



Recasting Gender and Prophylactic Use in China: A Historical and Anthropological Perspective¹

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The purpose of this paper is to understand the current problems and issues in the use of contraceptives by exploring historical Chinese attitudes towards birth control and by examining a variety of traditional practices that, even today, compete with and often interfere with acceptable and safe methods of birth control. I will show that a constant feature of historic ideology regarding birth control was a disregard for the safety and wellbeing of Chinese women and female children in favor of male values, and that even today, these values and the practices associated with them continue to threaten the health and well-being of Chinese women and the viability of their female fetuses.

A scrutiny of the implicit and explicit cultural logic underlying gender dynamics and birth control is crucial to understanding sexual inequality and contraceptive use in present-day China. What are the cultural rules and obligations concerning family planning and birth control? How have they been formed throughout history? Who has been bearing the brunt of birth control? What kind of sexual parameters have the cultural rules set up for men and women, and how are they different from each other?

Answers to these questions will enhance our comprehension of the historically embedded cultural obstacles that obstruct women's demands for condom use. To achieve this goal, I will offer an historical account of how knowledge about prophylactics has been produced, constructed and disseminated by the ancient imperial states, the Republican state, the Communist state and the

¹ Part of this article was published in Zheng (2009).

post-Mao state, and how this knowledge has been acquired and practiced by the Chinese people. I will demonstrate how family planning and priorities in, and prohibition of, prophylactics as part of the state's pro-birth, anti-growth and birth-control policy led to different constructions of the role of prophylactics and affected popular understandings of gender and the purpose of sex. This analysis also helps crystallize how sexual concepts and reproductive habits – often seen as inherently personal and therefore removed from the general stream of history – respond to broader social forces, such as state policy changes.

I will mainly draw on my research in historical archives, official and popular media including popular and academic books, journals, magazines, and sex education CDs disseminated only to newly-married couples. I will unravel the historical continuity of women bearing the brunt of contraception throughout China's past and present. This account offers an excellent context for the readers to understand why many of the clients in my study, though in their forties and fifties, and married with children, have never or rarely used condoms throughout their adult lives.

Biomedecine, Gender, and the Body

French philosopher Michel Foucault, in his studies of the medical profession and the rise of the modern clinic, asserts that the medical institution has emerged as one of the pillars of developed societies. Since the establishment of the right to health in Europe in the 1940s, medical care has become an increasingly social and political concept that has generated a set of new policies regarding the human body (Foucault 1996:74). Foucault observes a process of medicalization that includes every single aspect of life and death: conception, pregnancy, childbirth, growth, health and sickness, and death.

Foucault argues that biopower is at the core of this process of medicalization. Foucault defines biopower as “technologies that were developed at the same time as, and out of, the human sciences, and which were used for analyzing, controlling, regulating and defining the human body and its behavior.” (Danaher, Schirato, and Webb 2000:64) Foucault points out two elements that are central to the exercise of biopower: the clinical gaze and medical discourse. The clinical gaze arises from health professionals who watch, diagnose, and decide on the nature of illness. Medical discourse is connected to specialized knowledge as a site of control and power. Ultimately, doctors exercise their medical authority on the patients' bodies through language and through complex technological processes (Morales 2006).

Underscoring reproductive technologies means that male-centered medical discourse defines women in their reproductive organs and reduces women to the hysterical uterus, incompetent cervix, and malfunctioning ovaries (Seigel 2001). Women are taught that their reproductive bodies are inherently problematic, that suffering and discomfort are natural conditions of the female body, and that female reproductive equipment is distasteful and dispensable once childbearing is complete (Lay et al. 2000).

One of the effects of biopower upon women's bodies is the social construction of women. Women are associated with nature. This cultural association defines women according to their reproductive physiology. Women are considered feeble and passive, driven by emotion and instinct, and perceived

as slaves to their reproductive organs and hormones (King 2004:31). While men are perceived as capable of transcending biological materiality, women are entrenched in their physicality (King 2004:31). Because women and their physiology are construed as representative of nature, that is uncontrolled, unpredictable, capricious, and dangerously polluting, the female body has consequently been subjected to the scrutinizing gaze of the human sciences. Medical technology has targeted the female body to control and tame it. Women's uncontrolled sexuality must also be contained, regulated, and restricted.

Medical and scientific discourse has pathologized the normal phases of the female life cycle of menstruation, pregnancy, childbirth, and menopause, by reigning over and administering them through the domain of medicine. Modern medicine is used as an agent of social control, especially over the lives of women, making them dependent on the medical profession and on the technologies of the body. As demonstrated in this paper, in the modern era of China, women's bodies are medicalized, controlled, and essentialized as reproductive bodies. The patriarchal gaze and disciplinary power in biomedicine eventually naturalizes techniques of discipline, manipulation and discomfort, imposing them on the female body to achieve a docile body whereby women are habituated to taking the responsibility of family planning at the expense of their own health.

Ancient and Late Imperial China – Pronatal Attitudes

Confucian values, at least as they have been implemented in China, have always regarded females as subordinate instruments for the smooth functioning of a male dominated family and state.² That this has been true throughout Chinese history is well illustrated by the following discussion of attitudes towards population control and sexuality in ancient China. During this time there were pronatal attitudes and concerns due to the doctrine of filial piety and the fear of decreased population. It was believed that the central ideology of filial piety and the maintenance of labor were crucial to long-term state security and a flourishing economy (Dikotter 1995). As Mencius said, "There are three things which are unfilial, but the most unfilial of these is to have no sons." (Zhao 2006:18) Being benevolent parents and filial children were heralded as the central ethics and *Dao* of the Heaven (*tiandao* means observing nature as a model for social behavior)³ (Fan 2001), and large families were preferred in order to guarantee the continued worship of ancestors and old age insurance (Himes 1963). Drowning and abandoning children was believed to be against the *Dao* of Heaven and disruptive of moral order. Between this entrenched ideology and the state's insecurity about the short life expectancy and high mortality of babies, a plethora of policies were

² Mann (1997), Ko (1994), and Bray (1997) have recorded significant changes over time in the position of women. Their work has traced how women were situated in the three-tiered hierarchy (the imperial state, elite family and peasant household) and how they advanced or suffered in such a patriarchal system. They have employed the late imperial state-elite-peasant triad to examine women's domesticity, life course, reproduction, motherhood, work, feelings, education, and property. Women's various roles were considered in relation to the orthodox literati culture of Confucianism and the prominent popular culture of Buddhism and Daoism.

³ This concept originates from Lao Zi's *Dao De Jing*. *Dao* is the cosmos, the truth, the way and the life. Lao Zi wrote, "Dao of Heaven resembles the stretching of a bow. The mighty it humbles, the lowly it exalts. They who have abundance, it diminishes, and gives it to those who have need. That is Dao of Heaven; it depletes those who abound, and completes those who lack." (2001)

implemented to encourage population increase, such as tax breaks, food aid, rewards of cloth and rice to large families, and punishment of those families that drowned babies (Fan 2001). The pronatal attitudes and concerns during this period did not preclude a plethora of folk contraceptive methods that varied from forcing semen to flow backwards, folk medicine, to infanticide. As illustrated above, although the Yuan dynasty prohibited prostitutes from abortion and the Ming and Qing dynasties applied heavy punishment to those drowning babies, one of the means used to control unwanted birth was, in fact, the drowning of babies (Fan 2001).

