

Conceiving Contraception: Birth Control in Early Maoist China

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Barber Feng, a man from a rural village in north Sichuan's Langzhong county, still has vivid memories of the tragedies the Great Famine brought to his family:

Cadres told us that the hardship we suffered was all because of the number of children we had. At the time however, there was no contraception. If we gave birth to a child, we had to bring him or her up...one of my children died of hunger during the famine...there was just no food—the canteen manager wouldn't give us any. He said that there were too many of us, and that we didn't do enough work.¹

Barber's pain at the loss of his child is evident in the account, as well as his frustration at the state, as state cadres both mocked rural families for having too many children yet provided no access to contraception. Barber's experience is not an anomaly however; many families experienced hardship under Maoist China's whirlwind policies toward contraception. After the birth of the PRC, the CCP deemed maternal and child health a national priority, and utilized organizations like the Ministry of Health to improve national health.² However, throughout the 1950s, contraception remained a point of contention due to conflicting concerns about China's population size. This tension set the stage for inconsistent and paradoxical messages from the state surrounding the use of birth control during the 1950s.

In this essay, I examine contraception under Maoist China from 1949 until the early period of the Great Leap Forward to reveal how the state's inconsistent policies throughout this period resulted in women experiencing and responding to contraception in diverse ways.³ Largely, state narratives surrounding contraception have depended on generalized, impersonal discourses. Additionally, some historical research looks briefly at personal accounts in regards to contraception, and I aim to expand on these analyses through this essay. I explore personal accounts, like those of cadres and rural women, to better understand how age, class, and

¹ Zhou Xun, *Forgotten Voices of Mao's Great Famine, 1958-1962: An Oral History*, (New Haven: Yale UP, 2013), ProQuest Ebook Central, 58.

² Tina Phillips Johnson and Yi-Li Wu, "Maternal and Child Health in Nineteenth- to Twenty-First-Century China," in *Medical Transitions in Twentieth-Century China*, ed. Andrews Bridie and Bullock Mary Brown (Bloomington: Indiana UP, 2014), 60.

³ I focus on this period from the founding of the PRC and I conclude during the beginning of the Great Leap Forward, as contraception policy began to shift drastically during this tragic disaster.

geography affected women's experiences of birth control. Ultimately, these personal experiences reveal how age and generational differences resulted in women responding differently to contraception, in that older generations that were mothers during the 1950s were more receptive to birth control. Furthermore, class and urban/rural differences led to wealthier, urban women receiving better access to birth control. While women's lives were in some part improved due to wider access to birth control, the state's inconsistent policies contributed to and exacerbated these diverse experiences and reactions toward contraception.

The CCP's initial pro-natalist policy and restrictions on contraception commenced a history of inconsistent contraceptive measures. Pro-natalists initially were not concerned with population problems due to the theory that Malthusian strains would not affect socialist systems like China.⁴ Mao Zedong, in his 1949 essay, "The Bankruptcy of the Idealist Conception of History," states that "it is a very good thing that China has a big population. Even if China's population multiplies many times, she is fully capable of finding a solution; the solution is production."⁵ For Mao, it is clear that he viewed China's large population as an asset, as he directly tied large population to high production. Propaganda posters were particularly popular in promoting pro-natalist sentiment; for example, a 1954 poster depicts a mother helping her four children prepare for school while the father leaves for work (see Appendix, Figure 1).⁶ Another 1954 poster also depicts a father leaving to do agricultural work while the mother and

⁴ Johnson and Yi-Li, "Maternal and Child Health," 61.

⁵ Mao Zedong, "The Bankruptcy of the Idealist Conception of History," Marxists Internet Archive, accessed November 6, 2020, <https://www.marxists.org>.

⁶ Wei Yingzhou, 爸爸上工我们上学 (*Daddy goes to work, we go to school*), October 1954, Poster, 53.5 x 77.5 cm, <https://chineseposters.net/posters/pc-1954-005>.

grandmother take care of children (see Appendix, Figure 2).⁷ In the first poster, the image features a large family with four children, which clearly aligns with pro-natalist sentiment. Both posters also reveal the double burden that women bore, as women were expected to labor while also managing household work and raising children; however, the posters neglect the difficulties of this burden and instead present everyone as smiling and happy to support “united production.” In line with these pro-natalist messages, the Ministry of Health strictly regulated access to contraceptives, including abortion and sterilization.⁸ However, due to internal party disagreements about population control, the CCP would contradict this early pro-natalist sentiment and promote inconsistent messages about contraception throughout the 1950s.

