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College of Social Sciences

Beyond Choice: The Politics of Abortion in the Lives of Hainanese Women

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Submitted in fulfilment in the requirement for the

Degree of PhD in Politics

School of Social & Political Sciences

College of Social Sciences

University of Glasgow

September 2026

Abstract

This thesis examines married women's abortion experiences in Hainan, China, advancing a feminist epistemology that treats women's lived experience as situated knowledge and centres embodiment and narrative as modes of understanding reproductive life. Guided by a selective life-course perspective, the study analyses decision-making across three phases - pre-abortion context, the procedure, and post-abortion aftermath - attending to temporal sequencing and relational effects. Empirically, it draws on 16 in-depth narrative interviews conducted in Hainan, spanning urban and rural settings.

Findings show that abortion is neither a purely individual choice nor only a response to formal policy; rather, it is a negotiated practice shaped by kinship obligations, economic precarity, and subtle modes of reproductive governance in the post-One-Child and Three-Child era ("soft governance"). The thesis theorises abortion as relational autonomy enacted amid intersecting structures of family, state, and market, conceptualising the female body as a negotiated space of power and care. It develops "localised intersectionality" to capture how place, class, hukou/migration and gender co-produce uneven reproductive possibilities; and proposes "gender-reproduction performativity" to describe how women are interpellated into reproductive roles yet also improvise resistant practices. Across narratives, women's "flexible resistance" emerges through strategic compliance, silence, and care-based reasoning that recalibrates obligations within marriage and extended family.

Conceptually, the thesis recentres reproductive justice in China on moral subjectivity and embodied experience, decentring universalist autonomy frameworks and foregrounding negotiated agency under structural constraint. Methodologically, it contributes a reflexive, narrative embodied approach that treats emotion, pause, and ambiguity as analytic materials. Practically, it argues for gender responsive and sensitive policy, including equitable post-abortion care, protection against kinship-based pressure, and support that recognises abortion as a relational process rather than a singular medical event.

Keywords: *abortion; married women; Hainan; feminist epistemology; embodiment; life-course; localised intersectionality; reproductive governance.*

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Acknowledgements

As I reach the end of this PhD journey, my heart is filled with gratitude to all those who have accompanied, supported, and inspired me along the way. The following acknowledgements are given with no order of priority, as each of them carries equal weight in my heart.

I am deeply thankful to my three supervisors. Over the past four years, they have not only guided me through the complexities of academic research but also shaped the way I think about work, life, and responsibility. What I have learned from them extends far beyond this thesis and will stay with me throughout my life.

I owe immense gratitude to my family. Over ten years of study in the United Kingdom, their unconditional love and support have been my strongest foundation, enabling me to pursue my academic goals with courage and focus.

To my partner, Toni, I give my heartfelt thanks. His encouragement, patience, and quiet companionship have been a constant source of strength. In moments of doubt and difficulty, his support has reminded me that I was never alone in this journey.

I am also grateful to the women who generously shared their stories with me, as well as to my dear friends who helped me connect with participants and provided translation support. Without their trust and kindness, this project would never have taken shape. This research grew out of my own experiences and emotions, and I hope it can, in turn, offer something of value to others in the future.

Finally, I want to thank myself, and my little dog Kuromi, who has been with me since she was three months old at the very beginning of my PhD. Her companionship lifted me out of solitude and gave me the courage to embrace the responsibility of care. In many ways, she reminded me that I was never truly alone, and through her presence I found new confidence to face the intertwined responsibilities of scholarship, life, and motherhood.

Student ID: xxxxxxxx

Authors Declaration

I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Printed Name: Huizi, Xi

Signature:

Chapter 1. Introduction

1.1. Issues

This thesis examines how married women in Hainan, China negotiate abortion within overlapping pressures of kinship obligation, economic precarity, and shifting state policy. While scholarly attention to women's reproductive choices in China has grown, married women, who account for most abortions, remain comparatively understudied.[1] Their decisions are embedded in marital relations and gendered institutions, and are therefore an essential site for understanding how agency is exercised under constraint.

Hainan is a strategically informative case. As China's only tropical island province and an experimental policy zone, it combines distinctive demographic features, substantial ethnic-minority and migrant populations, with marked urban-rural dualism, conservative gender norms, and uneven development.[2] These conditions intensify the frictions between national fertility initiatives and localised social practices, shaping married women's reproductive possibility spaces and access to care.[3]

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[1] Greenhalgh, S., (2008). *Just one child: Science and policy in Deng's China*. Berkeley: University of California Press.

Wang, X., (2020). The dilemma of female subjectivity in fertility decision-making: An analysis based on the perspective of gender structure. *Sociological Research*. 4, pp.88-109.

[2] Fu, H., (1993). "海南文化的历史起源与一体化发展"[The historical origins and integrated development of Hainan culture]. In: W. Zhou, ed. *海南研究[Hainan Studies]*. Haikou: Hainan Publishing House, pp.1-18..

Hainan Yearbook Editorial Committee,(1992). "海南年鉴（1992）"[*Hainan Yearbook（1992）*]. 北京：新华出版社[Beijing: Xinhua].

Wang, J., (1994). "*海南的过去、现在与未来：第二章"[Hainan's past, present and future: Chapter 2]*. 海口：海南出版社[Haikou: Hainan Publishing House].

[3] Situ, S., (1987). *"海南岛历史上土地开发的研究"[A study of land development in the history of Hainan Island]*. 海南人民出版社[Haikou: Hainan People's Publishing House], (1), pp.157-158.

Gong, Y., Ma, D. & Feng, W., (2024). Study on the allocation efficiency of medical and health resources in Hainan Province: Based on the super-efficiency SBM-Malmquist model. *PLOS ONE*, 19(2), pp.e0294774-e0294774.

Choosing married women as the analytical focus is both empirically feasible and theoretically significant. Across many socio-cultural contexts, including China, marriage functions not merely as a private arrangement but as a pivotal institution for reproducing gender roles and social order. In settings where non-cohabiting intra-marital migration is common, including in China, many married women live separately from their spouses due to labour mobility. This spatial separation may expand women's autonomy in social and economic realms, yet it has not fundamentally transformed their structurally subordinate position within marriage and family.[4]

Women in such circumstances often make abortion decisions under the combined influence of spousal preferences, household finances, limited social support, and entrenched cultural norms.[5] For married women, particularly rural migrants, abortion can function as a pragmatic response to balancing family responsibilities and personal development, especially where meaningful space for negotiation or institutional support is lacking.

While abortion decisions are frequently framed, across many contexts, as a matter of joint spousal consultation, everyday negotiation may reveal a deeply asymmetric power structure. Male partners can influence decisions through informal mechanisms such as emotional manipulation, financial control, or moral judgment, creating a pattern of "formal equality, substantive imbalance" in reproductive negotiation. Gillespie's concept of "invisible power" is instructive here, as women may formally possess the right to choose, yet their imaginaries and enactments of reproductive life are often constrained to options deemed socially acceptable or morally appropriate.[6]

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[4] Gove, W.R. & Tudor, J.F., (1973). Adult sex roles and mental illness. *American Journal of Sociology*, 78(4), pp.812-835.

Aneshensel, C.S., Frerichs, R.R. & Clark, V.A., (1981). Family roles and sex differences in depression. *Journal of Health and Social Behaviour*, 22(4), pp.379-393.

Smith, J.C., Mercy, J.A. & Conn, J.M., (1988). Marital status and the risk of suicide. *American Journal of Public Health*, 78(1), pp.78-80.

[5] Zhang, J. (1992) "城乡生育观念的差异与转变"[On the differences and transformation of fertility concepts between urban and rural areas], 人口研究[*Population Journal]*, (02), pp. 20-24.

[6] Gillespie, D. L. (1971). "Who Has the Power? The Marital Struggle." *Journal of Marriage and the Family* 33:445-458.

From a methodological perspective, focusing on married women can also enhance data quality in this study. Because childbirth within marriage is generally socially and legally sanctioned, participants often expressed lower levels of privacy concern or stigma in interviews, enabling comparatively open discussion of abortion experiences. These patterns are not unique to China; this thesis focuses on the Hainan case to trace how widely observed dynamics take locally specific forms. In addition, married women have been primary targets of recent policy shifts, from the One-Child Policy to the current Three-Child Policy, making their reproductive behaviour a meaningful site of policy-society interaction. Their decisions are thus not merely individual acts but outcomes of ongoing negotiations among national policy, cultural norms, and lived conditions.[7]

In sum, this chapter situates the study's contribution: by centring married women's narratives in Hainan, it bridges a critical gap in the literature and shows how structural transformation, patriarchal continuity, and embodied decision-making coalesce in contemporary fertility politics.

1.1.1. Historical Background: Family Planning Policy and Reproductive Governance in China

China's family planning policies provide an essential historical context for understanding married women's abortion decisions. Women's reproductive choices in this thesis were not made in a policy vacuum; both current fertility policies and the longer historical memory of state intervention in reproduction shaped them. A brief overview of this trajectory is therefore necessary to situate abortion not simply as an individual medical procedure but as a practice embedded in changing forms of reproductive governance.