In general, sex in ancient China was distinguished by two separate purposes: sex for the purpose of reproduction and sex for the purpose of creating greater male potency⁴ (Van Gulik 2003). The two fundamental principles of *yin* and *yang* in Chinese philosophy are crucial to understand the meaning of sex. *Yin* conveys the meaning of being negative, dark, passive, cold, wet, and feminine, and *yang* carries the meaning of being positive, bright, active, dry, hot and masculine. There is *yin* in *yang*, and there is *yang* in *yin*. *Yin* and *yang* interact with each other and influence people's health. Sex for the purpose of enhancing potency involved *yang*-strengthening and *yin*-replenishing. *Yang*-strengthening was accomplished through sexual arousal without ejaculation. The purpose was to cause a reverse flow of semen at the moment of climax rather than allowing the precious fluid to ejaculate (Van Gulik 2003).⁵ It was believed that men could reach immortality through making the semen flow backwards to be transformed from *jing* (seminal essence) to *qi* (vital energy) and then to *shen* (spirit) at the point when semen and *yin* coalesced in the brain. This process was completed through breathing techniques or pressing a particular acupoint. The importance of multiple sex partners was intended to enhance men's sexual prowess. Men turned frequently to concubines and prostitutes in order to replenish *yang* and use the replenishment to impregnate their wives. Women's breast milk, saliva and secretion were absorbed as medicine for men to replenish their original *Qi*. Men were advised to absorb the maximum *yin* from women by retaining their penis in the women's vagina as long as possible and appropriating the female red vital essence for themselves. Although a man must give his female partner as much pleasure as possible in order to absorb the maximum 'yin' from her, his ultimate purpose is to attain his own immortality (Furth 1994; Van Gulik 2003). Therefore, I argue that a consistent theme was the appropriation by men of women's *Qi* for their personal immortality and for the purpose of strengthening the state through the procreation of healthy children. Almost all sex manuals taught men about therapeutic intercourse postures, the selection of sex partners, the adjustment of sexual behavior according to seasonal changes, dates and time, and provided recipes for *yang*-strengthening food. This was to prepare for the conception of healthy children with their wives through strong ejaculation. Interestingly enough, semen flow reversal was also adopted during the Maoist and post-Maoist era as a contraceptive method (Li 1958; Zhang 2002).

In addition to the reversal of semen flow as a contraceptive method, traditional Chinese medical texts also offered a myriad of contraceptives and abortifacients. For example, the rhythm method, that is, the identification of the period of female fertility and the avoidance of sexual activity during that period, was recorded during the Yuan dynasty. "Those who are afraid of too

⁴ Exceptions of this general theme are reflected in the homosexual culture and prostitutes in Tang and Song poetry.

⁵ This theory was abolished since Chinese medicine associated some disease with copulation.

many births can calculate the dates... A woman can get pregnant during the first three to five days following menstruation, with a son during the first day and with a daughter during the second day." The alleged safe period here was contrary to modern science, which could explain why contraception was ineffective during that time. Hence, the unchecked population increase. Although this method was based on inaccurate science, it is possible that it expressed some concern for the health of women who had borne too many children. On the other hand, it might also represent the interests of some poor male peasants unable to support large families.

During the same period, the desire of poor peasants to limit the size of their families and the failure of contraception led to the flourishing of abortifacients that were often harmful to women's health. Abortifacient prescriptions and contraceptive recipes were found in ancient medical texts such as *Qian Jin Fang* (Thousands of Gold Prescriptions) by Sun Simiao who died A.D. 695, *Yi Xin Fang* by Danbo Kanglai, *Furen Liangfang Daquan* (Complete Collection of Valuable Prescriptions for Women), and *Duanchan Fanglun* (Contraceptive Prescriptions) (Himes 1963). It was recorded that a herb called *huirong* found on Fan Zhou mountain could make a woman barren (Jiang 2003). Abortion formulas included ingredients such as barley leaven (*daqu*), liquor, silkworm eggs, thyme (*shexiang*), Chinese goldthread (*huanglian*), mercury, medicinal leeches (*shuizhi*), purple eggplant flower, rape seeds, cotton seeds, tadpoles, and so on (Himes 1963; Jiang 2003). Besides these recipes and formulas it is reported that the prostitutes applied disks of oiled paper to the cervix to prevent conception (Himes 1963). It was a piece of thin transparent paper, much like toilet paper, made of bamboo tissues, and was inserted into the vagina to prevent the penis from touching the uterus. Some inserted a piece of cotton, locks of hair, fiber, or silk into their vagina. Others soaked the cotton in cooking oil, vinegar, or wine to increase their efficiency as contraceptives (Fan 2001). During the Maoist period, many of these abortifacients were revived and found to be seriously damaging to women's health.

Republican Era (1911-1948)

The Republican government continued the pronatal policy. The wake of Western colonialist intrusion and the relatively secure time of "culturalism" (Fitzgerald 1996) that had followed was superseded by the perception of China's decline and the growth of Chinese nationalism. A new generation of intellectuals invoked the authority of medical science in place of Confucian philosophy to regulate sexuality and reproduction as they were considered to be intimately linked to national strength and state power (Dikotter 1995). Government policy still insisted that the role of sex was to ensure procreation, rather than provide pleasure. Intellectuals argued that individuals had to stringently discipline and restrain their sexual pleasures because excessive intercourse retarded a man's sperm. The belief that a woman carried all her previous sexual partners' semen in her blood put an emphasis on the importance of marrying a virgin in order to preclude passing on the degenerate genes. Indeed, it was believed that excessive intercourse produced weak, malformed, or moronic offspring (Dikotter 1995).⁶ Based on this consensus, intellectuals debated how sexuality and reproduction should be policed. The Guomindang government (Nationalist Party) adopted Sun

⁶ It was argued that the semen was latent for years and would be reactivated during each intercourse. The remnants would enter the vagina through the bloodstream.

Yatsen's pronatal ideas as the official ideology and favored an unconditional increase of population. Sun's three principles of the people were opposed to contraception and considered limitation on births a form of racial suicide. Birth control information was thus ignored in official publications and rarely discussed in government circles (Dikotter 1995).

Some intellectuals such as Pan Guangdan and Gao Xisheng proposed that birth control would lead to the decimation and extinction of the more gifted stocks in the population (Dikotter 1995). One can see in this the influence of the Western eugenics movement which, along with many other Western ideas during that time, seems to have had a profound impact on China. Pan Guangdan expressed his concern about the lack of fertility among "the superior elements of the race" and suggested a birth release program for the higher strata of society so that the inferior elements would not swamp the professional classes (Dikotter 1995). Gao Xisheng, the author of an ABC of birth control, also contended that 90 % of factory girls' progenies were mentally retarded (*dineng*), a dysgenic tendency that was on the rise because of the dissemination of contraceptive knowledge to the educated public (Dikotter 1995). In spite of the absurdity of Pan's views, they were officially endorsed in the 1940s, and based on his views, the Ministry of Social Affairs organized an unprecedented committee for the study of population polices in 1941. The committee recommended segregating those physically and mentally handicapped from the normal population and advocated a differential birthrate based on unequal birth endowments; that is, some individuals may have children while others should be sterilized for the racial rejuvenation of the country (Dikotter 1995). Eugenics continues to influence contemporary Chinese's thinking about population. It is expressed primarily as a concern that women must conform to high traditional moral standards if they are to produce healthy and moral children, thus, once again, making women responsible for the heavy burden of the nation's future.