Due to several factors throughout the 1950s, the CCP began to shift their policies toward a promotion of birth planning and control; one of these elements was that some women began advocating for contraception access in pursuit of women’s rights. Many women were caught between a contradiction where they were “liberated” to labor and live equally with men, yet still held responsibility for the childrearing and the domestic sphere.⁹ Chen Huiqin, a woman who grew up in a rural village in Jiading County, recounts how she worried that “bending over might hurt the baby’s development...that, however, did not stop me from going to work in the fields every day.”¹⁰ Huiqin’s account clearly reflects the tensions between having to labor and the stress of childbearing, as she had to collect work points to feed her family but was also

⁷ Zhang Daxin, 民族和睦团结生产的新家庭 (*A new household that is democratic, peaceful, and engages in united production*), January 1954, Poster, 54 x 79 cm, <https://chineseposters.net/posters/e15-286>.

⁸ Tyrene White, “The Origins of China’s Birth Planning Policy,” in *Engendering China: Women, Culture, and the State*, ed. by Christina K. Gilmartin, et al. (Cambridge: Harvard UP, 1994), 254.

⁹ White, “Birth Planning Policy,” 253.

¹⁰ Chen Huiqin and Shehong Chen, *Daughter of Good Fortune: A Twentieth-Century Chinese Peasant Memoir* (Seattle: Washington UP, 2015), 69.

concerned about the effect field labor had on her and her baby's health. In response, many women's heads (leaders in 1950's co-operatives) worked to protect rural women's health and arrange childcare so they could work.¹¹ Some female cadres began to agitate for access to contraception as well. They argued that access to birth control was in line with the party's promotion of women's liberation from feudalism, like the Marriage Law of 1950.¹² While the CCP would start to improve access to birth control in response to these women cadres, the internal party tensions that marked the decade of the 1950s ultimately contributed to inconsistent messaging and access.

Another factor of the CCP's transition towards family planning and contraception policy was party concerns regarding population, yet disagreements within the CCP led to fluctuating attitudes towards birth control under Mao. At the center of these tensions was Ma Yinchu, a demographer and party official, who researched population issues in China in the 1950s and ultimately voiced his concerns about population growth to Mao in 1957.¹³ In his 1957 article, "A New Theory of Population," Ma Yinchu warns that the "increase in population is too fast" and examines 1953 census numbers to raise concern about potential problems of the rapid increase.¹⁴ Mao initially rejected these fears and led a national criticism of Ma Yinchu during the Anti-Rightist Campaign in 1957.¹⁵ However, Mao Zedong himself often presented conflicting messages regarding contraception and population control during this period. In his speeches at

¹¹ Kimberley Ens Manning, "The Gendered Politics of Woman-Work: Rethinking Radicalism in the Great Leap Forward," *Modern China* 32, no. 3 (2006): 359-60, <http://www.jstor.org/stable/20062643>.

¹² White, "Birth Planning Policy," 256.

¹³ Chen Zhiyuan, "Ma, Yinchu (1882-1981)," in *Biographical Dictionary of the People's Republic of China*, by Yuwu Song, (Jefferson: McFarland, 2013), http://ezproxy.lib.davidson.edu/login?url=https://search.credoreference.com/content/entry/mcfpeoples/ma_yinchu_1882_1981/0?institutionId=3582.

¹⁴ Ma Yinchu, "A New Theory of Population," in *The Foundations of the Chinese Planned Economy* (London: Palgrave Macmillan, 1989), https://doi.org/10.1007/978-1-349-20311-6_31, 300-1.

¹⁵ Chen, "Ma, Yinchu."

the Beidaihe Conference in 1958, he reflects on how in “the past I said we could manage with 800 million. Now I think that one billion plus would be no cause for alarm.”¹⁶ However, not even a year before he had called for birth planning and suggested birth control education in the school systems.¹⁷ Even though the state had begun to implement contraception policy, Mao’s contradictory messages created an environment of confusion and instability surrounding population control. These tensions within the party led to inconsistent messaging and uneven implementation of contraception policy, which ultimately resulted in contrasting reactions from women of different generations, and many rural, poorer women being disadvantaged by inadequate birth control access.