In the early decades of the People's Republic of China, population policy was broadly pronatalist. Influenced partly by socialist ideas that population growth could reflect national strength and social progress, childbirth was encouraged, while abortion and sterilisation were subject to strict restrictions. Within this historical context, high fertility was often understood as compatible with national development and family prosperity. However, rapid population growth gradually generated pressure on education, employment, housing and public resources. By the mid-1950s, the idea of family planning

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[7] Li, L., (2019). "重男轻女与性别选择性堕胎行为研究" [Study on "son preference" and sex-selective abortion behaviour]. *人口与社会[Population and Society]*, 3, pp.27-35.

National Bureau of Statistics, (2021). *"第七次全国人口普查公报"[Bulletin of the Seventh National Population Census]*. Available at: http://www.stats.gov.cn [Accessed 10 Apr. 2025].

began to emerge more clearly in state discourse, linking reproductive behaviour to national economic planning and social management.

This early shift was interrupted during the Great Chinese Famine between 1959 and 1961 , when birth rates declined sharply and population growth temporarily slowed. In the years that followed, however, China experienced another major birth wave, with a large increase in births between 1962 and early 1973. In response, the state gradually strengthened family planning institutions. The establishment of family planning bodies in the 1960s marked the beginning of a more systematic attempt to regulate fertility through administrative and public health mechanisms.

The late 1970s and early 1980s marked a decisive turning point. The One-Child Policy transformed fertility into a central object of state governance. China's family planning policies were institutionalised in the 1970s as part of efforts to curb rapid population growth. Article 53(3) of the 1978 Constitution explicitly declared that "The State shall promote and carry out family planning." This mandate was reaffirmed in Article 25 of the 1982 Constitution, which required the state to promote family planning, and in Article 49(2), which obliged both spouses to comply with such policies. These constitutional provisions effectively legalised abortion as a state-sanctioned instrument of fertility regulation, embedding reproductive decisions within the broader framework of demographic governance.

Since 1980s, abortion was no longer treated as a criminal offence but was instead framed in official discourse as both a practical necessity and a moral duty to the nation. Grounded in collectivist ideology, family planning policies prioritised demographic goals and national welfare over individual reproductive autonomy. Compliance was frequently reinforced through financial incentives and administrative pressures, and, prior to the enactment of the Population and Family Planning Law in 2002, local authorities often relied on coercive measures, including forced abortions, to meet state-imposed birth quotas. Abortion was not only a medical procedure, it was also incorporated into the practical implementation of family planning. However, the end of officially sanctioned forced abortion did not erase the broader policy legacy of reproductive governance. Local enforcement, fines, hukou registration, grassroots monitoring and family memories of earlier policy regimes continued to shape how women and families understood pregnancy, birth and abortion. For many women, abortion remained a pragmatic decision made within a field of economic calculation, family expectation and institutional uncertainty.

From the 2015 onwards, China's fertility policy shifted from restricting births to encouraging more births. The Two-Child Policy and, later, the Three-Child Policy marked a clear pronatalist turn in 2021. However, this shift did not automatically increase women's reproductive autonomy. Although the state

began to encourage childbirth, the material conditions of reproduction did not change at the same pace. Childcare infrastructure, welfare support, employment protection, gender equality and the redistribution of care responsibilities remained uneven. As a result, women continued to make reproductive decisions under the pressures of childcare costs, labour market penalties, family obligations and bodily risk.

This historical trajectory is central to the thesis. It shows that abortion in contemporary China cannot be understood through a simple opposition between forced abortion and free choice. Nor can it be analysed only through the language of individual bodily autonomy or foetal rights. In the Chinese family planning context, abortion has often been rationalised through policy compliance, collective demographic goals and family responsibility. This has shaped its moral and social meaning in ways that differ from many rights-based abortion debates in Western contexts.

For married women in Hainan, these policy histories are particularly important because they intersect with local kinship structures, hukou and welfare inequalities, childcare costs, gendered labour expectations and clan-based family obligations. Hainan is, therefore, not merely a geographical case study but a localised site in which national reproductive governance is interpreted, remembered and negotiated through everyday family life. The central question of this thesis is therefore not simply whether women are formally allowed to make reproductive choices but how reproductive autonomy is relationally negotiated under the combined pressures of family, state, and individual embodied experience.

1.2. Research Questions & Aims

Research Questions

Although existing literature on abortion in China has been extensive, it predominantly relies on quantitative analyses of regional abortion rates or the policy impacts of state-led population control. Such approaches often fail to capture the emotional burden, social pressures, and ethical dilemmas that women face in real-life abortion decisions. In light of these gaps, this study seeks to answer the following research question:

Central question: How do married women in Hainan perceive and negotiate their reproductive autonomy in the context of abortion decision-making?

Sub-questions:

1. How do socio-economic, cultural, and political factors shape the abortion decisions of married women in Hainan?

2. What role do family members, particularly spouses and in-laws, play in influencing these reproductive choices?

3. How do women experience and interpret the emotional, physical, and relational consequences of abortion before, during, and after the procedure?

Research Aims and Objectives

This study aims to bridge the disconnect between abstract theoretical discourse on reproductive rights and the lived experiences of Chinese women navigating abortion in a rapidly transforming society. It adopts a feminist perspective to investigate how individual agency is exercised, constrained, or negotiated within broader structures of gender, kinship, and governance.

The key objectives of the study are:

1. To examine how intertwined socio-economic, cultural, and policy contexts inform abortion decisions among married women in Hainan.

2. To explore the role of familial influence, especially from spouses and extended kin networks, in shaping women's reproductive choices.

3. To analyse the emotional and relational impacts across the pre-abortion, procedural, and post-abortion phases.

4. To use feminist perspectives to situate abortion as a socially embedded practice shaped by structural conditions and the historical-regional specificities of Chinese fertility politics.

Scope and key terms. The study focuses on married cisgender women residing in or linked to Hainan. "Abortion" refers to induced abortion; I use "more than one abortion" rather than "repeat abortion". The

analysis avoids East or West exceptionalism, situating Hainan as a site where widely observed dynamics take locally specific forms.

1.2.1. Defining Reproductive Autonomy

As reproductive autonomy is the central analytical concept of this thesis, it is necessary to clarify at the outset how the term is used. I do not use reproductive autonomy to mean unrestricted individual choice, simple non-interference, or legal access to abortion alone. Rather, I use it to refer to women's situated capacity to make, negotiate and act upon reproductive decisions within unequal but changing relations of family, state, market, healthcare and embodied life. The concept therefore directs attention not only to whether women formally possess reproductive choices, but also to the social, relational and material conditions under which those choices become available, constrained or practically actionable.

Upadhyay [8] et al.'s work on reproductive autonomy provides an inspiring starting point by identifying reproductive decision-making power, communication and freedom from coercion as key dimensions of women's control over contraception, pregnancy and childbearing. However, this thesis extends that approach through feminist theories of relational autonomy. Mackenzie and Stoljar[9], and Nedelsky[10], challenge the idea of autonomy as the property of an isolated, self-sufficient individual. Their work is especially relevant here because the Chinese women in this study made abortion decisions within marriage, kinship, childcare responsibilities, medical encounters and state policy legacies.

Reproductive justice provides the broader structural framework for this analysis. Following Ross[11], reproductive freedom cannot be reduced to the right not to have children; it also concerns the ability to have children and raise them in safe, dignified and materially supported conditions. In Hainan, women's abortion decisions were shaped by hukou inequalities, healthcare access, childcare and education costs, employment insecurity and uneven family support. Reproductive justice therefore identifies the structural

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[8] Upadhyay, U. D., Dworkin, S. L., Weitz, T. A. and Foster, D. G. (2014). Development and validation of a reproductive autonomy scale. *Studies in Family Planning*, 45(1), pp.19–41.

[9] Mackenzie, C. and Stoljar, N. (eds.) (2000). *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*. Oxford: Oxford University Press.

[10] Nedelsky, J. (2011). *Law's Relations: A Relational Theory of Self, Autonomy, and Law*. Oxford: Oxford University Press.

[11] Ross, L., & Solinger, R. (2017). *Reproductive Justice: An Introduction.* University of California Press

conditions of reproductive life, while reproductive autonomy names how women perceive, negotiate and act within those conditions.

This distinction is particularly important in the Chinese context. Greenhalgh [12]'s work on family planning, Nie [13]'s analysis of abortion in China, and Morgan and Roberts[14]' concept of reproductive governance all show that legal access to abortion does not necessarily indicate substantive reproductive autonomy. Abortion in China has historically been permitted, promoted, discouraged or coerced according to changing demographic priorities. In this thesis, therefore, reproductive autonomy is not inferred from legality, but examined as a relational and institutionally mediated capacity.

