face more challenges with [CD] because women are beginning to have a second child, and after [CD] it is dangerous to have another child. Uterine eruption poses a bigger risk, and [CD] can cause complications such as hemorrhage, which can lead to death” (Subject7, 2014). Asked why CD rates are on the rise, she responds that patients do not want to tolerate the pain of natural birth and are uneducated about the risks associated with CD (Subject7, 2014). Additionally, doctors encourage the practice, as they have to dedicate only one hour of time to caesarean deliveries, versus ten hours of time associated with VD (Subject7, 2014). Doctors in China are also “not paid like U.S. doctors” and stand to earn more money from operations like CD (Subject7, 2014). However, she notes that most patients decide on natural birth if the risks of caesarean
delivery are explained to them, because many women want to have a second child and are now eligible to (Subject7, 2014). Proper education, then, is key to protecting women and their health.

**Sex Education in China**

Since the adoption of reform and opening up policies in 1978, expression of sexuality in China has become increasingly accepted (Ying, Cottrell, Wagner, & Maosheng, 2004). In 1988, the Ministry of Education and the State Family Planning Commission mandated that all middle schools incorporate sex education into their curriculum (Ying, Cottrell, Wagner, & Maosheng, 2004). This was quite progressive considering all mentions of sex were banned from “public discourses and from any form of art” during the Cultural Revolution, which had ended only a decade earlier (Aresu, 2009). However, debates on sex education largely made a comeback during the late 1970s out of concern for “sexual crimes and sexual misconducts” such as prostitution, pornography, premarital sex, teenage pregnancy, and abortions (Aresu, 2009). In addition to these “sexual crimes”, the spread of HIV/AIDS contributed to a focus on sex education, but all ultimately “lead to a reaffirmation and reinforcement of sexual morality as a key aspect of sex education” (Aresu, 2009). As such, most college students and proponents of safe sex education have largely criticized China’s sex education for being too conservative (Ying, Cottrell, Wagner, & Maosheng, 2004).

One hundred percent of interview respondents agreed with the statement, “The government has a responsibility to provide public sex education.” However, of these, all but two respondents feel that current sex education is insufficient. As a result of this deficiency, college-age people often turn to other resources in order to educate themselves on sex-related issues. Respondents mentioned the following resources as being most popular among college-age people, as seen in Figure 2 below:
Respondents frequently mentioned “The Internet” as a popular resource that college-age people rely on, but some acknowledge that this resource has its shortcomings. One doctor says it is difficult to find information on protection and proper use, while another respondent says, “the Internet is very terrible, if [students] don’t know how to get the right information they will misunderstand” (Subject3, 2014; Subject12, 2014). Still, most respondents view the Internet as a welcome resource for students and other young people to turn to. “The Internet plays a big role in education now,” observes one doctor, while another applauds the fact that the Internet has helped to facilitate open discussion among young people about sex and related issues (Subject5, 2014; Subject6, 2014). Regardless, there is no doubt that the Internet is often host to unreliable or untruthful information. It is imperative that young people, those most at risk for unplanned pregnancy, be able to turn to other accessible and reliable resources for proper sex education.
Although “School” was the second most frequently mentioned resource by respondents, nearly all followed this with a variety of criticisms. School sex education was described as “poor” and not “detailed or direct”, largely because teachers “feel embarrassed” and “are ashamed” (Subject1, 2014; Subject2, 2014; Subject8, 2014; Subject11, 2014). This embarrassment is not limited to school teachers but is seen in parents as well, who struggle to address sex with their child(ren). One doctor admits, “My father told me I came from his armpit when I was very young” (Subject3, 2014). Although absurd, this and other fibs are often told by Chinese parents who wish to avoid explaining sex and pregnancy to their child(ren). In one study, most of the two hundred interview subjects revealed that their parents had told them they had been “found” (Levin, 2012). One respondent explains that relative to 5000 years of history, “Chinese people are still very conservative” (Subject10, 2014). Admonishing this, another respondent feels that sex should be discussed as a “positive and healthy thing” and young people should not feel shy or humiliated when they discuss the topic (Subject9, 2014). Despite these criticisms, efforts for reform have not always been welcomed.