As indicated above, this pronatal policy was influenced by some intellectuals' concerns about eugenics. However, not all intellectuals accepted the pronatal policy. Influenced by Thomas Malthus's population principle which was introduced in China by a foreign missionary in 1880, proponents of reproductive control such as Wang Shiduo and Yan Fu proposed divergent views on the limitation of births. Wang proposed the drowning of female children and physically abnormal or unattractive sons. He wanted to impose a tax on daughters to encourage infanticide. He also wanted to construct temples, nunneries and halls of chastity in order to encourage celibacy. In the anticipation of the later one-child policy, he even wanted to compel women who had already given birth to take abortifacient drugs.⁷ Yan Fu advocated a ban on early marriage and a role for doctors in eliminating inferior babies. Proponents of reproductive control underscored the physical hardships, high mortality rate, and lack of hygienic care resulting from unrestricted procreation. A special issue of a women's journal was published in which it was argued that birth control would contribute to race regeneration (Dikotter 1995). While this period does show some uncharacteristic concern for women's health, ironically it solves the problem by advocating the drowning and infanticide of female children.

Although abortion was not prohibited under Ming and Qing law, the early Republican Criminal Code (article 332-338) proclaimed abortion illegal

⁷ Shocking as the idea of infanticide is, it is important to remember that it was a common practice in Europe as well as in Asia until the 18th century.

(Hershatter 1997). As with illegal infanticide during the pre-Republican era, criminal abortion during the Republican era was common in large cities, frequently leading to pelvic inflammation or death from sepsis. A plethora of drugs were sold as abortifacients. Dangerous practices were also implemented such as piercing the uterine wall with needles as a means of inducing abortion. Besides the previously-mentioned abortifacients, abortion prescriptions from early Chinese medical texts were also used. Prostitutes during this era were given daily doses of alum or live tadpoles to eat to prevent pregnancy, induce abortions, or lead to infertility. It was believed that the “cold element” in tadpoles would counteract the “heat” of pregnancy.

During this era, contraceptive methods were adopted exclusively by the professional classes (Dikotter 1995). When it was discovered in a survey of 34 educated urban women conducted in 1930 that only three were informed about birth control, the debate on birth control heated up but was always confined to the intellectual realm. In 1922, Hu Shi invited Margaret Sanger, an American crusader for birth control, to address students at the Beijing National University. Students transcribed the notes of her talk and translated her book *Family Limitation*. As a result of her influence, a pamphlet of 26 pages was published in 1922 and a translation of her *What Every Girl Should Know* was published in 1925. In 1936, Margaret Sanger was invited again by Yang Chongrui, the president of the First National Birth-Aid School to deliver a speech in the auditorium of Xiehe Hospital in Beijing. Sanger’s visit and the publication of her work provoked a heated debate on birth control (Dikotter 1995). At the beginning of the 1930s, Yan Fuqing organized a birth control league in Shanghai; in 1936, Nie Kesheng established a Eugenics society, mainly interested in contraception, in Hong Kong. During the mid-1930s, the popular press took up the issue and spread contraceptive knowledge in vernacular newspapers. Birth control pamphlets and handbooks flourished during the 1920s and enumerated all the methods available to the modern couple, even including directions about how to make condoms from animal guts.⁸ A 1935 description of a condom (*guitou tao*) presented it as an instrument for enhancing male sexual pleasure, much like the penis ring (*yin tuozhi*) of Ximen Qing in the novel *The Golden Lotus* (Yu 1935).

Although the policy of the Republican government was to prohibit birth control, as we have discussed in this section, the powerful influence of Western eugenics and of American birth control crusader Margaret Sanger, as well as the dire prediction of Malthus, led to that policy being debated among a small circle of government officials and intellectuals. However, few ordinary Chinese were influenced either by government policy or by the debate that surrounded it. In most cases, they continued the ancient traditional practices of infanticide and the use of abortifacients when they felt the need to control birth.

To clarify the meaning of this discussion for present-day China, it is important to understand that in spite of the presence of Margaret Sanger, the primary concern was not the health of women, but the concern for overpopulation and the health of the patriarchal state.⁹ Margaret Sanger was not concerned with overpopulation. She campaigned in China as she had in the US for the rights

⁸ As instructed, one should first thoroughly wash a fresh caecum, soak it in water containing a thousandth part of mercuric chloride, and then degrease it in alcohol. Mechanical dilation and a rubber ring to seal off one end would make the condom ready for use. The cervical cap, only invented at the turn of the century in Europe, was also recommended in the 1920s. The circulated literature also detailed other birth control methods such as vaginal sponges, pessaries, inter-uterine devices, acidic powders and jellies (Dikotter 1995).

⁹ The health of the patriarchal state included an ongoing concern with eugenics.

of women. Her concern for women was the basis of her concern for birth control. In the US, she witnessed poor immigrant women who carried the burden of ten to twelve children. For her, birth control became key to the liberation of women, giving them more control over their lives. Unfortunately, in China, when birth control was instituted during the Maoist era, this feminist concern was completely lost. In fact, as I will show below, women were burdened by the one-child policy because of the way it was implemented.

Maoist Era (1949-1978)

The Communist regime advocated rapid population growth as a sign of prosperity and improvement in livelihood. In 1952, the newspaper *People's Daily* condemned birth control as killing the Chinese people without shedding blood. During that time, abortion and sterilization were strictly prohibited and controlled.

The first national census in 1953 revealed a population of 602 million, much larger than the expected figure of 450 million (Liang and Lee 2006:9). Alarmed by this large number, in 1953, Deng Xiaoping, then the Secretary General of the Chinese Communist Party, wrote to Deng Yingchao,¹⁰ emphasizing the importance of contraception. In the ensuing year of 1954, Shao Lizi, one of the 68 members of the Standing Committee, openly advocated birth control. At the first meeting of the People's Congress, he urged propagating knowledge about contraception and providing supplies of contraception.

At a ministry-level meeting in 1954, President Liu Shaoqi proclaimed the Party's support for planned fertility, and in 1955, the Party's Central Committee approved a regulation of birth report drafted by the Ministry of Health, which was known as the "Directive on the Problem of Population Control," pronouncing the first official population policy (Liang and Lee 2006:10). In 1955, during the first National People's Congress, Premier Zhou Enlai also proposed birth control to protect women and children and to better provide for the younger generation (Tien 1973). This resulted in the first condom factory established in Guangzhou in 1955.

Also in 1955, the first article on contraception appeared in the official journal *Women of China* in response to an overwhelming number of letters requesting information about contraceptive methods (Dong 1955). We should note here that the need for birth control is assessed through various testimonies from highly educated women who thought about writing to a journal to complain and were able to do so. This should be considered as a possible bias not necessarily reflecting the general opinion. The editor of the journal, Dong Bian, defined contraception (*jiayu*) as the use of scientific methods to adjust the density of birth and contended that unscientific and unsanitary methods were dangerous to women, as many had already lost their lives from random abortifacients. She quoted some female cadre readers who were in their twenties, but already had three to four children. They expressed their desperate need for birth control as they were frustrated with their debilitating physical health and lack of energy and time for work. Thus Dong invited Dr. Zhou E-fen to introduce scientific methods to direct the readers, and stated that the purpose was to protect the health of women and children so that they could better serve the socialist construction, while caring for and educating the

¹⁰ Deng Yingchao was Premier Zhou Enlai's wife.

next generation. This objective was proposed in tandem with Mao's leading principle, that is, to tap into the great resource of women in building socialism. Women were thus heralded as being able to hold up half of the sky and thus were expected to devote themselves to social production. The editor, weary of inviting potential criticisms, assured the readers that providing birth control information would not reduce the population, as only those who already had too many children would need birth control and they could stop birth control if they wanted more children. After all, as the editor repeated, birth control was not an individual issue, but an issue that concerned national health and socialist construction, as it was indispensable that women continue to be healthy builders of socialism. Although concern for women's health was initially discussed, in the long run it became clear that this concern was related to the larger issue of the health of the nation.