Bodily autonomy is related to, but narrower than, reproductive autonomy. Drawing on Foucault's account of the body as a site of power and MacKinnon[15]'s feminist critique of formal equality under structural domination, this thesis treats the female reproductive body as a site where family, medicine, market and state power are negotiated. Bodily autonomy concerns control over one's body and medical treatment; reproductive autonomy includes bodily control but also extends to the social, economic and relational conditions under which reproductive decisions become possible or impossible.

Importantly, reproductive autonomy is my analytical vocabulary, not necessarily the vocabulary used by participants themselves. Most participants did not describe their experiences through terms such as "autonomy", "rights" or "reproductive justice". Instead, they spoke about whether another child could be afforded, whether their body could endure pregnancy or abortion, whether husbands or in-laws would provide support, whether existing children would be affected, and whether abortion was the only manageable option. I therefore use reproductive autonomy to interpret these narratives while recognising that participants often expressed agency through the practical language of responsibility, endurance, care and family negotiation.

---

[12] Greenhalgh, S. (2008). *Just One Child: Science and Policy in Deng's China*, University of California Press

[13] Nie, Jingbao. (2005). *Behind the Silence-Chinese Voices on Abortion.* Maryland: Rowman & Littlefield Publishers,

[14] Morgan, L. M., & Roberts, E. F. S. (2012). Reproductive Governance in Latin America. *Anthropology & Medicine*, 19(2), 241-254.

[15] MacKinnon, C. A. (1989). *Toward a Feminist Theory of the State.* Harvard University Press.

In summary, reproductive autonomy in this thesis is relational, situated, uneven and negotiated. To avoid conceptual overlap, Table 1-1 clarifies how reproductive autonomy is distinguished from related concepts used in this thesis, including bodily autonomy, reproductive justice, reproductive possibility spaces and relational reproductive autonomy.

Concept	Meaning in this thesis	Relationship to reproductive autonomy
Bodily autonomy	control over one's body and medical procedures	narrower dimension
Reproductive autonomy	situated capacity to make, negotiate and act on reproductive decisions	core analytical concept
Relational reproductive autonomy	autonomy formed through relationships	theoretical basis, not a replacement term
Reproductive justice	structural conditions for having, not having and raising children	broader normative framework
Reproductive possibility spaces	range of options available or unavailable	analytical outcome of structural conditions

Table 1-1: Reproductive autonomy and related concepts: definitions and use in this thesis

1.3. Answers in the Literature

Existing literature has extensively examined abortion in China, yet it predominantly does so through the lens of state-centred population policies, especially in relation to the One-Child Policy, and focuses on phenomena such as forced abortions, sex-selective practices, and state-regulated fertility control.[16] These studies have provided valuable insights into how reproductive governance operates as a biopolitical tool. However, they tend to treat abortion as an outcome of top-down intervention, rather than as a site of complex ethical negotiation, embodied decision-making, or emotional reflexivity from the perspective of women themselves. This results in a substantial gap concerning the lived, ethical, and socio-cultural

[16] Nie, J. (2001). *Behind the Silence: Chinese Voices on Abortion*. Rowman & Littlefield.

dimensions of reproductive choices, particularly among married women navigating post-one child policy China.

Moreover, influenced by Western feminist paradigms, much of the scholarship on Chinese motherhood has centred on urban, middle-class women and critiques of the "perfect mother" discourse, portraying motherhood as a dilemma between self-realisation and child-centred responsibility.[17] However, these analyses often lack engagement with women in rural or less-urbanised regions, where state control intersects more forcefully with kinship norms, clan authority, and socio-economic precarities. Few studies directly interrogate how these layered structural and cultural forces shape abortion decisions among women in peripheral contexts such as Hainan.

In recent literature, abortion is seldom examined as a practice through which women respond strategically to economic insecurity, patriarchal kinship expectations, or gendered labour penalties. While some research[18] touches upon the role of employment discrimination, inadequate post-abortion care (PAC) services, or fertility-related stigma, they rarely foreground abortion as a moral and emotional site of negotiation. The evolving ethical self-understanding of married women, particularly their shifting fertility intentions and internalised norms of good motherhood, remain underexplored in empirical and theoretical terms.

Regionally specific studies, such as those on Hainanese women, are particularly scarce. Existing work has not sufficiently addressed how local patriarchal ideologies (e.g., son preference, clan lineage continuation), economic rationalities (e.g., housing, education, labour instability), and medical marketisation (e.g., commercialisation of abortion, uneven PAC access) jointly inform women's abortion experiences.[19] Furthermore, although international literature has begun to consider abortion through

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[17] Chen W, Zhuang Y. (2004). "中国省级地区人工流产决定因素分析" [Analysis of the determinants of induced abortion at the provincial level in China]. *人口学刊 Population Journal.* No·145

[18] Finer, L.B., Frohwirth, L.F., Dauphinee, L.A., Singh, S. & Moore, A.M. (2005), "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives", *Perspectives on sexual and reproductive health,* vol. 37, no. 3, pp. 110-118.

Jones, R. K., et al. (2006). *Repeat Abortion in the United States.* Guttmacher Institute.

[19] Huang, Shuyao. (2014). "从性别视角看海南古代"妇耕男读"现象"[A gender perspective on the phenomenon of "women working as farmers and men studying" in ancient Hainan]. *海南师范大学学报（社会科学版）Journal of Hainan Normal University (Social Science Edition*), 27(5)：119-123.

frameworks of reproductive justice, agency under constraint, and affective embodiment[20], these concepts have yet to be fully localised or adapted to the Chinese context.

It is important not to essentialise maternal behaviour. While evolutionary and anthropological studies suggest that many women may develop emotional bonds with developing life under certain conditions[21], maternal affection should not be assumed to be universally "innate" or predictive of any one reproductive decision. Framing maternal love as a biological inevitability risks naturalising motherhood and marginalising those for whom pregnancy does not provoke such sentiments.

Abortion, therefore, is not always a decision made solely out of necessity or duress. It can be made freely, intentionally, or even impulsively. To imply that abortion is always agonising or morally weighty for every woman risks reinforcing essentialist assumptions about women as inherently maternal beings. The freedom to choose abortion must be recognised as a spectrum of possible motivations, rather than reduced to a singular narrative of necessity.

Reproductive decisions are embedded within broader socio-political and cultural matrices. Abortion thus provides a vivid case for analysing structural power through intersectionality. Originating in Black feminist legal scholarship, intersectionality examines how overlapping axes of marginalisation, such as gender, class, migration status, ethnicity, colonial status, and disability, interact to produce compounded disadvantage.[22] In the realm of reproductive justice, these intersecting forms of marginalization determine whose bodily autonomy is supported, whose pregnancies are surveilled or criminalised, and whose choices are constrained.[23] Reproduction is not merely a personal journey for women but also a collective experience shared, often involuntarily, by female communities. This journey and its attendant choices are deeply embedded in geographical, national, cultural, and social contexts, shaped by legal, political,

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Huang Shuyao. (2012), "性别、权力与海南古代女性" [Gender, Power, and Ancient Hainanese Women]. *社会 Society*, 32(6): 204-219.

[20] Kimport, K., Foster, D. G., & Weitz, T. A. (2011). "Social Stigma and Abortion: The Effect of Patients' Experiences on Support for Legal Abortion." *Women's Health Issues*, 21(5), S19-S23.

[21] Hrdy, S. B. (1999). *Mother Nature: A History of Mothers, Infants, and Natural Selection*. Pantheon Books

[22] Crenshaw, K. (1989). Demarginalising the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 1989(1), 139-167.

[23] Ross, L., & Solinger, R. (2017). *Reproductive Justice: An Introduction.* University of California Press

societal, ideological, and medical factors.[24] Women's reproductive experiences and choices are not solely a matter of personal autonomy, rather, they are often shaped by external forces that, in many cases, function to suppress or erode female agency.[25]

Reproductive experiences are shaped not only by autonomy but also by broader dynamics of equality, access, and structural justice.[26] The very notion of "choice" becomes problematic when detached from the conditions that make it possible. In many cases, women lack access to comprehensive sex education, affordable contraception, or safe abortion services. Others are constrained by financial hardship, familial pressure, or institutional barriers[27] that limit their capacity to make reproductive decisions freely.

Cross-context evidence reinforces this: when public funding for abortion is withheld in the United States, low-income women, disproportionately women of colour, face intensified barriers.[28] In South Korea, cultural norms and family dynamics exert intense pressure on women's reproductive decisions, often rendering the concept of "personal choice" hollow.[29] Similarly, in Argentina, Catholic values and community expectations can strip young girls of any perceived legitimacy in choosing to terminate a pregnancy.[30] These examples underscore that reproductive "freedom" is a contingent and unevenly distributed resource, raising critical questions about who has access to choice, under what conditions, and at what cost. Reframing rights through a reproductive justice lens foregrounds power, structure, and inequality rather than presuming autonomy as a given.