Although many people would agree that China is becoming “more and more open”, there is no doubt that China’s public sex education requires improvement (Subject4, 2014). However, efforts to promote more open dialogue are met by a “widespread belief that safe sex education pushes young people to experience premarital sex” (Aresu, 2009). When some schools have attempted to provide safe sex education or free condoms, they were met by “strong resistance” from parents and local authorities (Aresu, 2009). It is commonly said that students should focus on their studies, and some schools have even banned relationships among students (Subject1, 2014). Some suggest a public and orchestrated campaign by the government is needed, while others feel this “reflects a habit of ‘worshipping the state’” and that people should not “always look to the government for what they should think or do”
(Aresu, 2009; Subject12, 2014). As debates rage on and inadequate sex education leaves students ignorant, many young people will continue to struggle with unplanned pregnancies.

**Abortion in China**

According to statistics released by Chinese health officials, more than 13 million abortions are performed each year in China (McDonald, 2009). This figure does not include the 10 million abortion-inducing pills sold annually in China, nor abortions obtained from private clinics, which would make the number “substantially higher” (McDonald, 2009). Still, the figure of 13 million alone is significant—in 2003, the number of abortions in China was estimated at 9 million, accounting for more than a quarter of worldwide abortions that year (McDonald, 2009). Chinese officials have attributed a low level of sex education among young people to the widespread use of abortion, a view corroborated by this study’s participants (Levin, 2012).

As unplanned pregnancies become increasingly common and are inevitably followed by terminations, abortion has become a very public, every day facet of life in China. “In my generation it is very common to get pregnant in college” says one respondent, while another observes that high school kids are increasingly seeking abortions, too (Subject10, 2014; Subject2, 2014). One doctor attributes this trend to a lack of knowledge, as well as common embarrassment among young people to buy protection themselves (Subject5, 2014). This latter point is verified by two participants who say, “[Young people] are very shy and very uncomfortable, [they] just throw the money and run” (Subject13, 2014; Subject14, 2014).

Traditional ideals and restricting gender roles also play a part, argues one respondent, saying that girls do not feel assertive enough to ask boys to use condoms, nor feel they may even have a right to ask (Subject2, 2014). However, the lack of contraceptive knowledge is not limited to students. According to an online survey, “Only 12 percent of 1,000 Chinese women ages 20 to 35 fully understand contraception” (Levin, 2012). “I think most women in
China lack knowledge about contraception,” expands a doctor (Subject7, 2014). Hospitals now offer free or affordable health classes that cover a range of topics, and are open for anyone to attend (Subject8, 2014). For women with health problems like diabetes, obesity or cardiovascular problems, classes that address maternal health and prenatal care are becoming more popular (Subject7, 2014). Among the generally healthy population, however, “mostly old people” are said to attend, with people aged thirty and below rarely attending or even aware that these classes exist (Subject8, 2014; Subject14, 2014). If improvement is to be seen, alternatives and educational opportunities will need to be publicized and made available as effectively as abortion services have been.

Advertisements and the Abortion “Industry”

They are seen on bus stops and television, plastered on bathroom stalls and handed out as flyers in the streets. They boast a ‘painless three minutes’, offer discounts during holidays, and stand out in colors of bright pink or purple. Private clinics operate in a competitive market, and aggressively publicizing their abortion services through public advertisements has become routine. However, study participants overwhelmingly view these advertisements with negativity. Their testimony addresses the misleading messages displayed in the advertisements, which tend to trivialize a medical procedure that comes with its own risks and possible complications. The prevalence and content of abortion advertisements in China is a disservice to women and has a negative impact on their mental and physical health.