Dong also introduced the first of two books on contraception and sex written by doctors, entitled *Common Knowledge about Contraception* (1955) and *Sexual Knowledge* (1956). The first book introduced the differences between birth control, abortion and sterilization, and the second book discussed the biological and social aspects of sex, including contraception (Wang 1956b; Zhao 1955).

Four themes stand out during this period: endorsing contraceptives, emphasizing sex for procreation, dispelling fears and misgivings about contraception, and coping with men's reluctance to use contraception. First, official sanction was given to the use of the rhythm method, condoms, diaphragms, cervical caps, vaginal tablets, suppositories, jellies with or without diaphragm and cervical caps. However, condoms, cervical caps and vaginal tablets were not only costly but also difficult to obtain. As recorded, one cervical cap cost three yuan (enough to buy fifteen *jin* of rice or four *jin* of pork at that time), and condoms could only be purchased through entrusting friends who traveled to Beijing or Shanghai at the cost of ten to twenty yuan for one trip (Zhou 1955). Given their high prices and unavailability, some readers shared their methods of preserving condoms so well that one condom could be repeatedly used for a whole year without breaking.

Journal articles and publications discouraged sex during women's menstruation, the first three months of pregnancy, the post partum period, or after drinking because it would harm procreation (Wang 1956a). Masturbation was heavily condemned as a crime and "a malicious habit" (*e xi*) to be overcome (Yu 1956). People with venereal diseases were prohibited from marrying according to the 1950 marriage law. Sex was restricted to and authorized only within marriage and couples were advised to have intercourse no more than two times every week (Li 1958). It was emphasized again and again that human beings were "advanced animals" (*gaoji dongwu*) who had a natural desire to procreate. "It is one's heavenly duty (*tianzhi*) to be parents." (Wang 1957:68) "The purpose [of sex] is not to satisfy instinctive desires but to pursue a beautiful life. If one does it only for sexual satisfaction, s/he is a low-level animal." (Wang 1956b:30)

A host of journal articles and books attempted to dispel worries and doubts about contraception and sterilization (Li 1958:48). One folk belief was that condoms debilitated health because they disrupted the coalescence and strengthening between *yin* and *yang* (Gu 1956a). The folk understanding was that intercourse was to function as "*yinyang xiangbu*" (mutual replenishing of *yin* and *yang*), therefore, using condoms to disconnect *yin* from *yang* would dry the blood of men and women and make them frail, senile (*shouruo*) and

neurasthenic (Liang 1957). Some also feared that condoms would obstruct the smooth ejaculation of semen and harm men's health. Others believed that condoms would cause infection to the uterus. One journal article addressed each of these folk fears and claimed that "today's doctors have not yet reached a consensus as to whether semen could be absorbed by the vagina membrane and whether the connection of the two could replenish each other." (Gu 1956a:26) In spite of the author's ambivalence, it was clear that he had accepted the scientific view that rejected the *yin-yang* theory. The author then reassured the readers that condom use would not cause disease, but excessive intercourse would. Thus he warned against superfluous sex as too much ejaculation would affect the sperm count and lead to spiritual fatigue that could not be rehabilitated. Clearly his adherence to science was subordinated to his adherence to the political dogma of restricting sex to procreation.

Journal articles also pointed out that pregnancies continued as a result of the lack of cooperation with the husband as men felt condom use was too much trouble (*xian mafa, xian luosuo*) (Gu 1956a). For instance, in one letter, a female reader wrote that after giving birth to two children, she and her husband used condoms as a contraceptive. Both believed condom use harmed health, hence they thought they had gotten thinner ever since using condoms. Her husband was averse (*dichu qingxu*) to condom use and complained about all the trouble. Afraid to strain their relationship, she submitted to his will and then became pregnant with the third child (Wu 1956). Under such circumstances, some women wrote application letters for abortions and got approval from the working unit; others who were not approved because they had tried to induce too many abortions within one year resorted to other abortifacients such as deliberately jumping and playing basketball and squeezing the belly against heavy objects, which often led to massive hemorrhaging (Ren 1997). Journal articles warned women not to depend upon abortions for birth control. As of 1955, 70 % of the women applying for abortion did not persist in contraceptive use (Gu 1956b).¹¹

In 1956, the journal of *Women of China* published five herb prescriptions for contraception, collected from herb doctors and ancient Chinese medical texts (Zhou 1956). The article claimed that these prescriptions, tested and introduced by doctors, would not harm women's health, whereas others that had mercury, lead and arsenic sulphide were poisonous. The wide publication of the herb prescriptions were in response to Shao Lizi's speech at the third session of the first National People's Congress when he applauded the Ministry of Health's attempt to collect contraceptive prescriptions from practitioners of traditional medicine. Shao specifically recommended one oral contraceptive formula of fresh tadpoles, washed clean in cold boiled water and swallowed whole three or four days after menstruation. If a woman swallowed fourteen live tadpoles on the first day and ten more on the following day, she would be barren for five years. She could repeat the formula afterwards twice and be forever sterile. This formula originated with Yeh His-chun, lauded as an advanced herbalist by Shao. Tests of the formula under his direction started in March 1957 with the promise of abortions to the female volunteers, should pregnancies take place. Meanwhile tests on cats and white mice were carried out. Despite the heavier dosage than originally prescribed, 43 % of the women became pregnant within four months, not mentioning the worries of their exposure to tapeworms and other parasites. In April 1958 tadpoles were officially declared to have no contraceptive value.

¹¹ This same theme reoccurred during the 1960s.

For the first time in Chinese history, traditional oral contraceptive recipes were extensively published in periodicals with nation-wide circulation as well as provincial and municipal newspapers (Tien 1965). It was reported in 1955 that some 500,000 doctors practiced traditional medicine in China, whereas in 1958, only 50,000 to 75,000 doctors were trained in Western medicine (Tien 1965:227). This revival of traditional medicine also included forcing semen to flow backward as a contraceptive method (Li 1958). Detailed descriptions taught men how to press a particular acupoint to make semen flow backwards instead of being discharged into the vagina. Both women and men were warned to be always vigilant for the moment to perform the pressing. This method was categorized as withdrawal. In a nutshell, traditional medicine was promoted and gained renewed prominence in tandem with the official policy of cherishing China's medical heritage. Although official disavowal of tadpoles as contraceptives came in 1958, during the lapse of two years, there were reports from various parts of the country of deaths and disabilities from the ingestion of both specified and unnamed preparations. For instance, it was reported that some women took 40 quinine tablets and became blind, some took safflower and went into a coma from hemorrhaging, some tore open the cervix with knitting needles, while others inserted corrosive herbs inside the vagina and caused serious infections (Li 1958). Other reports of prevalent side-effects included stomach and abdominal pains, bodily aches, nausea, vomiting, diarrhea and menstrual irregularities. A local clinic of traditional medicine in Henan province was accused of selling poisonous contraceptive powder made of calomel, leeches and two other ingredients, leading to toxic symptoms among over 20 cadres of a school, including swelling of the body, blistering of the tongue, blood in the uterus and swelling of the vagina. Despite the reports, officials argued that oral recipes should not be rejected, because incorrect or unsupervised use could have been responsible for the reported ill-effects or pregnancies. After 1962 however, those who promoted preserving traditional contraceptives were publicly condemned (Tien 1965).