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[24] Ginsburg, F. D., & Rapp, R. (1995). *Conceiving the New World Order: The Global Politics of Reproduction.* University of California Press.

[25] Oaks, L. (2001). *Smoking and Pregnancy: The Politics of Fetal Protection*. Rutgers University Press.

[26] MacKinnon, C. A. (1989). *Toward a Feminist Theory of the State.* Harvard University Press.

[27] Cook, R. J., Dickens, B. M., & Fathalla, M. F. (2003). *Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law*. Oxford University Press.

[28] Roberts, D. (1997). *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. Pantheon Books.

[29] Kim, H. (2016). *The Korean Women's Movement and the State: Bargaining for Change.* Routledge.

[30] Morgan, L. M., & Roberts, E. F. S. (2012). Reproductive Governance in Latin America. *Anthropology & Medicine,* 19(2), 241-254.

The concept of body politics further illuminates these dynamics. In *Discipline and Punish*[31], Foucault introduces the concept of the "political economy of the body," asserting that the body has long been subsumed into the political sphere: "*Power relations directly control it, intervene in it, mark it, train it, torture it, force it to carry out tasks, perform ceremonies, and emit signs"*. In the field of motherhood and maternal empowerment studies, discussions of power, oppression, and agency remain central, extending even into the domain of pregnancy.[32] In China, these insights align with Greenhalgh's[33] account of family-planning science as statecraft and Evans's[34] analysis of structural coercion in urban gendered life, whereby women's reproductive capacities are monitored, normalised, and constrained through medical, legal, and social institutions. Such coercion often operates not via overt force but through systemic limits on viable alternatives, making certain choices appear natural, obligatory, or inevitable.

In conclusion, the existing research offers partial insight into state policy, gender norms, and maternal identity but does not fully answer the core questions guiding this study, namely, how married women ethically negotiate abortion within overlapping institutional, cultural, economic, relational, and bodily structures. Regionally grounded analyses of married women, particularly in Hainan. remain sparse. By foregrounding women's own narratives in a context of rural-urban inequality, kinship obligations, migration, and marketised healthcare, this thesis fills a critical empirical and conceptual void. It bridges feminist theories, such as reproductive justice, intersectionality, and agency under constraint, with the granular, lived realities of reproductive decision-making in contemporary China.

1.4. Research approach

This study adopts a qualitative, feminist-informed methodological framework to investigate the abortion decisions of married women in post-21st-century Hainan, China. Recognising the persistent influence of state reproductive governance and the underexplored moral dimensions of abortion in the Chinese

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[31] Foucault, M. (1975). *Discipline and Punish: The Birth of the Prison*. Vintage Books. pp25

[32] Ruddick, S. (1989). *Maternal Thinking: Toward a Politics of Peace*. Beacon Press.

[33] Greenhalgh, S. (2008). *Just One Child: Science and Policy in Deng's China.* University of California Press.

[34] Evans, H. (2008). *The Subject of Gender: Daughters and Mothers in Urban China*. Rowman & Littlefield.

context, this research prioritises the lived experiences and ethical reasoning of women making these deeply personal choices. Rather than viewing women as passive recipients of reproductive policy, it foregrounds their agency and the complex interplay of personal, familial, cultural, and structural factors shaping their decisions.

This study employed semi-structured narrative interviews with a purposively sampled group of married women aged 20-50 who had undergone abortion. The semi-structured format was chosen for its openness and flexibility, allowing participants to construct and narrate their experiences in their own terms, an approach well-suited to exploring sensitive, morally charged topics. Rooted in narrative inquiry, the interviews emphasised co-construction of meaning, situating both participant and researcher in a dynamic interaction shaped by social context and personal history.

Given the sociocultural specificity of China, where expressions of reproductive experiences are often constrained by norms of silence and privacy, this approach facilitated the surfacing of insights that standardised surveys would likely miss. Semi-structured interviews were particularly effective in motivating participants to reflect, articulate, and make sense of their decisions, even when these had previously remained unspoken or unexamined.

To deepen rapport and minimise emotional risk, the research design incorporated a two-stage interaction process: an initial brief meeting to establish trust, assess readiness, and secure informed consent, followed by a longer, in-depth narrative interview. While not clinically trained, I drew on prior experience supporting Chinese women in the UK as they navigated hospital-based abortion services (on a voluntary basis from private request). This included helping them understand clinical procedures, offering emotional support, and providing informal interpretation. These experiences proved invaluable in cultivating empathic sensitivity and ethical attentiveness, enabling me to recognise signs of discomfort, respect participants' emotional boundaries, and foster a safe space for open and non-judgmental conversation. My fluency in Mandarin and familiarity with the cultural codes surrounding abortion further facilitated mutual trust and respectful dialogue.

Sampling followed a purposive and snowball strategy, targeting a relatively homogenous yet information-rich group of married women who had experienced abortion in the Hainan region. A total of 16 participants were interviewed. This sample size aligns with qualitative research conventions that prioritise

depth over breadth. As Marshall[35] and Guest et al[36] suggest, studies seeking narrative saturation and interpretive complexity often involve 12 to 20 participants. In this study, saturation was reached when additional interviews no longer yielded substantially new themes or narrative patterns, supporting the adequacy of the sample size for generating thick, contextually grounded insights.

Data analysis was conducted using thematic analysis, following Braun and Clarke's[37] six-phase framework. Attention was paid not only to semantic content but also to tone, pauses, and non-verbal cues, recognising that meaning is often embedded in both what is said and how it is conveyed. Thematic analysis was particularly appropriate for this study because of its flexibility and compatibility with feminist methodologies: it allows patterns to emerge inductively from participants' lived experiences while also enabling critical interpretation of the social and cultural structures shaping those experiences. Themes were thus identified as patterned meanings across narratives, offering insight into how abortion decisions are experienced, justified, and remembered within specific social and ethical worlds.

By combining semi-structured narrative interviewing with feminist methodology and thematic analysis, this research aims to illuminate the nuanced moral landscapes navigated by Chinese women in the context of abortion. It provides a counterpoint to dominant discourses that frame reproductive behaviour narrowly in terms of policy compliance or demographic control, instead centring women's voices, values, and lived complexity.

1.5. Contributions of the thesis

This study offers a multi-dimensional, empirically grounded, and theoretically integrated exploration of abortion decision-making among married women in rural Hainan. Distinct from existing research that focuses primarily on urban populations or state-led policy frameworks, this thesis situates women's

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[35] Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research?: A review of qualitative interviews in IS research. *Journal of Computer Information Systems*, 54(1), 11-22.

[36] Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59-82.

[37] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

reproductive practices at the intersection of national governance, local patriarchal traditions, cultural narratives, and lived bodily experiences. Through its interdisciplinary approach, drawing on feminist approaches, institutional critique, and cultural anthropology, this research makes several significant contributions to the scholarship on reproductive politics, gender studies, and Chinese social transformations.

The conceptual framework (Fig 1-1) illustrates how abortion decisions are shaped not in isolation, but at the intersection of multiple interlocking forces. Social change, primarily driven by economic development, has catalysed significant restructuring in both institutional systems and cultural values. On the institutional level, reforms in the Hukou system, healthcare access, social security, and family planning policies constitute structural pressures that constrain or shape individual reproductive choices. Simultaneously, evolving cultural beliefs concerning elder care, gender roles, and child-rearing interact with these institutional shifts, influencing personal attitudes and embodied decision-making. This dynamic convergence demonstrates how reproductive practices are not merely individual acts but are embedded in broader processes of modernization, biopolitics, and value transformation.

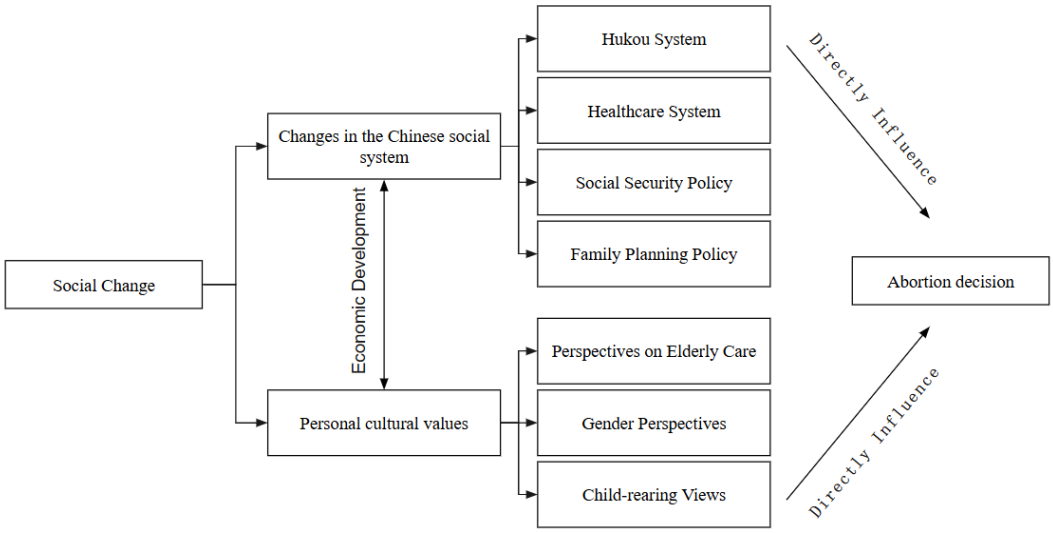

Fig 1-1: Research contribution flow diagram

The empirical findings across Chapters 5 to 8 map directly onto the multi-layered framework visualised in Fig 1-1, which conceptualises reproductive decision-making as the outcome of intertwined institutional, cultural, familial, and embodied forces. Each chapter focuses on a specific segment or pathway within this broader structure, thus collectively demonstrating how women's abortion experiences are embedded in systemic transformations and localised negotiations.