Study participants had strong opinions when asked to comment on abortion advertisements that are commonplace in China. One respondent immediately replied that she hated the advertisements, as she felt they gave the impression that “women are pigs or animals” (Subject2, 2014). Another respondent felt that some of the advertisements are “extreme”, but more so in rural areas where ads relate abortion to one’s reputation and basic necessities of daily life; one slogan states, “It is better to raise ten cows than to raise more
than one child” (Subject8, 2014). When she sees these ads she does not think women or human rights are respected (Subject8, 2014). Others feel that advertisements’ emphasis on quick and easy abortions makes accidental pregnancy seem like a small problem with an easy solution, leaving no incentive to use protection (Subject1, 2014; Subject5, 2014; Subject2, 2014). The advertisements are “misleading people to have wrong ideas about abortion” and “make the issue [of abortion] seem not very important” (Subject10, 2014). One respondent feels this message is particularly damaging to male students, as it is women, not men, who are ultimately forced to make and confront their decision as well as undergo the procedure itself; this fact of life absolves men of any ‘real’ responsibility (Subject2, 2014).

Respondents also feel uncomfortable with the public display of advertisements (Subject1, 2014; Subject9, 2014). “It should be in every hospital like other surgeries” but not in “random, public places” says one (Subject1, 2014). Agreeing with the sentiment expressed above, two doctors add that abortion requires medical knowledge and should not be something that is marketed (Subject6, 2014; Subject5, 2014). Advertisements give the impression that an abortion is a quick procedure with no real consequences, says one, going on to recall a time she overheard two boys talking about a botched abortion that occurred at a clinic “like it was nothing” (Subject6, 2014). However, the doctors acknowledge that there is an upside to the prevalence of advertisements: they inform people that the option is out there (Subject5, 2014; Subject6, 2014). Before ads were popular, some young patients were too far along when they became informed about abortion as an option, recalls one doctor (Subject5, 2014). Still, there is consensus that the ads are harmful to women’s health and too often imply that abortion can, and should, be used as a contraceptive method (Subject10, 2014; Subject6, 2014).
Abortion advertisements in China are widespread and recognizable. One example can be seen in Figure 3 above, which boasts bright pink colors and the slogan, “Unintended pregnancy, be a queen”. Other advertisements claim a total procedure time of three minutes, promise a pain-free experience, and liken the whole process to a dream (Koetse, 2014). In one famous television ad, a girl is shown in a hospital bed asking her doctor, “Did it start?” to which her doctor replies, “It is already over!” (Subject1, 2014; Subject14, 2014). The commercial’s slogan, “开始了吗？已经结束了！” is now recognized by most Chinese. This ‘dream-like’ experience is not risk-free, however. In the short-term, patients can experience bleeding and be susceptible to various infections while in the long-term they may have difficulties with future (wanted) pregnancies (Subject6, 2014). Although many respondents perceived abortion advertisements to be decreasing in recent years, observing them mainly on small flyers rather than in large, public spaces, the advertisements are
undoubtedly misleading (Subject2, 2014; Subject3, 2014; Subject9, 2014). This view is held by students and other respondents, as well as by doctors included in this study.

Procedures and Protocol

The now-common ‘three minutes’ rhetoric reflected in most abortion ads is blatantly false, as three minutes cannot possibly encompass the full experience that women of China undergo in order to terminate an unwanted pregnancy. For one, procedures differ by hospital and clinic, which means each has its own rules and regulations that a woman seeking an abortion must navigate. At the Yunnan TCM Hospital, for example, prospective patients must first receive a physical examination and receive proper consultation, including a discussion about different procedure methods and potential harmful effects (Subject3, 2014). After receiving this information and choosing a method—which can range from abortion-inducing medicine early on in the pregnancy, to a more ‘surgical’ procedure—women must then make a second appointment to come back for the abortion itself (Subject3, 2014; Subject5, 2014).

At Kunming Medical University First Affiliate Hospital, the procedure is similar. A patient may come in for an ultrasound and discuss her options, but she must come back another day for the final appointment (Subject7, 2014). Additionally, the hospital reserves the right to refuse its abortion services to a patient more than twelve weeks along in her pregnancy if the fetus is healthy and viable, but will grants abortions in cases of DNA disease or deformity (Subject7, 2014). After 28 weeks, the hospital will not grant a woman an abortion unless the fetus has a serious deformity or it is a “lifesaving abortion for the woman” (Subject7, 2014; Subject5, 2014).