As illustrated above, many hurdles obstructed birth control activities since its incipient stage. These obstacles included misinformation, doubts about contraceptives, men's reluctance to use contraceptives and so on. Journal articles in 1957 continued to report women's frustrations and suffering from too many births. The All Women's Federation and Ministry of Health were inundated with letters seeking financial assistance and abortion information because of the birth of numerous children (Lei 1957). A female reader wrote to the journal *Women of China* discussing how she constantly invented excuses not to go home to avoid sex with her husband because she was afraid that pregnancy would disrupt her studies (Yu 1957a). In the end, her husband was pushed further away from her. Other readers related how fear of pregnancy made them retreat from marriage (Li 1957). From readers' reports, it seemed common that young married women at the age of 21 were already mothering three or more children and had to leave school to take care of them (Lei 1957; Li 1957; Yu 1957a). Some decided to shoulder the double burden of study and childcare, others relied on their parents for childcare or applied for subsidies from the country (Lei 1957). In response to the overwhelming needs, another book on birth control was published in 1957. This book attended to both rural and urban women as it recommended that rural women use condoms, jellies or salt mesh (*shiyān hu*).¹²

¹² One spoon of salt plus ten spoons of water, plus a spoon of rice powder or starch and boil it into a paste and rub the paste onto a piece of clean cloth, roll the cloth over and insert it into the vagina.

After July 1957, a political backlash brought serious repercussions to leading scholars who were proponents of birth control. Ma Yin-chu was one of them. Ma, the president of Beijing University, joined the heated debate on the "population problem" and delivered a speech on the population question at the fourth session of the National People's Congress in 1957. His speech, titled "New Population Theory," emphasized that Malthus was correct in his view of the geometric increase of population, though he was wrong in maintaining that means of subsistence only increased in an arithmetic ratio. Ma saw population growth as the main obstacle to improved standards of living, industrialization and elimination of unemployment and underemployment. Ma rejected the Marxist contention that population problems cannot exist in a socialist society, and insisted that population be planned even in a socialist society. Ma was severely criticized by orthodox Marxists as "adopting bourgeois Malthusian population theory." (Liang 2006:10) His theory, according to his opponents, blamed the working-class victims rather than the capitalist system for creating their own difficulties (Liang 2006:10). Criticisms of Ma were exacerbated by the Great Leap Forward and the Anti-Rightist political movement. Under Mao's slogan of cracking down on capitalist revisionists within the party, Ma was denounced as a political rightist and was removed from his post as president of Peking University in 1960 (Tien 1973). During the Hundred Flowers campaign, a host of other proponents of birth control had also been accused of being anti-Party, anti-people, anti-socialist and anti-democratic dictatorship and of harboring political ambitions. Debates on the population problem were silenced not only by the Anti-Rightist movement, but also by the economic disaster during 1959-1962.

The birth control campaign was dropped during the Great Leap Forward and the institutionalization of communes. A vast population was regarded as an asset rather than a hindrance to economic development. "Hand theory" was popular at this time arguing that "One person has one mouth, but one person has two hands. Two hands can support five mouths." "People in the past worried about our overpopulation, but the idea has been overturned, the question is not so much over-population, as shortage of manpower." (Li 2008)

Although birth control was resurrected in 1962, it was not entirely abandoned during this time. In the journal of *Women of China*, female readers associated the use of contraceptives with the considerateness and thoughtfulness of their husbands (Chen 1958; Liang 1957; Wen 1958; Yu 1957b; Yu 1958). One reader praised her husband for being considerate (*titie*) because he consistently used a condom, and another reader insisted that her husband agree to use birth control after giving birth to their fourth child (Liang 1957; Yu 1958). Other women were not as lucky. Letters related that some women were so strained with childcare that they spit out blood or quit study and stopped working. Because women were the ones burdened with heavy housework and childcare, men did not feel the need for birth control. Rather, they considered it troublesome and even obstructed women from using birth control (Li 1958). Hence it became women's responsibility to persuade the men (Chen 1958). One article reported that in a factory, women's committee members sent people to talk to the husbands who would not practice birth control. For instance, one woman had four abortions and was extremely weak, but her husband still refused birth control. After committee members "worked him" (*zuotade gongzuo*) to take care of his wife's health, he finally realized that more abortions would induce danger to her health and therefore agreed to cooperate with her in birth control (Wen 1958).

In 1962, the Central Committee and State Council issued "Directions on Advocating Family Planning" and thus resurrected birth control and emphasized leadership in family planning. The document listed family planning as an important government agenda and demanded dissemination of information, production of drugs, development of technology and scientific research. Premier Zhou En-lai repeatedly espoused the significance of late marriage and contraception in developing the economy and enhancing population health and emphasized voluntary planned parenthood instead of coercion. In 1964, the State Council established a family planning committee with sub-divisionary offices to take charge of the birth control issue. Meanwhile a family planning professional unit was organized to coordinate scientific research. In 1964, the State Council added a budget item specifically devoted to family planning.

During this time however, the family planning campaign only centered on the cities. Consequently, the countryside that comprised 80 % of the total population had not yet started family planning. Birth control information was only imparted to women who had more than three children and was unavailable to newly married couples and women with one to two children (Dong 1965). Condoms were not made available in the countryside and people still carried doubts and fears about contraception and sterilization (Zhang 1964). For instance, sterilization was compared to eunuchization and the castration of a cock, while contraception was deemed inappropriate for newly married couples because it would deteriorate their relationships and affect their health (Anonymous 1964; Lei 1979; Xiao 1965). The result was the acceleration of the fertility rate from 6.18 to 6.26 between 1964 and 1966, far exceeding the rate of 6.1 during 1954 and 1958. Mao Zedong realized that birth control should be emphasized in the countryside. To counter mass fear of intra-uterine devices (IUDs) and other contraceptives (Yu 1965), in 1966, cadres, party secretary directors, party members and All China's Women Federation members were the first ones to insert IUDs and accept tubal ligations leading others to do the same (Dong 1966a; Jiang 1966; Lui 1966; Zhang 1966). In 1965, a Japanese condom production line was introduced in Tianjin to manufacture condoms (Anonymous 2005).

As mentioned previously, contraception information only targeted women, and the burden of family planning was fully laid upon women's shoulders (Andors 1983; Greenhalgh 2005). It was emphasized that women should carry through family planning (Dong 1965 and 1966b). This period continued the previous theme of men having no role in birth control. Female readers wrote about their experiences of giving too many births because their husbands abjured condom use complaining that it was too much trouble (*xian mafan*) (Xu 1964). One woman related that after giving birth to two girls, she had to quit school and constantly felt exhausted (Xi 1964). Her husband completely disregarded her complaints. After giving birth to the third child, she tried consulting her husband about adopting contraception, but he refused. She cried and commented that since men could not give birth, they could not experience the pains of giving birth and raising children, and therefore, they only thought about themselves. She tried her best to repress her anger from his insults and tried reasoning with him until reluctantly he finally conceded. It was not until she fell ill and he had to experience viscerally the tiring duties of childcare that he agreed to use contraception. Another female writer resorted to a different approach (Geng 1964). Like the other writer, she had three children and realized that men did not feel the same pressing (*poqie*) need for birth control. To change the situation, she took advantage of his rest time at home to talk to him, helping him realize her painstaking efforts in childcare and bring them to

his attention because he “lacked real experiences (of the pain).” So she detailed how she was tied up with housework, how she suffered from a hemorrhage upon giving birth that severely compromised her health, how she was exhausted from raising too many children, and how other families had problems due to too many children. The result was not complete success, as he still did not use precaution a couple of times and again impregnated her.