Building on these empirical insights, the following section articulates the key theoretical and practical contributions of this thesis. Methodologically, this research is informed by Bourdieu's[38] concepts of field and habitus, feminist critiques of reproductive labour[39] , body-politics and embodied experience.[40] Rather than claiming to synthesise these traditions fully, the study uses them selectively to construct a layered framework that bridges women's micro-level negotiations of agency with macro-level structural forces.

The first key contribution lies in rethinking abortion-related pain not as a purely biological or medical event, but as a deeply embodied, emotional, and symbolic experience. Women's narratives reveal that pain, often silenced or normalised within biomedical discourses, is actively used to assert subjectivity, voice suffering, and challenge dominant moral scripts surrounding femininity and motherhood. Particularly in the context of Confucian and folk ethics[41] valorising endurance (*chiku* 吃苦), pain becomes a discursive site of gendered critique, advancing understandings of embodiment as both personal and political. The study further engages critically with the mythologization of motherhood, drawing from the works of Hays[42] to argue that societal ideals such as "maternal radiance" and "natural duty" function as subtle technologies of power. These narratives discipline women's desires and restrict reproductive autonomy by moralising motherhood as a universal destiny. Abortion, in this context, is not simply a rejection of motherhood but a form of negotiation under oppressive social expectations.

A second contribution is the empirical documentation of the continuing power of clan-based patriarchal ideologies in shaping abortion decisions. Kinship expectations, such as son preference, the imperative to "continue the family line" (*chuan zong jie dai* 传宗接代), and male-dominated financial authority, remain decisive even amid rapid modernisation. This study shows that patriarchal power is not dismantled but

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[38]Bourdieu, P., (1996). *Masculine Domination*. Cambridge: Polity Press.

Bourdieu, P., (2005). *The Social Structures of the Economy*. Cambridge: Polity Press

[39]McNay, L., (1996). Gender, habitus and the field: Pierre Bourdieu and the limits of reflexivity. *Theory, Culture & Society*, 16(1), pp.95-117.、 Rich, A., 1976. *Of Woman Born: Motherhood as Experience and Institution*. New York: W.W. Norton & Compan

[40]Merleau-Ponty, M., (2013). *Phenomenology of Perception*. Translated by D.A. Landes. Abingdon: Routledge.

[41]Cohen, M.L. (1992) *Family management and family division in contemporary rural China*. The Australian Journal of Chinese Affairs, 27, pp. 1-43.

[42]Hays, S. (1998). *The Cultural Contradictions of Motherhood*. New Haven: Yale University Press

reconfigured, offering an important intervention into debates about the adaptive resilience of patriarchy in transitional societies.

Third, this research also reveals how abortion functions as a rational, if constrained, strategy in response to structural pressures, particularly for rural and migrant women. The entanglement of the hukou system, family planning legacies, housing insecurity, and educational competition creates a context in which abortion becomes a calculated response to limited options.[43] By moving beyond the binary of "state coercion" versus "personal morality," the study situates abortion within broader systems of inequality, thereby offering a more sociologically realistic account of reproductive decision-making under constraint.

Moreover, the study critically revises existing assumptions about the absence of fetal moral status in Chinese abortion discourse. The thesis responds to scholars like Wu[44] who emphasises the centrality of embodied discourse in challenging male-dominated reproductive narratives. It also revises Wang's[45] claim that the moral status of the fetus is absent in Chinese abortion discourse, demonstrating instead that moral reflection, though often internalised and ambivalent, is deeply present in women's decision-making. This challenges the dichotomous portrayal of Chinese women as either passive recipients of state policy or autonomous rational actors, highlighting instead the affective and moral complexities of reproductive agency.

Finally, following scholars such as Rich[46], this thesis argues that refusal to conform to unpaid maternal labour can itself be a form of feminist resistance. Yet it also cautions against constructing a singular critique of motherhood. Instead, it advocates for a flexible feminist framework, one that acknowledges ambiguity, supports diverse reproductive choices, and resists the instrumentalisation of women's bodies

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[43] Shao, Y., 2015. "学区房对义务教育均衡的影响" [The Influence of Houses in School-Admission Districts on Equal Compulsory Education]. *山西青年职业学院学报[Journal of Shanxi Youth Vocational College]*, Vol. 28, Issue 3.

[44] Wu, X. (2000). *"科学、文化与性别：女性主义解读" [Science, Culture and Gender: An Interpretation of Feminism]*. 中国社会科学出版社 Beijing: China Social Sciences Press

[45] Wang, Y.(2018). The Social Construction of Childbirth and Pain: A Study on Chinese Reproductive Discourses, *Women's Studies International Forum,* 67, 104-112

[46] Rich, A., (1976). *Of Woman Born: Motherhood as Experience and Institution*. New York: W.W. Norton & Company.

by state, market, or cultural norms. The use of the term flexible is deliberate; it reflects the empirical reality that women's strategies are often adaptive, situated, and negotiated rather than absolute. Flexibility allows us to conceptualise resistance and compliance not as binaries but as overlapping practices through which women navigate constrained reproductive spaces.

This conceptualisation also prefigures the analysis in the Findings chapters, where women's abortion decisions are interpreted through the lens of "flexible resistance." This term captures how women, even under significant structural and relational constraints, find ways to bend, delay, or subtly subvert patriarchal expectations without necessarily engaging in overt defiance. By establishing flexibility as both a theoretical orientation and an empirical pattern, the thesis links its feminist framework directly to women's lived practices of negotiating reproductive autonomy in Hainan.

At the practical level, this study exposes the illusion of reproductive "choice" in contexts of class-based and geographic inequality. Women in economically disadvantaged regions frequently face a constrained spectrum of options: lack of access to contraception, unaffordable childcare, and exploitative labour conditions render abortion less a free decision than a survival strategy. As such, this research advocates for policy reforms that go beyond slogans of "reproductive rights" to address healthcare resource allocation, social protection, and labour equity. Reproduction must be reframed not as a moral or demographic issue but as a domain of substantive autonomy grounded in structural support.

Therefore, this study contributes to theoretical debates on reproductive justice and feminist agency while also advancing empirically grounded insights into how married women in Hainan navigate abortion. By employing a flexible feminist framework and centring lived experience, it shows how women's decisions are embedded in overlapping structures of policy, kinship, economy, and culture, and how agency is exercised as negotiation rather than pure choice or coercion.

1.6. Structure

This thesis is organised into nine chapters, each contributing to the overall aim of exploring how married women in Hainan negotiate reproductive autonomy in the context of abortion decision-making. The overall structure follows the conceptual framework (Fig. 1-1), which situates abortion decision-making at the intersection of four analytical layers: embodied experiences, kinship structures, institutional arrangements, and gendered cultural values. Chapters 2 to 4 provide the conceptual, contextual and methodological foundations of the study, while Chapters 5 to 8 develop the empirical analysis through these four layers. Chapter 9 then synthesises the findings and clarifies the originality, contribution and implications of the thesis.

Chapter 2 provides the conceptual and theoretical foundation of the thesis. It engages with global and national debates on abortion and reproductive autonomy, focusing on international abortion discourse, abortion regulation in China, personal and family factors shaping abortion decisions, and feminist theoretical debates, including reproductive justice, intersectionality and Chinese feminism. Its distinct contribution is to establish the conceptual problem addressed by the thesis: abortion in China cannot be understood solely through the frameworks of individual choice, legal access, state coercion or demographic regulation. Instead, it must be examined as a relational and socially embedded practice shaped by gender, family, policy and moral expectation.

Chapter 3 provides the regional and contextual foundation for the empirical analysis. Building on the theoretical debates outlined in Chapter 2, it narrows the lens to Hainan and examines how socio-economic structures, healthcare access, childcare and education costs, hukou-related inequalities, gendered labour expectations, urban-rural development gaps and clan-based kinship norms shape reproductive choices. Its distinct contribution is to show why Hainan is not merely a geographical setting, but a localised site in which national reproductive governance, regional inequality and family structures intersect.