While all women must navigate the discrepancies in hospital policies, employed women can largely depend on health insurance to cover significant costs from their procedures (Subject3, 2014). Costs depend on insurance, but typically an insured patient pays no more than a few hundred RMB for an abortion, and uninsured patients who pay out of
pocket will not pay more than 1,000 RMB (Subject4, 2014). Government employees, such as
public school teachers and military personnel, can also enjoy the benefit of seven days of paid
rest after an abortion (Subject2, 2014). Despite the total (uninsured) fee for an abortion often
costing one to two times more than is advertised, public opinion generally considers the
medical procedure to be an affordable one (Evans M., 2012).

Though protocol differs by hospital, all abortions are medical procedures that come
with their own risks and possible complications. Moreover, patients’ health and
circumstances differ greatly from each other. To classify procedures as ‘painless’ and merely
‘three minutes’ in length does not accurately encompass women’s experiences. In order to
make informed decisions about their health, women must be given the appropriate tools and
resources to do so.

Abortion Rates and Social Factors

Due to various influences, certain trends in abortion service rates can be seen in most
facilities. Holidays and annual events affect abortion rates in hospitals, as well as societal and
cultural factors. An employee of Yunnan TCM Hospital observes higher rates of abortion in
her hospital after college graduations and during long holidays (Subject4, 2014). A doctor
from Maria Women’s Hospital collaborates this with her own testimony, adding that the
numbers rise before or after long holidays like the Spring Festival (Subject6, 2014). She
explains, the abortion rate rises before long holidays because patients can take their recovery
over the break, and rises again after a long holiday because people go home, celebrate, get
pregnant, and discover their pregnancy one month later (Subject6, 2014). Chinese traditional
culture plays another factor in abortion rates. One doctor, from Kunming Medical University,
says the Chinese zodiac calendar can affect annual abortion rates in China. Next year is the
Year of the Sheep, for example, and some Chinese believe “a boy born in the Year of the
Sheep is not good” (Subject7, 2014). Although sex-selective abortions are illegal, rising
economic standards allows many couples with money to find clinics that provide ultrasound (Ross, 2010). By contrast, the Year of the Dragon or the Pig is considered a good time for a child to be born (Subject7, 2014).Aforementioned societal factors such as poor sex education and misleading advertisements contribute significantly to China’s abortion rates, but one must not ignore the role that tradition and society play as well.

Abortion culture is now ingrained into China’s social fabric and accepted as a fact of life to the extent that it has developed its own social norms. When young women first find out they are pregnant, it is now typical to call and inform their partners as well as their very good friends (Subject3, 2014; Subject1, 2014). On the day of the appointment, most women are accompanied by their partner and/or their best friend(s) (Jin Liang, et al., 2009; Subject15, 2014; Subject3, 2014). While there appears to be no social norm obligating men to wear condoms or take responsibility for protection, boys are seen as having an obligation to take their girlfriends to the hospital, with one respondent citing “cultural reasons” (Subject1, 2014; Subject6, 2014). If they fail to do this, others will consider them irresponsible (Subject1, 2014). Cultural perceptions of proper responsibility and etiquette affect women more heavily, however, and pressure to uphold these contribute to China’s high rate of abortion.

Unmarried and Pregnant

Study participants overwhelmingly listed “unmarried and pregnant” as the number one reason that women in China seek abortions. While one could argue that inadequate sex education is the more probable cause, perceptions about abortion in China are a key aspect of abortion culture as well. Additionally, the pressure single women face to terminate their pregnancies is significant. “[They] are by social custom and governmental policy channeled into abortion, and most of them likely never seriously consider not having an abortion” (Smolin, 2010, p. 29).
Social shaming of single mothers is reinforced and endorsed by government policy, which can include fines and other punishments for unmarried mothers. In Wuhan province, a 2013 proposal wanted to fine unmarried mothers up to six times the area’s average annual disposable income—an equivalent of more than $26,000 USD (Kaiman, 2013). The proposal was later disposed after backlash, but other areas of China, including Beijing and Guangdong province, already adopted similar regulations (Kaiman, 2013). A 2010 article posted on the government-controlled website china.org.cn stated, “An unmarried woman with a child can be a constant source for rumors and gossip” (Kaiman, 2013). Additionally, children of single mothers have extreme difficulty obtaining a hukou, which grants access to services such as health and education (Kaiman, 2013). These policies unfairly penalize women and completely ignore the responsibilities of would-be fathers. Rather than significantly curbing population growth, they drive women to have abortions they may not want, or even to abandon their babies in the streets. Though the stigma against single mothers may have origins separate from the government, it is still responsible for endorsing and reinforcing it in concrete terms through its policies.