Thus female readers advised other “female comrades” not to be “softhearted” (*xinchang tairuan*) and submit to the needs of men (*qianjiu nanfang*). Rather, they should be “resolute” (*jianding*) because it was the female comrades responsibility to shoulder the burden of pregnancy and childcare. Meanwhile, they insisted that male comrades who truly care for (*aihu*) their wives should be more considerate (*weiqizi shexiang*). Thus the two indispensable elements in persisting in birth control were: one, the wife should not submit to (*qianjiu*) the husband; two, the husband should truly care for the wife so he would not detest making a slight effort (*buxian jushou zhilao*). The party hoped that through determination and cooperation, there would be success in birth control (Mo 1964).

While the Chinese government endorsed birth control and planned population during the 1950s, the insufficiency of the public health system prevented birth control from being practiced (Liang 2006:11). Following a sharp population decline during the economic disaster of the Great Leap Forward from 1959 to 1961, the period between 1962 and 1966 witnessed a precipitous population increase, with total fertility rates ranging between 5 and 7 (Liang 2006:11). The rapid population growth pushed the government to proclaim a new “Directive” advocating birth control and supervising the outcome of the birth-control campaign (Liang 2006:11). The government instituted medical research on contraception, trained health workers and established family planning administrations on local levels (Liang 2006:11).

Birth control activities were undermined and came to a halt during the Cultural Revolution of 1966. Population increased rapidly achieving its highest rate from 1967 through 1970, and the government did not resume the birth-control campaign until 1970. This population policy was supported by Chairman Mao, who pronounced that “population must be controlled by all means” (Liang 2006:14). His stand on birth control helped promote population policy among the general public. During this time, because the policy of two children per couple every 4 to 5 years, unlike the one-child policy during the 1980s, was easy to follow, it did not encounter severe opposition from rural areas (Liang 2006:14).

In 1971, in response to the explosion in birth, Zhou En-lai convened a meeting to discuss family planning issues and the result of the meeting, “A Report on How To Do Well in Family Planning,” was forwarded to the State Council and was approved. The report established the fourth five-year plan targeting the rate of population increase and proposed measures such as the dissemination of information about late marriage and family planning to every household. The report required improvements in the quality of abortions and sterilization and called for strengthening research on contraception. It also demanded increased production and supply of a variety of contraceptive drugs and equipment for the countryside. Local governments, reproduction units, residential communities, birth control committees, public health personnel, and the network of rural health facilities were improved and more equitably spread throughout the countryside (T. 1997).

While during the 1960s, birth control centered on the cities, after the 1970s, the emphasis shifted to the countryside (Andors 1983). A family planning team composed of “bare-footed doctors,” female directors and “sister-in-law team leaders” (*dasaozi duizhang*: an elderly and respectable woman) was formed. Communes trained medical staff capable of doing simple contraceptive operations. The increased participation of women in the health care delivery system enhanced the level of health care available to women (Andors 1983). The country supplied all the equipment needed for abortions and IUDs. Cities organized medical teams to go to the countryside and propagate birth control knowledge. As a result of rural family planning, rural fertility rates dropped from 6.01 in 1971 to 2.97 in 1978. It is worth noting that this result took several years of harsh policies to establish.

Even as early as the end of 1974, Mao Zedong reversed course and began emphasizing that “population must be controlled,” and pushed further family planning in urban and rural areas. During that same year, 14 different contraceptive tools including birth control pills and condoms were supplied free of charge to married couples by the hygiene department at the level of commune, street, county and city. The statistics in 1971 showed 3.9 million abortions, 6.2 million IUD insertions and 3 million sterilizations. It was reported that in the city of Tianjin, in 1978, 3,593 tubal ligations and only 175 vasectomies were performed. In the same city, the failure rate for a new kind of IUD, the stainless steel double ring, was 13.2 per 100 women, of which 4.7 % resulted from expulsion, 2.4 per cent from pregnancy with IUD and 6.1 per cent from removal for complications (Chu’iu Lyle 1980). The prevalence of tubal ligations, a difficult and relatively dangerous operation compared with male vasectomy, indicates not only the male fear of diminished sexual capacity, but also the pressure on women to assume responsibility for birth control.

In 1973, population quotas were formally included in the development plan for the national economy. At the end of that year, China proposed the policy of “late marriage, longer intervals between births, and fewer children.” “Fewer children” was defined in terms of Zhou Enlai’s model of “one is not too few, two are ideal, and three are too many.” (White 1994) Two-child families were favored. In 1979, the number was dropped to one child per couple. It was the first time in Chinese history that family planning had been written into the constitution.

During the Maoist era, it was the socialist dogma that population control was necessary only in capitalist states rather than in socialist states. The early Mao’s policy followed the socialist line that unlimited birth could be accommodated by an equitable distribution system. However, as the fertility rate in 1957 exceeded 6 children per family, it became apparent that even in socialist China, the increase in population could not be accommodated. As the Maoist government attempted to address population control, it is noteworthy that even though the communist regime proclaimed the equality of women with the slogan that women hold up half the sky, the implementation of birth control policy fell mostly heavily upon the Chinese women with frequently disastrous results. It is also important to remember that in spite of the great control over the Chinese population exercised under Mao, it was not until Deng Xiaoping came to power that an effective program of birth control was implemented.

Post-Maoist Era (1978-2006)

While Mao died in September 1976, it was not until 1978 that Deng Xiaoping had become the de facto leader of China. This was to lead to a revolution as consequential as the revolution of 1949, although with less violence. Deng Xiaoping was determined to be pragmatic rather than ideological and announced a new policy of market socialism. As a result of the new market economy and hence the consumer society, attitudes towards sexuality began to change. For some people, sex became an activity for pleasure and was separated from love. While the change in sexual behavior was not abrupt following the transition toward market economy, and many couples, especially in rural areas, still tightly associated sexual activity with procreation (Liu 1977), in urban areas, the change was marked. Our discussion of population policy from this point on will be in the context of Chinese commitment to the market economy. Following rural decollectivization, agricultural production had increased rapidly. The objective now for family planning was mainly to help modernize the economy and balance population and resources.

With the implementation of an open policy of economic reforms, the new Premier Zhao Ziyang projected a blueprint of no more than 1.2 billion people by the end of the twentieth century (Liang 2006:15). To accomplish this goal, in late 1979, the State Council proclaimed a one-child policy that restricted each family to only one child except in the autonomous regions. This compulsory policy invited resistance from the rural people who depended on male labor in family farming. To soften the tension, in 1984, the government pronounced a revised policy drafted by the State Committee on Fertility Planning, which allowed a second child in the rural areas and even a third one under special circumstances (Liang 2006:16).