Chapter 4 outlines the methodology of the study. It introduces the feminist-informed qualitative epistemology underpinning the thesis, explains the shift from an initially quantitative orientation to a qualitative narrative interview design, and discusses the changes in research design during fieldwork, including recruitment, the move from online planning to predominantly face-to-face interviewing, and the use of a male local interpreter in limited cases. It also explains participant selection, interview tools, thematic analysis, ethical considerations, researcher positionality and reflexivity. Its distinct contribution is to show how feminist qualitative inquiry, particularly narrative interviewing and reflexive thematic analysis, enabled the study to examine abortion as a lived, relational and ethically sensitive experience.

Chapter 5 begins the empirical findings by analysing abortion as an embodied and emotionally lived experience. It examines how women narrated physical pain, fear, stigma, recovery and maternal self-evaluation before, during and after abortion. Pain is shown to be not only biological or medical, but also socially mediated through cultural values of endurance, maternal ideals and moral self-reflection. The distinct contribution of this chapter is to show how women use narratives of bodily experience to make sense of reproductive constraint, responsibility and vulnerability.

Chapter 6 shifts the analysis from embodied experience to kinship structures. It examines how clan culture, son preference, intergenerational authority, spousal influence and gendered contraceptive responsibility shaped married women's abortion decisions. Its distinct contribution is to show how family and clan function as mediating institutions through which patriarchal and cultural expectations become intimate reproductive pressures. This chapter therefore links women's personal narratives to broader kinship systems of lineage, obligation and gender hierarchy.

Chapter 7 turns to the institutional level, tracing how hukou, family-planning policies, healthcare provision, welfare exclusions, education costs and post-abortion care shaped women's reproductive possibility spaces. Its distinct contribution is to show that abortion decisions were materially structured by institutional arrangements, not only by family preference or individual intention. The chapter demonstrates how policy and welfare systems distribute reproductive risks and care burdens unevenly across women's lives.

Chapter 8 focuses on gender discourse and cultural meaning. It examines how shifting values regarding motherhood, childcare, elder care, women's labour participation, family authority and urban-rural inequality shaped how women interpreted and narrated abortion decisions. Rather than repeating the analysis of family or institutional structures, this chapter asks how these pressures were understood, internalised, resisted or reframed by women in different social positions. Its distinct contribution is to show why urban professional women, rural women and migrant women may navigate similar constraints through different moral vocabularies, emotional strategies and forms of flexible resistance.

In summation, Chapters 5 through 8 offer a layered and empirically grounded account of how abortion decisions among married women in Hainan are shaped by the interplay of embodied experience, kinship hierarchies, institutional structures and shifting cultural values. Each empirical chapter examines a distinct analytical layer while contributing to the thesis's broader argument that abortion is neither a purely individual choice nor a simple outcome of coercion. Rather, it is a relationally negotiated practice embedded in broader socio-political and moral frameworks.

Chapter 9 concludes the thesis by synthesising these findings. It revisits the theoretical implications of localised intersectionality, the body as a negotiated space of familial and state control, and gender-reproduction performativity. It then explicitly sets out the empirical, conceptual, theoretical and methodological originality of the thesis, before discussing implications for policy and future research. The chapter argues that this thesis contributes to scholarship on reproductive justice, feminist agency and reproductive governance by showing how abortion among married women in Hainan is relationally negotiated, morally interpreted and structurally constrained.

Chapter 2 Literature Review: Negotiating Abortion in China

2.1. Introduction

Chapter 1 has outlined the broad historical trajectory of China's family planning policies. Building on that overview, this chapter focuses more specifically on how abortion has been regulated and rationalised within Chinese reproductive governance, and how this differs from rights-based frameworks in international abortion discourse.

Abortion remains one of the most contested issues in global reproductive rights discourse, shaped by cultural, legal, and political contexts. International debates often focus on women's autonomy, reproductive rights, and the scope of state intervention, with significant variation across countries depending on legal frameworks, religious ideologies, and social norms.

Cross-national research highlights the complexity of women's motivations for abortion. Chae et al.[47], for instance, synthesised data from 14 countries across different income levels, showing that socioeconomic constraints and birth restrictions are among the most frequently cited reasons for abortion, even though demographic characteristics such as age, marital status, and education also play important roles. These findings illustrate both the commonalities and divergences in women's reproductive experiences, underscoring how structural inequalities and cultural values mediate access to abortion and shape its meanings in different contexts.

In contrast, research on abortion in post-socialist China has largely been framed through the lens of the One-Child Policy and subsequent family planning regulations, often highlighting married women's experiences with sex-selective abortion and state-imposed reproductive control.[48] Yet, as this chapter demonstrates, abortion in China cannot be understood solely through policy directives. Women's

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[47] Chae et al. used country data classified by Country income classification into high-income countries (USA, Belgium), middle and high-income countries Russia, Gagon, low and middle-income countries Congo, Georgia and low-income countries Ghana, Nepal, etc. The World Health Organization provides the TFR, and the World Bank provides the Modern contraceptive prevalence.

Chae, S., Desai, S., Crowell, M. & Sedgh, G. (2017), "Reasons why women have induced abortions: a synthesis of findings from 14 countries", *Contraception (Stoneham)*, vol. 96, no. 4, pp. 233-241

[48] Greenhalgh, S. (2008). *Just One Child: Science and Policy in Deng's China*, University of California Press

decisions are also shaped by fetal health concerns, contraceptive failure, the availability (with absence) of post-abortion care, and by the enduring influence of family, intergenerational expectations, and clan authority.

Accordingly, this chapter proceeds in four parts. Section 2.2 reviews global perspectives on abortion and reproductive autonomy, contrasting international rights-based discourses with China's state-led regulatory framework. Section 2.3 turns to the personal motivations behind abortion, including fetal health, contraceptive failure, and gaps in post-abortion care. Section 2.4 examines the role of family power dynamics, as son preference, spousal negotiation, intergenerational influence, and clan culture, in shaping abortion decisions within patriarchal structures. Section 2.5 concludes by synthesising these insights and identifying research gaps, thereby laying the groundwork for Chapter 3, which outlines the feminist epistemology and methodological approach used in this thesis.

The distinct contribution of this chapter is therefore conceptual and theoretical. It establishes the broader debates through which abortion, reproductive autonomy, reproductive justice and family power are understood in this thesis. Rather than providing the regional context of Hainan in detail, this chapter clarifies the conceptual problem that the thesis addresses: abortion in China cannot be understood either as a purely individual medical choice or as a simple outcome of state policy. Chapter 3 then builds on this conceptual foundation by locating these debates within the specific socio-economic and cultural conditions of Hainan.

2.2. Global Abortion Discourses and Reproductive Autonomy

2.2.1. International Abortion Discourse

Globally, abortion decisions are shaped by intersecting social, economic, health, and relational factors. While much existing research, particularly in public health, has focused on unmarried women or adolescents, studies of married women highlight distinctive dynamics, including family planning within marriage, financial insecurity, relationship instability, and maternal health concerns. These factors reveal how abortion is not an isolated medical act but is embedded within broader socio-economic and familial contexts.

Much existing research[49] on abortion has been situated within public health, focusing primarily on sexual knowledge, contraceptive use, and access to healthcare. While these studies provide valuable evidence, they often underplay the sociocultural and relational contexts in which reproductive decisions are made. In Western settings, scholars have noted that women's choices are also shaped by life planning, relationship dynamics, partner expectations, and family background. For married women in particular, financial insecurity emerges as a central concern. Surveys in the United States, such as Finer et al.'s [50] study of 1,209 abortion patients, show that nearly three-quarters of respondents cited financial constraints as a reason for terminating a pregnancy. Married women often emphasised that raising another child would threaten the stability and wellbeing of their existing family, underscoring the role of economic precarity in shaping reproductive decisions.

Building on this, Biggs et al.[51] examined the long-term outcomes of women who sought abortions. Their study found that those denied abortion due to legal restrictions experienced greater economic hardship, including rising household poverty and reliance on social services. These findings highlight that for many married women, abortion is not only a response to short-term financial strain but also a strategy to safeguard the long-term economic stability of their families.

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[49] Jones, R. K., Frohwirth, L. F., & Moore, A. M. (2008). "More than poverty: Disruptive events among women having abortions in the USA." *Journal of Family Planning and Reproductive Health Care, 34*(3), 150-155.

Kirkman, M., Rosenthal, D., & Johnson, L. (2009). "Social and cultural influences on abortion decision-making among Australian women." *Sexual & Reproductive Healthcare, 1*(1), 9-15.

Sedgh, G., Singh, S., & Hussain, R. (2014). "Intended and unintended pregnancies worldwide in 2012 and recent trends." *Studies in Family Planning, 45*(3), 301-314.

[50] Finer, L.B., Frohwirth, L.F., Dauphinee, L.A., Singh, S. & Moore, A.M. (2005), "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives", *Perspectives on sexual and reproductive health,* vol. 37, no. 3, pp. 110-118.