As can be seen in Figure 4 below, 50% of participant responses included “Unmarried”, “Parental Pressure” and “Societal Pressure” as the most significant reasons behind women who seek abortions in China. “Too Young” and “Bad Timing” make up another 16% of responses. These results indicate that motherhood has a strictly defined image in China, and those who willingly or accidentally defy it face social ostracizing and government penalties. However, participant responses also indicate a growing frustration with this social construct, with some calling for government and social reforms.
China’s abortion culture limits women’s choice and reproductive freedom, and a growing number of people who recognize this are looking to authority figures to change this. One respondent suggests the government establish an organization to help young people with accidental pregnancies, such as providing financial support and teaching them proper infant care (Subject8, 2014). “The government should put more priority on this,” she says, because the current emphasis on abortion services leads young people to get hurt (Subject8, 2014). Another participant expresses her approval for U.S. colleges that have daycare services and suggests a similar program be implemented in China (Subject9, 2014). Changing public perceptions on single motherhood may be a more difficult task, but respondents suggest that change should start with the government and parents. The government should “tell people that it’s not a moral problem for a girl to get pregnant” says one, in order to “help those girls
be accepted by their families” (Subject8, 2014). Another respondent suggests the government should send the message that to be unmarried and pregnant does not have to be an embarrassment, and should express support for women who decide to keep their pregnancies (Subject9, 2014). Referencing the famous American film about a high school girl’s unplanned pregnancy, Juno, one participant approvingly remarks that the character’s parents “made sure she was not afraid and let her have the baby” (Subject14, 2014). She predicts a similar attitude will eventually rise up regarding this issue, and whether or not people want children “will just depend on themselves” (Subject14, 2014).

Morality and Mental Health

Abortion is accepted as a fact of life in China, and, as such, personal opinions and judgments regarding the issue are not often projected onto others. Rather than criticizing women and girls for their decisions to get an abortion, many people instead condemn the culture they perceive as facilitating high rates of abortion through its skewed incentives and intense pressures. Some may view abortion as a sin, but for the general population it is the environment rather than the individual that is ultimately deemed at fault.

Besides abortion, “girls don’t have any other ideas about what they should do” once they discover their pregnancy (Subject14, 2014). When a girl decides to terminate her pregnancy, “she has a lot of pain, both in her body and her heart”, says one respondent, arguing instead “she should give birth” (Subject14, 2014). This sentiment is influenced in part by the respondent’s recollections of friends or acquaintances that received abortions. “After, they felt very bad and had a bad mood for a long time. First because their body is in pain, and also because they think they let this life go and this makes their heart very uncomfortable” (Subject14, 2014). For those who practice a religion such as Buddhism or Christianity, deciding to get an abortion may prove more difficult to digest. “In Buddhist thinking, it’s like a murder. It is a sin that can be carried to your next life”, says one
respondent (Subject8, 2014). “I think as a Christian, abortion is evil. We have to take care of our body and not excuse [abortions]”, says another (Subject11, 2014). While this rhetoric is commonly refrained around the United States, the majority of Chinese people are not religious (Subject1, 2014; Subject10, 2014). Women in China who get abortions are therefore less likely to feel guilt as a result of others and their accusations of sin or murder. However, the real and perceived lack of choice that permeates China’s abortion culture is damaging as well. Women may feel pressured or forced into making ‘decisions’ they do not necessarily want or agree with, causing them to feel anger and remorse later on. Decisions to get abortions are still considered private by many, and are often only discussed with boyfriends or close friends, as aforementioned. An open dialogue about China’s abortion culture and its potential repercussions for women’s mental health is therefore lacking from mainstream dialogue. In order to protect women, however, it is imperative to facilitate a culture that promotes open and honest discussion of women’s health, and seeks to address and improve these issues.