In conjunction with the population policy, the revised 1980 Marriage law raised the legal minimum age for marriage (22 for male and 20 for female) and made birth control a duty for both spouses. Couples were offered birth control information and sex education before marriage, and after marriage, those who had only one child were issued a one-child certificate that entitled both the child and parents to a host of benefits (Lang 1980). Non-compliers were levied fines or referred to the court if the fines were not paid. In the early 1990s, various social forces participated in imposing birth limits. This laid so much pressure on cadres at all levels that it encouraged massive misreporting, abuses and coercions such as locking people in offices until they complied, confiscating property for unpaid fines and forcing the insertion of IUDs on widowed women to make up the number (Greenhalgh 2005; Liang 1997). Exacerbating this hard stance was the corruption of local cadres who misused birth revenues for personal consumption. From late 1982 to the late 1990s, the policy was “compulsory insertion of an IUD after the first child and compulsory sterilization of at least one member of a couple after the second.” (Gao 2002) Nie, in his work on abortion in China, contends that China’s birth control program includes coercive abortion and that “a collectivist and statist morality is used to justify official perspectives on birth control, abortion, and fetal life.” (Nie 2005:64)¹³

¹³ Nie (2005:93) contends that the official line on the subject of permitting termination at any stage of pregnancy except in sex-selective abortion does not necessarily accord with historical Chinese values and practices. He argues that the practice of forced termination of pregnancy sets up an example in which the state justifies any means by the ends of pursuing good causes. This, as he observes, has alienated Chinese people from the government and aggravated the conflicts between people and the state (Nie 2005:220). In terms of people’s

As family planning only focused on provider-controlled methods of IUDs and sterilization, the health of millions of women was harmed. The cheap stainless steel IUD caused anemia and led to uterine and vaginal bleeding, fever during menstruation, longer menstruation period and belly pain (Anonymous 2006). One-quarter to one-third of the women experienced contraceptive failure and had to undergo abortions, which greatly affected their physical and mental health (Anonymous 1991; Gu 1981). Results for non-compliers could be fatal. In a 1989-1991 study, women carrying unauthorized pregnancies to term were four times more likely to die in childbirth than women with state-permitted pregnancies (Greenhalgh 2005). The policy went so far as to designate the year in which a woman was allowed to have a child. In one case, a woman was forced to abort her child at the seventh month because her pregnancy took place in the wrong year. The operation left her crippled; she almost died (Greenhalgh 2005).

From 1998, service providers were encouraged to attend to clients' needs and offer more careful counseling on the risks and benefits of alternative methods of contraception. The 2002 law stipulated that contraceptives had to be "safe, effective and appropriate," but did not specify a particular method of birth control. The HIV/AIDS crisis added new duties to the population-and-birth system to educate the public and changed the name of condoms from "contraception condoms" to "safe condoms." (Greenhalgh 2005) In spite of the government's representation of the new program as an empowerment of women, in reality, the long-term emphasis on sterilization, IUD and abortion had a profound impact on women. In 1997, among the contraception methods used by 200 million couples, sterilization and IUDs comprised 93 % (80 % in townships and 96 % in the countryside), vasectomies made up only 9.2 % and condoms 4 % (Cai 2000; Gao 2002). 80 % of Chinese women have had at least one abortion, 9.9 % have had more than 3 abortions and some have had as many as 12 abortions (Wei 2005). In 1999, 45.55 % of women employed IUDs and only 3.87 % of women used condoms (Cai 2000). Indeed, popular media advised women to use IUDs after the child was 42 days old and birth control pills after the child was one year old (Yao 2002). My interviews with government officials at the municipal family planning office in Dalian also confirmed the emphasis on IUDs for contraception.

The emphasis upon female contraception bespeaks gender inequality. As mentioned, from the inauguration of birth control, women were heralded as the mainstay of the cause and assigned the heavy task of family planning (Liu 1979). Women models in family planning were set up to lead other women. It was women who had assumed the leadership and were also the major target of birth control (Kuang 1979). At the community level, birth control policy was enforced almost exclusively by women (Greenhalgh 2005; Kuang 1979; Liu 1979). Because family planning was understood to be a woman's issue, even though male vasectomy is a simple out-patient operation with no risk to the man and tubal ligations for women is a much more serious and dangerous operation, 95 % of the 800 million operations that took place between 1971 and 2001 were performed on women (Greenhalgh 2005). Such a "feminization of birth control surgery" was vividly explained by a male reader in the journal of *Women in China*. As he wrote, his wife was a better candidate for the surgery because he was the household owner. If the operation did not go well,

standpoints on abortion, he argues that the Chinese people exhibit great diversity, ambivalence, uncertainty, and inconsistency regarding the moral status of the fetus and the moral nature of abortion (Nie 2005:132).

it would greatly impact the family. However, “women are after all women. If the operation harms their physical health to the extent that they cannot participate in production, it is OK because they can still cook and raise children at home.” (He 1964:30) Underlying his letter “lie[s] pervasive cultural attitudes affirming male superiority, male entitlement to sex and male prerogatives in protecting the body from risk.” (Greenhalgh 2005)

Sigley (2001) also contends that even though family planning authorities have stressed that family planning is the responsibility of both husband and wife, the responsibility falls on the shoulders of women. There is a disproportionate amount of statistical revelation focusing on the reproductive practices of women when compared to those of men. As Lisa Handwerker (1995:366) notes, it is invariably women who take the blame for both infertility and for being too fertile.

Condom use was represented as a contraceptive that reflected men’s care and consideration for women because it was men who actively (*zhudong*) took the responsibility. Research in Greece has also revealed that women view men’s responsibility in contraceptive practices as a signal of their love and caring (Paxson 2002:320). Similarly, in China, non-users were accused of placing their own pleasure ahead of the health of their wives. For instance, one male writer wrote that his wife had had an abortion because he abjured condom use (Anonymous 2004b). After the abortion, his wife urged him to use the condom when he initiated sex, but, thinking that turning on the light was too much trouble and would destroy the moment, he pulled her back and sweetly coaxed her into submission. His non-use led to another abortion and this time she suffered much more than before. Because her health deteriorated after the two abortions, he advised her to have the IUD inserted which led to 50 days of vaginal bleeding and waist pain. Every night the pain was so sharp that she tossed and turned and could not go to sleep. She started taking all kinds of antibiotics and medication but none stopped the bleeding. After a year, the IUD came out by itself, so she had to have another one inserted. This process of insertions was repeated three times and her suffering and bitterness were beyond words. It was not until all these female contraceptive methods failed and her health was completely wrecked that he came to realize that condoms are a safer method (Anonymous 2004b).

As illustrated in this male reader’s letter, the convenience, health and well-being of the husband was more important than the well-being of the wife. The effort to improve women’s reproductive health and contraceptive choice during the early 2000s was stymied by the husbands’ unwillingness to use condoms even when their wives’ health was severely endangered and debilitated. Indeed, men’s refusal to use condoms caused frequent unplanned pregnancy (Yao 2002; Zhang 2002). Studies showed that Beijing women’s abortions were attributed to their husbands’ demand for sex and refusal to use condoms (Greenhalgh 2005). Men who did use condoms either did so carelessly or used defective condoms. Given this situation, women were advised to use post-sexual contraception, such as taking emergency pills, inserting jelly, squatting or jumping after intercourse, applying vinegar or soap water to a piece of cloth and inserting it into the vagina (Yu 2003; Zhang 2001; Zhang 2002; Zhu 1993). Besides these encouraged methods, an expensive “liquid condom” called Kanglebao at the price of 38 yuan each was produced in 2002 and marketed as a new route to provide women with safety. It was marketed to help with women’s reproductive health because unplanned pregnancies, sexually transmitted diseases (STDs) and AIDS transmission became the greatest menace for women, and female contraceptives could not provide

protection. Women's subjection to intercourse without condoms added to their chances of being affected by viruses. Although female condoms could free them from dependence upon men and abstain from the fear of pregnancy and infection with STDs, practically speaking it was too complicated to use. Some women, especially the hostesses working in night clubs and karaoke bars, welcomed the liquid condom because they believed that the ointment was convenient and effective in killing sperm, STDs and the AIDS virus, giving women control over their health.¹⁴

