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Chinese voices on abortion



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Behind the Silence is a timely work about the historical, cultural, social and political aspects of induced abortion in China, where it is used as a means of controlling population growth. Jing-Bao Nie is familiar with the history of induced abortion (see his *Medical Ethics in China*) and here includes a wealth of data on foetal life, the embryo's moral status, birth control policies and eugenic policy-making. Based on years of fieldwork directed at giving a voice to 'ordinary' people in the countryside and in urban areas, whose views on induced abortion we otherwise would not hear, his work raises issues of gender, ethnicity and religion in a meticulous, nuanced and accessible manner, making the reader doubt whether people's experiences of induced abortion really conform to the stereotypes about which we so often hear.

Nie asks why there is no public debate in China on induced abortion and what this lack of debate means. Public silence, in fact, is a theme that runs throughout this unique work: through descriptions and discussions on the official positions and dominant discourse regarding induced abortion; historical controversies in Bud-

dhis and Confucianism about the moral status of the foetus and the ethicality of coerced abortion; surveys conducted among various layers of society, using variables such as the medical profession, gender, place of residence, religious background, membership in the Communist Party; narratives of women and doctors involved in induced abortion based on surveys and interviews; and a critical discussion on the socio-cultural and ethical issues surrounding coerced abortion and the birth control programme. The book concludes with a call for cross-cultural discussion and a plea for taking seriously China's greatly underestimated internal cultural diversity, with its contesting views on conception, the value of the embryo and induced abortion.

The role of induced abortion in the state's birth control policy

In China, family-planning policy is, in many regions, based on local quotas of permitted newborns and determines how many children a family can have and when it can have them. According to state policies, induced abortion is not part of the state's birth control programme but a remedial measure to correct a violation of family-planning policy, e.g., the consequence of

not taking adequate contraception. Meanwhile, coerced abortion, gender selection and infanticide are regarded as feudal remnants or local deviations from official policy. At the same time the state defends its official policies by denying the moral significance of foetal life.

According to official reports, coercion is not part of the birth-control programme but rather an unintended consequence of failing to implement that programme. Thus 'coercion' in this context refers to practices unauthorised by the state, such as physical force, social pressure, the threat of dismissal and social ostracism. The dominant discourse in Chinese biomedical textbooks, meanwhile, does not recognise induced abortion as an appropriate way to stem population growth and does not recommend abortion at a late stage, as such abortions could endanger the mother's life. However, official discourse dominates dissenting voices and has stifled debate. For this reason it is not easy to find out how people think about and experience abortion.

Voices unheard – until now

Nie tries to find out nonetheless. 'How representative of the views and experi-

ences of ordinary Chinese is the current official discourse?' he asks (page 64). The voices he captures debunk stereotypical views of Chinese people as not having any feelings about induced abortion or as not attaching any moral value to foetal life. True, decades of propaganda have influenced the Chinese population, for the vast majority of Nie's respondents show a nearly unconditional socio-cultural acceptance of abortion, owing mainly to official birth and population policies. But Nie's subjects also express questions, concerns, and feelings about abortion that reflect both abortion's widespread traumatic impact on women and a pervasive respect for the life of the unborn child (nearly 50% of respondents believe that life begins at conception). Women's narratives associate induced abortion with problems such as diminished reproductive capacity, a poor relationship with their partner and guilt over having aborted a child rather than an embryo; they also associate it with coercive birth control policies and poorly trained medical personnel. For instance, Qianqian, who had taken medicine that could damage her foetus, felt that she had to abort it, because she did not want to risk having a disabled child under a policy that requires most couples to have no more than one child. Qianqian described her abortion (which was performed without anaesthetic) as follows:

'Since I work in this medical school, the doctor was very friendly to me. But I complained to her when it turned out that the dilatation and curettage was not performed successfully. The embryonic tissues were not sucked out completely. Consequently, I had to have a second one to clear it up...When the abortion was nearly done, it was so painful that I was almost in shock. The doctor let me see the bloody foetus. It looked like a lock of fine hair. I could only sigh, "Oh, my poor son. How miserable you are!"'

Medical doctors in general regard performing abortions as part of their professional routine; they have no scruples about it. Medical ethics in China is largely influenced by a dominant state discourse that emphasises the welfare of state and country over that of the individual. This, Nie argues, is a historical aberration, as

for many centuries major Chinese medical ethics traditions rooted in Confucianism, Daoism and Buddhism held that the primary duty of healers was looking after the individual patient. Thus the 'liberal' view – state-influenced bioethics – of approving of abortion as a blanket procedure, according to Nie, is also a historical aberration: it cannot be justified by the major trends in Confucian and Buddhist traditional ethics (though perhaps it can be justified in 'legalist' terms), but is a consequence of the political environment over the past several decades.

Nevertheless, it is important to emphasise that medical textbooks on ethics expressing diverse reasoning and views on issues such as abortion, euthanasia and cloning are gradually beginning to appear in China. These textbooks also include discussions on the moral status of the embryo and foetus, which many believe to be influenced by Western views. As Nie implies, it is not helpful to interpret Chinese opposition to coerced abortions as an expression of a Western human rights perspective (page 219), as all too often in China women who express the wish not to be pressured into abortion are regarded as tainted by Western individualism, a view that is both politically and socially destructive. Thus Nie regards the issue of coerced abortion as a matter not of cultural opinion but of universal human rights.

Instilling induced abortion as moral justice

As Nie argues, coerced abortion to curb population growth is an example of 'justifying the means by the ends'. Although the government denies coerced abortion is official policy, the birth control programme in practice instils the population with a sense of moral justice – state welfare is more important than individual welfare – that drive it to commit acts whose ends justify their means.

The consequences of China's birth control programme remain underexposed. More research and in-depth fieldwork is needed to acquire a more complete picture of the experience of induced abortion and how its practice is rationalised; on the effect of so many abortions on people's daily lives in villages and cities; on how some of the wealthy manage to have large families in spite of its illegality; and on the social consequences of gender selection and its resulting skewed sex ratio in the countryside. More researchers must have the patience and the heart to listen to China's many different voices on these issues. ■

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