One element that affected how women responded to contraception was generational differences, due to older generations living through the co-operative period and their difficulty in balancing reproductive and productive labor. Often, when “women who were of childbearing age during the collective years tried to communicate with younger women in the 1980s and 1990s about the burden of too many children and the need to limit births, they were speaking to a generation who had not shared their experiences of privation and exhaustion.”¹⁸ For example, a woman from rural Shaanxi laments how “when we were working in the collective, the state was in charge of everything...but they didn’t take charge of births.”¹⁹ When birth planning finally came to her village, “I rushed to the hospital to get an IUD. Otherwise, I would have had one or two more [children]. It would have been unbelievable.”²⁰ As a woman living under the collective

¹⁶ Mao Zedong, “Talks at the Beidaihe Conference,” in *Mao Zedong and China’s Revolutions: A Brief History with Documents*, ed. Timothy Cheek (Boston: Bedford/St. Martin’s, 2002), 162.

¹⁷ Melissa Ludtke, “From Mao to Now: China’s Population Policy,” accessed November 10, 2020, <http://touchinghomeinchina.com/timeline.html>.

¹⁸ Gail Hershatter, *The Gender of Memory: Rural Women and China’s Collective Past*, (Berkeley: University of California Press, 2011), 208.

¹⁹ Ibid., 206.

²⁰ Ibid., 207.

period, her experiences shed light on the difficulties women faced with the double burden of fieldwork and childrearing. Her elated response and eagerness to get an IUD underscores how older generations of women were highly receptive to contraception as it alleviated the pressures of having a lot of children. On the other hand, younger women were raising families during a period “when children were once again coming to be associated with prosperity, and were still necessary for old-age security.”²¹ One barefoot doctor describes the experience of propagandizing birth control in villages as “not very successful...Peasants just didn’t believe that the collective would provide for them in their old age and they surrounded themselves with as many children as possible.”²² This barefoot doctor was propagandizing during the late 1960s, most likely when younger women, who had not been mothers under the co-operative system, were having children. Therefore, one reason these younger women were resistant to contraception was due to the “old-age security” that children provided and their lack of experience in the difficulties of childrearing within co-operative life. In the state’s inconsistent messaging throughout this period and their inability to account for these generational differences within their policy, women of different generations thus reacted to contraception differently.

Geography and class also had major effects on what women had access to contraception, as the state’s uneven birth control implementation allowed wealthier women in more urban areas better access to contraception, while poorer women in rural areas were left more disadvantaged. During the 1950s, contraception prices were drastically different between regions, and businesses in rural areas were limited and often understocked.²³ One woman, Wang Xu, when

²¹ Ibid., 208.

²² B. Michael Frolic, *Mao's People: Sixteen Portraits of Life in Revolutionary China*, (Cambridge: Harvard University Press, 1981), ProQuest Ebook Central, 222.

²³ Sarah Mellors, "Less Reproduction, More Production: Birth Control in the Early People's Republic of China, 1949–1958," *East Asian Science, Technology and Society: an International Journal* 13, no. 3 (2019): 381-2, muse.jhu.edu/article/736529.

she moved from Nanjing to Shanghai with her family in 1956, noticed how much more “commonplace” birth control was and she was able to have an abortion and an IUD in Shanghai.²⁴ Her family’s monetary stability and ability to live in urban Shanghai allowed for Wang to have easy access to contraception. With these advantages, she was able to make decisions about her reproductive health that other women, particularly poorer and rural women, could not afford. For example, Erjie, a woman from Chengdu, Sichuan province, remembers when “I had considered having an abortion, but that didn’t work out. There were condoms on sale at the shop but we couldn’t afford them. They cost five yuan each.”²⁵ Another rural woman from Shaanxi remembers her regret that there was “no family planning at the time...people had so many kids.”²⁶ In opposition to Wang’s experience, Erjie and the other woman had faced limited access to contraception due to class and rural barriers; Erjie was unable to afford something as simple as condoms, while the second woman had no access to family planning due to her rural home in Shaanxi. The government’s failure to have equal supply and to account for class differences in contraception policy is highly evident between these contrasting accounts, further highlighting the ways women of diverse classes and locations had different access to birth control.