Popular books sought to understand why men did not like condoms even although condoms could prevent diseases and were thin, light, transparent, and even came in sexy colors and fragrances. To enhance excitement, condoms were also lined and creased to emulate the feeling of skin (Pan 2004). Chinese medicine was applied to some condoms in the belief that it increased pleasure and prolonged the duration of sex. Although popular books considered it the most sexy contraceptive method, men did not like it at all. Authors argued that boys might like it at the beginning because it could prove their manhood and at the same time, avoid the trouble of pregnancy. But, as they matured into real men, they would favor more direct intercourse, disregarding and ignoring women's demands. Condoms were thought to affect the quality of sex: "condoms compromise sexual pleasure. Because they have a layer of latex membrane, they desensitized the male's penis considerably." (Yao 2002) Men reported that having sex with condoms was like "having a shower with a raincoat on" or "kissing with glasses on." (Pan 2004) Authors also pointed out that some men had difficulty maintaining their erection. Such episodes made them embarrassed and unhappy. As one author wrote, "men maintained that they did not feel like making love with the condoms on; condoms disrupted the normal sequence of sex life." When a man is sexually excited, tearing open a condom package, rolling the condom and getting it in place makes it difficult to maintain an erection.

Of course the popular media also pointed out that it was natural for men to want progeny and prophylactics prevented this. It is important to remember that in China, women are required by the Marriage Law to submit to the sexual demands of their husbands because Chinese law does not recognize marital rape (Cao 2004; Gao 1998; Ji 2005).¹⁵ If a man refuses condoms, a woman cannot legally refuse to engage in sex, so she is forced to depend upon the pill or IUDs which do not prevent viral infections (Anonymous 2004b). In the survey, it was noted that more than 80 % of women engaged in sex out of obligation to their husbands and only 40 % of men reported ever having talked to their wives about contraception (Anonymous 2004a). There were even cases of wives killing their husbands because they had been

¹⁴ See Wei (2002). While there is no statistical data on the percentage of women who use liquid condoms, in my ethnographic research on karaoke bar hostesses during the summer of 2005, of the twelve women I interviewed, all favoured the use of liquid condoms.

¹⁵ In Wang's book (2006), she points out that the Chinese court system believes that rape within marriage does not constitute a crime as long as it is conducted within a legal marriage. For instance, in one case, the wife Yao requested a divorce from her husband Bai Junfeng (Pan 2005). Ever since the divorce request, the two were physically separated. The wife Yao lived in her parents' house, waiting for the divorce agreement to be reached. One day, her husband Bai Junfeng came to her parents' house, pressed her down and used physical violence to enforce intercourse upon her. Yao continuously resisted during the process, but to no avail. Yao lost consciousness due to his physical violence and was sent to the hospital upon emergency. She did not come back to life until the doctor intervened with medical assistance. Although the husband employed physical violence to enforce intercourse upon his wife and the wife vehemently resisted throughout the process, the verdict of the people's court in the county was that the husband's behavior did not constitute rape because it was carried out within matrimony (Pan 2005).

continuously forced into intercourse (Gao 1998). In a different case in Shanxi, a woman was tied up by her husband and her mother-in-law and beaten because she had refused to have sex with her husband (Gao 1998). Clearly, Chinese women must contend with expectations that are not favorable to their health.

Conclusion

The use of prophylactics and other contraceptive means in contemporary China reflects the historical continuity of gender hierarchy. What I have demonstrated is that in spite of the claims made during the Maoist and post-Maoist era about the empowerment of women, the reality is a continuing deep cultural bias against women that holds women responsible for birth control and the consequences of the failure of birth control. History helps us understand the difficulties facing women in contemporary China who always bear responsibility for fertility and birth control in the service of the Chinese state and their male partners.

The historical continuity of the practice of sacrificing women's health for family planning still epitomizes the nature of family planning in the contemporary era. In the ancient era, as we have seen, female infanticide was commonly practiced during periods of stress such as famine. Even in the Republican era, a state policy of imposed female infanticide was proposed and even today, as a result of the pressure of the one-child policy, female infanticide and abortion of female fetuses have once again become more common (Greenhalgh 2005). During the Maoist era, in spite of the proclamation of gender equality, women were expected to be the leaders and the mainstay of population campaigns, and female contraceptive methods were emphasized frequently at the cost of women's health. Women were made responsible for implementing the population policy. For instance, traditional recipes that tremendously harmed women's health were propagated instead of male contraceptives such as condoms, and when it was deemed necessary to sterilize one spouse, the more invasive tubal ligation was continuously favored over the out-patient procedures of male vasectomies. During the post-Maoist era, for the first time, a coherent policy limiting birth was propagated and effectively implemented, however, again, at a devastating cost to women. As we have seen, once again, female contraceptives such as IUDs and tubal ligations were favored over male condoms and vasectomies. The constant theme here was the subordination of women. The post-Maoist effective population policy was fulfilled only at the risk of women's health without significant sacrifice from men. Although at the beginning of 2000, we saw a shift in policy purportedly favoring women's reproductive health and women's initiative in contraceptive choices, the entrenched cultural ideas of gender inequality and the consistently misogynist policies before 2000 continued to shape actual practices in China, that is, women continue to shoulder the responsibility of contraception. An example of this misogynist policy is the continuing existence of the law which allows a man to demand sex from his wife at any time and makes it illegal for a wife to refuse. One might argue that until a woman gains complete control over her body, she will not be able to share the reproductive responsibility with men and hence will not be an equal partner.

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Résumé/Abstract

Dans le cadre de cet article, je propose de privilégier une perspective historique pour examiner, d'une part, la manière dont le savoir sur les moyens de contraception a été produit, construit et diffusé successivement par les États impériaux chinois de l'Antiquité, par l'État républicain, par l'État communiste et l'État post-maoïste, et d'autre part, la manière dont ce savoir a été acquis et mis en pratique par les Chinois. Je soutiens que la promotion et la prohibition des moyens de contraception font partie des politiques nataliste, anti-croissance démographique et de planification des naissances qui ont donné lieu à différentes conceptions du rôle des contraceptifs, affectant du coup les conceptions populaires du genre et de la finalité des relations sexuelles. Cette étude permettra de mettre à jour l'historiographie chinoise tout en la situant par rapport à une littérature comparable sur les cultures sexuelles de l'Occident. Par ailleurs, cette étude contribuera à une compréhension générale de la manière dont les concepts et les habitudes en matière de reproduction – souvent perçues comme étant personnelles et donc à l'extérieur des courants historiques – font écho, plus généralement, à des forces sociales telles que des changements dans les politiques étatiques.

Mots clés : Moyens de contraception, genre sexuel, relations sexuelles, reproduction, Chine

In this paper, I propose an historical account of how knowledge about prophylactics has been produced, constructed and disseminated by ancient Chinese imperial states, the Republican state, the Communist state and the post-Mao state, and how this knowledge has been acquired and practiced by the Chinese people. I argue that the promotion and prohibition of prophylactics as part of the state's pro-birth, anti-growth and birth-control policy led to different constructions of the role of prophylactics, affecting, in turn, popular understandings of gender and the purpose of sex. This study helps bring Chinese historiography up to speed with comparable scholarship on Western sexual cultures. Furthermore, it adds to the general understanding of how sexual concepts and reproductive habits – often seen as inherently personal and therefore removed from the general stream of history – respond to broader social forces, such as state policy changes.

Keywords: Prophylactics, gender, sex, reproduction, China

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