[51] Biggs, M. A., Upadhyay, U. D., McCulloch, C. E., & Foster, D. G. (2013). "Women's mental health and well-being 5 years after receiving or being denied an abortion: A prospective, longitudinal cohort study." *JAMA Psychiatry*, 70(2), 145-152.

A further common reason cited by married women is the perception that their family is already complete. Jones et al. [52] report that 38% of abortion patients in the United States had reached their desired number of children. This pattern is especially pronounced among older married women, for whom additional pregnancies are seen as overextending both emotional and financial resources. Comparable findings have been documented in Europe. A study by Marie Stopes International, conducted across several European countries, found that over 40% of married women seeking abortion were already mothers. Many explained their decision as motivated by the wish to provide better opportunities for their existing children, rather than further expanding family size.

Marital instability has also been consistently identified as a key factor shaping abortion decisions. Kimport et al's[53] document how relationship conflict, separation, and domestic abuse are frequently cited reasons for terminating a pregnancy. In abusive partnerships in particular, women often describe pregnancy as deepening their financial and emotional dependence, with abortion becoming a way to preserve a measure of autonomy. Longitudinal evidence from Upadhyay et al.[54] further shows that women who recently experienced divorce or separation were more likely to seek abortion than those in stable marriages. Here, the prospect of single parenthood, both its emotional strain and practical demands, has emerged as a decisive influence.

Health-related concerns represent another crucial reason for abortion among married women. Data from the Guttmacher Institute indicate that 12% of married women seeking abortion did so due to risks to their own health, while 6% cited possible genetic disorders or impairments in the fetus. High-profile cases have further underscored how restrictive abortion laws can endanger women's lives. The death of Savita Halappanavar in Ireland, a married woman who was denied a life-saving abortion despite experiencing septic abortion, drew international attention to the consequences of prohibiting abortion on medical grounds and ultimately catalysed the repeal of Ireland's near-total abortion ban in 2018.[55] More broadly,

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[52] Jones, R. K., Darroch, J. E., & Henshaw, S. K. (2008). "Patterns in the Socioeconomic Characteristics of Women Obtaining Abortions in 2000-2001." *Perspectives on Sexual and Reproductive Health*, 34(5), 226-235.

[53] Kimport, K., Foster, D. G., & Weitz, T. A. (2011). "Social Stigma and Abortion: The Effect of Patients' Experiences on Support for Legal Abortion." *Women's Health Issues*, 21(5), S19-S23.

[54] Upadhyay, U. D., Biggs, M. A., Foster, D. G., & McCulloch, C. E. (2014). "The effect of abortion on having and achieving aspirational one-year plans." *BMC Women's Health*, 14(1), 76.

[55] Holland, K. (2018). *Repeal the 8th: Ireland's Fight for Abortion Rights*. Dublin: New Island Books

the boundary between voluntary and involuntary abortion is often blurred: decisions framed as "choice" may in fact be negotiated responses to structural constraints and familial pressures.[56]

Globally, abortion policies can be categorised into three primary models. First, the free abortion model prioritises a woman's autonomy with minimal state intervention. Second, the licensed abortion model grants constitutional recognition to fetal life, imposing significant regulations on abortion access. Third, the restrictive permissive abortion model seeks to balance fetal rights with maternal autonomy under strict conditions. In many Western nations, particularly in the United States and parts of Europe, the discourse surrounding abortion largely centres on reproductive autonomy, the fundamental right of women to make independent decisions regarding their bodies without excessive governmental interference. The landmark Roe v. Wade[57] decision in the U.S. framed abortion as a constitutional right protected by the right to privacy, later revised but not entirely revoked by Planned Parenthood v. Casey[58]. Similarly, countries such as Canada and Sweden uphold abortion as a fundamental health right, reinforcing the principle that women have full control over their reproductive choices. Countries such as Canada and Sweden further illustrate more rights-based approaches to abortion access.

In contrast to health-based justifications for abortion, many states continue to restrict access by granting legal protection to fetal life. A well-known example is Germany, where the Federal Constitutional Court[59] ruled that abortion restrictions were necessary to uphold the state's duty to protect human dignity.[60] This reasoning reflects the influence of religious and conservative ideologies, framing abortion primarily as a moral rather than a rights-based issue.[61] Similar logics underpin the near-total bans in Poland, El Salvador, and Nicaragua, where Catholic doctrine has been explicitly invoked to justify severe

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[56] Greenhalgh, S., & Winckler, E. (2005). *Governing China's Population: From Leninist to Neoliberal Biopolitics*. Stanford: Stanford University Press

[57] 410. U.S. 113 (1973). at 164-165

[58] Dyer, O. (2020), "US Supreme Court hears pivotal abortion case as pro-lifers seek to undermine Roe v Wade", *BMJ*, vol. 368

[59] Tichenor, K.A. (2014), Protecting Unborn Life in the Secular Age: The Catholic Church and the West German Abortion Debate, 1969-1989, *Central European history*, vol. 47, no. 3, pp. 612-645.

[60] Case, M.A. (2015). Perfectionism and Fundamentalism in the Application of the German Abortion Laws, *FIU law review*, vol. 11, no. 1.

[61] Kommers, D. P. (1997). The Constitutional Jurisprudence of the Federal Republic of Germany. London: Duke University Press

restrictions. At the same time, global trends increasingly move in the opposite direction. Feminist and human rights organizations, alongside international bodies such as the United Nations, the World Health Organization, and NGOs like Ipas, emphasise that access to safe abortion is a fundamental component of healthcare and a prerequisite for gender equality.[62] This divergence underscores how abortion remains politicised worldwide: while some jurisdictions prioritise fetal protection, others situate abortion within broader frameworks of bodily autonomy and reproductive justice.

Even in countries with liberal legal frameworks, abortion continues to be problematised and subject to stigma.[63] In the United States, the overturning of Roe v. Wade has underscored that reproductive autonomy has always been precarious, with state governments deeply involved in regulating women's reproductive decisions, particularly for marginalised groups. In Sweden, often regarded as having one of the most progressive abortion laws, concerns about the "high" number of abortions have repeatedly been raised, reflecting persistent social anxieties and moral framing despite legal access. Similarly, in Canada, while abortion has been decriminalised since 1988, Indigenous women and those in rural areas continue to face significant barriers to care. In the United Kingdom, abortion is legally permitted up to 24 weeks, yet it remains regulated under criminal law and is accompanied by ongoing stigma. These examples highlight that across diverse liberal democracies, abortion remains politicised and contested, demonstrating that legality does not equate to full reproductive autonomy.

Above all, these examples show that reproductive autonomy cannot be reduced to legal permission. It depends on the material, institutional and social conditions under which women can actually make and act on reproductive decisions. Nie[64] observes that historical discussions of abortion in China have been

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[62] United Nations Population Fund (UNFPA). (2022). *Statement of the Generation Equality Forum (GEF) Action Coalition on Bodily Autonomy and Sexual and Reproductive Health and Rights (SRHR)*. Retrieved from https://www.unfpa.org/press/statement-generation-equality-forum-gef-action-coalition-bodily-autonomy-and-srhr-overturn

World Health Organization. (2022). *Abortion: Key Facts*. Retrieved from https://www.who.int/health-topics/abortion

Ipas. (2022). *Our Work in Advancing Abortion Rights*. Retrieved from https://www.ipas.org/

[63] see also WHO 2022; Larsson, M. (2015). *Contraception and Abortion: Attitudes and Practices in Sweden.* PhD thesis, Umeå University.

[64] Nie, J. (2005). *Behind the Silence-Chinese Voices on Abortion.* Maryland: Rowman & Littlefield Publishers,

conspicuously absent from public debate. Unlike their Western counterparts, ancient Chinese philosophers, physicians, and laypeople rarely engaged in explicit moral or legal arguments about abortion. Whereas thinkers such as Plato and Aristotle defended abortion and even infanticide on utilitarian grounds, and Pythagorean-influenced traditions condemned it as the destruction of life, Chinese thought generally refrained from framing abortion in such binary terms. Similar to strands of ancient Greek and Jewish law, Confucian perspectives largely assumed that human life begins only at birth.[65] This historical absence of explicit moral contestation continues to shape contemporary tensions in China. On the one hand, the Constitution affirms reproductive rights, and statutory regulations exist to protect fetal life, including prohibitions on sex-selective abortion. On the other hand, these legal provisions have done little to limit the widespread practice of abortion in reality. The disjunction between legal frameworks and lived practices highlights the complexity of abortion discourse in China, where historical traditions of silence intersect with modern state regulation, underscoring the need for analysis that bridges cultural philosophy, law, and reproductive justice.

2.2.2. Regulating Abortion in China

Chapter 1 has outlined the broad historical trajectory of China's family planning policies, from early birth-control campaigns and the One-Child Policy to the recent pronatalist turn. Building on that overview, this section focuses more specifically on how abortion has been regulated and rationalised within Chinese reproductive governance. It examines why the legal availability of abortion in China should not be equated with women's reproductive autonomy, and how abortion has been alternately promoted, tolerated, restricted or discouraged according to shifting demographic and political priorities.