Furthermore, geography and class affected the education women had access to; wealthier, urban women often had better education and thus had better understandings of contraception, while the state’s limited birth control education in rural areas restricted poorer, rural women’s access. One female cadre who found success in Shanghai in promoting birth control reflected on how she and other cadres “talked to the women and gave information about contraception, what

²⁴ Mellors, "Less Reproduction, More Production," 384.

²⁵ Zhou, *Forgotten Voices*, 216.

²⁶ Hershatter, *The Gender of Memory*, 206.

devices to use and how to use them...First, we held a mass meeting...to explain about birth control and the possibilities involved."²⁷ The location of Shanghai is significant in her account because it reveals how expansive sexual health education was in urban areas compared to rural areas. These women living in Shanghai had the privilege of access to the in-depth education this cadre describes. Furthermore, one man, Wang, recounts how wealthy, urban people had greater access to reading material on sex and sexual health, like the book *Knowledge About Sex*.²⁸ On the other hand, Erjie also reflected on how she "didn't have an education and we simply didn't understand [contraception methods]...Not knowing what to do, I tried a tonic...I was told the tonic could induce abortion, but it didn't work. Then I tried to jump off a construction site, hoping to get rid of the fetus that way. That didn't work either."²⁹ Erjie, as a woman with limited access to sexual health education, resulted to clearly extreme measures to prevent birth. While she did live in a more urban area, her poverty most likely prevented her from receiving the education she needed. Unlike wealthier woman who were able to read books like *Knowledge About Sex* or had access to the education cadres provided, women like Erjie struggled from her lack of available education. Therefore, the state disadvantaged many poorer and rural women in their inability to establish even implementation of education between classes and rural/urban areas.

However, one factor that did not appear to differ between age, geography, or class was how men often proved to be an obstacle to, or at least disregarded, contraception and sex education. The barefoot doctor mentioned earlier also remembered how even "In spite of all our education, contraception was not well understood, especially in the male-dominated rural parts of

²⁷ Frolic, *Mao's People*, 228-9.

²⁸ Mellors, "Less Reproduction, More Production," 374-5.

²⁹ Zhou, *Forgotten Voices*, 216.

Guangdong where females had little to say in such matters.”³⁰ Furthermore, a woman cadre from rural Shaanxi, Feng Sumei, reflects on how there was “a man, who...would not go to [have his wife] get an IUD...in most families, women agreed with family planning, but men did not.”³¹ The doctor and Feng’s accounts underscore how men were often hindrances to women’s ability to get birth control, even if women were struggling and wanted access to contraception. However, men’s negative effect on contraception access was not isolated to the rural areas that the barefoot doctor and Feng worked in. The woman cadre in Shanghai also revealed how after the mass contraception meetings, “the entranceway activists visited individual families to talk with them, especially with the husbands who, though fairly enlightened, didn’t pay much attention to our efforts...We didn’t talk much about vasectomies because the men didn’t want to listen.”³² Significantly, this account reveals how even “enlightened,” or educated, men in urban areas like Shanghai disregarded education about contraception, letting the burden fall to their wives and other women. While these accounts do not necessarily reveal a diversity of experience in regards to male family members and contraception, they are important in understanding the state’s shortcomings in birth control policy.

While contraception under Maoist China is an important area of study, in recent decades, China’s controversial one-child policy has largely overshadowed this period in China’s complicated population history. However, as I have shown in this essay, the examination of contraception policy under Mao, and its effect on people’s lives, is crucial in better understanding the issue of population in China. Additionally, the issues discussed in this essay emphasize how people’s personal accounts, particularly those of women, are often overlooked in

³⁰ Frolic, *Mao’s People*, 222.

³¹ Herschatter, *The Gender of Memory*, 208.

³² Frolic, *Mao’s People*, 229.

state discourses. I have worked to examine these oft-overlooked personal accounts to shed light how state policies affect real people at the personal level. Most importantly, their diverse accounts on how age resulted in diverse receptions between generations and the ways in which class and geography affected access, particularly disadvantaging poorer, rural women, reflect the diversity of identity and experience in China.

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Appendix

Figure 1. Wei Yingzhou. 爸爸上工我们上学 (*Daddy goes to work, we go to school*). October 1954.



Figure 2. Zhang Daxin. 民族和睦团结生产的新家庭 (*A new household that is democratic, peaceful, and engages in united production*). January 1954.