Conclusion

Although women’s rights in China have improved in nearly all areas, the Family Planning Policy, misguided hospital policy, inadequate sex education, widespread abortion advertisements, and policies that target single mothers contribute to a visible abortion culture in China that is largely harmful to women’s mental and reproductive health. As China leads in world abortion rates with a current annual reported rate of 13 million abortions per year, not including the 10 million abortion inducing pills sold annually or the number of abortions performed in private clinics, the issue of abortion in China therefore affects millions of women. In order to understand this culture most effectively, it is imperative that further research investigates perceptions associated with these factors.
The Family Planning Policy is arguably the single most important aspect of China’s abortion culture, as it is responsible for normalizing abortion and requires the widespread use of it. While many respondents feel the policy was once necessary, they believe a more relaxed policy is now necessary, which has been reflected in recent government revisions. Respondents believe the younger generation can now enjoy a better quality of life due to the focus of resources on only children, but also express concern for a generation of selfish and entitled children. This concern is also complimented by China’s problematic aging population, which will need to rely on its only children for support. Recent policy changes, though welcomed by respondents and others, have potentially negative implications for women’s maternal health if hospital policy and practice does not adapt. Risks and complications associated with caesarean delivery (CD) are higher, and include difficulties in later pregnancies. As more women become eligible to have a second child and remain largely uneducated about risks associated with CD, they may face significant health problems in later pregnancies and deliveries.

In addition to the Family Planning Policy, inadequate sex education and misleading advertisements greatly influence abortion culture. While China has become increasingly open about sex, respondents feel its sex education has lagged and continues to be ineffectual and conservative. This deficiency has lead youths to turn to other resources, such as the Internet, which respondents acknowledge is valuable if not imperfect. Participants also express the belief that many young people and even most women are largely ignorant about contraception and proper protection. This has been exploited by hospitals and clinics that can enjoy significant revenue from the practice of abortion. Advertisements for abortion services are now widespread and can be seen in everyday locations such as bus stops. Study participants overwhelmingly disapprove of and express discomfort for these advertisements. They feel the advertisements trivialize the issue of abortion and mislead the public with
statements that declare abortions to be a ‘painless three minutes’ or even ‘dreamlike’. Misleading advertisements combined with inadequate sex education lead women to misunderstand the issue and reality of abortion and have a negative impact on women’s health.

Lastly, women face intense pressures in Chinese society that are reinforced and endorsed by government policy, which greatly limits their freedom. Most study participants list “Unmarried and Pregnant” as the most important cause that drives women to seek out abortion services. Single women face pressure from parents and society to terminate their pregnancies, but can also be punished by government policies if they have a child while unmarried, such as by steep fines or a denied hukou for their child. However, growing frustration for this social construct, as expressed by study participants and others, may eventually render the expectation of marriage before motherhood an option rather than a requirement.

The real and perceived lack of choice that permeates China’s abortion culture is constraining and damaging to women. Women are not fully in charge of their own reproductive decisions, which has negative implications for their physical and mental health. The lack of options, either due to inaccessibility or limitations imposed by others, is increasingly disheartening to women and inadequate sex education and misleading advertisements for abortion services are met with disapproval and frustration. These and other factors continue to contribute to a misinformed culture that emphasizes abortion over other alternatives. In order to see improvements in women’s general and reproductive health, it is critical to foster a culture that emphasizes direct and satisfactory education, accepts unmarried, pregnant women, holds hospitals accountable to policies that may endanger their patients, and, above all, encourages women to make healthy decisions for themselves. In the
end, women simply want options when it comes to their health. It is time China empowers and trusts women to make their own choices.
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