Existing scholarship (e.g., Greenhalgh & Winckler and Nie) often contrasts international discourses on abortion - typically framed around women's rights, bodily autonomy, and gender equality - with Chinese abortion policies, which have historically been shaped by state-led demographic management. As Silliman et al.[66] demonstrate in their seminal work on reproductive justice, the reproductive experiences

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[65] Fan, R. (2007), "Confucian Bioethics and the Four Principles: What is at the Root of Healthcare Ethics?" *Kennedy Institute of Ethics Journal*, vol. 17, no. 1, pp. 27-45

[66] Silliman, J., Fried, M.G., Ross, L. and Gutierrez, E.R., 2004. *Undivided Rights: Women of Color Organize for Reproductive Justice*. Cambridge, MA: South End Press.

of women of colour in the United States are shaped not simply by individual "choice" but by intersecting structures of race, poverty, and unequal access to healthcare. Their analysis moves beyond a narrow rights-based framework to highlight how abortion and childbearing decisions are embedded in broader systems of inequality, linking reproductive freedom to questions of economic security, social support, and community wellbeing. This perspective strongly resonates with the Chinese context explored in this thesis. Just as Silliman et al. emphasise the grassroots narratives of marginalised women, my research foregrounds the lived experiences of married women in Hainan, whose abortion decisions are negotiated under the intersecting pressures of state policy, family structures, and rural-urban disparities. In both cases, reproductive justice provides a lens to reframe abortion not as an isolated medical event, but as a socially embedded practice shaped by structural constraints and exercised through women's situated agency.

Ross [67] further develops the framework of reproductive justice by articulating it as the right to have children, the right not to have children, and the right to raise children in safe and supportive environments. This formulation emphasises that reproductive freedom is not exhausted by legal access to abortion, but requires addressing the wider social, economic, and political conditions that enable or constrain women's decisions. In this sense, reproductive justice situates abortion within a continuum of reproductive practices that are deeply affected by state governance, cultural norms, and systemic inequalities. This perspective closely aligns with my study of married women in Hainan, where abortion decisions are not reducible to medical choice alone but unfold within a nexus of demographic policies, family obligations, and socio-cultural expectations. By foregrounding these dynamics, my research echoes Ross's insistence that reproductive justice must bridge the personal and the political, linking individual narratives of abortion with the broader structures that shape and delimit reproductive autonomy.

Rooted in collectivist political logics, abortion in China has been framed less as a matter of individual rights than as a mechanism to secure economic stability and regulate population growth. This orientation became most pronounced under the One-Child Policy (1979 -2015), when the state exercised strict control over reproductive behaviour in order to curb population growth. Abortion was not only widely permitted but, in certain cases, actively enforced for unauthorised pregnancies. Although forced abortion was formally prohibited after 2002, studies suggest that coercive practices, including abortion and

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[67] Ross, L., (2006). *Understanding Reproductive Justice*. Atlanta, GA: SisterSong Women of Color Reproductive Justice Collective.

sterilization, persisted at the local level.[68] This history underscores how reproductive governance in China has been driven less by rights-based principles than by demographic and economic objectives, situating abortion within a statist framework of population regulation rather than personal autonomy.

During the height of the One-Child Policy, abortion was not only permitted but, in certain cases, actively enforced, particularly for unauthorised pregnancies. Although forced abortion was formally condemned after 2002, evidence suggests that coercive practices, including abortion and sterilization, continued to occur in some local contexts.[69] This trajectory illustrates how, in China, reproductive autonomy has historically been subordinated to state imperatives of population control. While the legal framework does not grant the fetus an independent right to life before birth, thereby appearing superficially aligned with permissive abortion regimes,[70] the absence of restrictive abortion laws has not translated into an endorsement of women's reproductive autonomy. Instead, the state has defined the conditions under which abortion is promoted or discouraged, reinforcing a top-down regulatory model rather than an individualised rights-based framework.

China's family planning policies were institutionalised in the 1970s as part of efforts to curb rapid population growth. Article 53(3) of the 1978 Constitution explicitly declared that "The State shall promote and carry out family planning." This mandate was reaffirmed in Article 25 of the 1982 Constitution, which required the state to promote family planning, and in Article 49(2), which obliged both spouses to comply with such policies. These constitutional provisions effectively legalised abortion as a state-sanctioned instrument of fertility regulation, embedding reproductive decisions within the broader framework of demographic governance.

In official discourse[71], abortion has long been categorised as a "remedial measure" within family planning programmes. This framing situates abortion not as an individual right, but as a policy instrument for

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[68] Mosher, S. (2017). *Population Control: Real Costs, Illusory Benefits.* Transaction Publishers.

[69] Johnson, K. A. (2013). *China's Hidden Children: Abandonment, Adoption, and the Human Costs of the One-Child Policy.* University of Chicago Press.

[70] Li, S. (2007) Imbalanced sex ratio at birth and comprehensive intervention in China. *United Nations Population Fund*. Available at: https://www.unfpa.org/sites/default/files/event-pdf/china.pdf [Accessed 14 March 2025].

[71] State Health Office of Women and Children Development. (2018). *No. 17 Notice on the Issuance of Post-Abortion Contraceptive Service Specifications* (2018 Edition)

enforcing birth control. Alongside the promotion of contraceptive technologies such as intrauterine devices (IUDs) and sterilization, abortion was positioned as a last resort in population management strategies.[72]

This stance can also be viewed from a moral perspective, with the assertion that "abortion is morally acceptable," particularly within the context of family planning. According to this view, *"Anything that serves the common good of the people and aligns with the broader interests of society is moral; otherwise, it is immoral. Therefore, the blanket classification of abortion and induced labour as immoral is wrong*." However, the boundary between "voluntary" and "coerced" reproductive decision-making was therefore often blurred, especially where women and families faced fines, employment consequences, household registration difficulties or pressure from local officials.

The long-term normalisation of the one-child family also reshaped family expectations and reproductive reasoning. As families were encouraged, and often required, to have fewer children, childrearing became increasingly organised around the idea of investing more resources in a smaller number of children. The emphasis on "quality over quantity" was reinforced by rising costs of education, housing and childcare. In this sense, family planning policy did not simply regulate the number of births; it reorganised the moral and economic conditions under which families imagined responsible reproduction.

Legally, China follows the "independent breathing" doctrine, under which the fetus attains legal personhood only after its first breath outside the womb. As a result, Chinese law does not recognise comprehensive fetal rights prior to birth. Although legislation such as the Inheritance Law provides limited protection for fetuses, these provisions do not constitute a coherent legal framework safeguarding fetal life. The Family Planning Law prohibits sex-selective abortion, but this prohibition is designed primarily to address gender imbalance rather than to affirm fetal rights. While abortion is generally permitted at the woman's discretion, regulation of late-term abortion remains limited, and ongoing debates question whether husbands should have a formal role in abortion decision-making. Such controversies expose the continuing tension between state policy, family authority, and women's reproductive autonomy.

Despite the formal prohibition of forced abortion in 2002, reports indicate that coercive practices persisted at the local level. The widely publicised case of Feng Jianmei in 2012, who was subjected to a

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[72] Eberstadt, N. (2007). "The Global War Against Baby Girls." *The New Atlantis*, 17, 3-18.

late-term abortion in Shaanxi Province for violating the One-Child Policy, exposed the continuing use of coercive measures in some regions. Although the officials involved were disciplined, the judiciary declined to classify the act as a criminal offence, revealing gaps in the protection of women's reproductive rights.

Cultural factors further complicate these dynamics. The preference for "healthy" offspring, amplified under the One-Child Policy, led some women diagnosed with fetal abnormalities to terminate pregnancies in order to preserve their entitlement to a future "one-child indicator". Here, policy directives shaped abortion not as an individual choice but as a strategic response to demographic constraints.

Patterns of compliance also varied between urban and rural areas. While urban populations largely conformed to state regulations, rural communities often engaged in covert resistance during the 1990s, concealing pregnancies to avoid sanctions. Economic factors and the cultural preference for sons underpinned this resistance, as larger families were historically associated with economic security in rural China. This divergence underscores the uneven implementation of family planning and highlights how state reproductive policies were continually negotiated and contested at the local level.

Official[73] narratives often frame abortion as a matter of "voluntary" compliance with family planning policies, suggesting that couples choose to undergo procedures as part of responsible reproductive behaviour. Yet this framing obscures the structural pressures exerted on individuals, including financial penalties, social stigma, and employment-related consequences for policy non-compliance. In practice, the boundary between "voluntary" and "involuntary" abortion has remained ambiguous.[74] This is not unique to China: globally, women's decisions are often made under conditions where structural pressures blur the line between choice and coercion, even in contexts where abortion is legally permitted. What is distinctive in the Chinese case are the particular constellations of state regulation, family authority, and cultural expectations that shape how women negotiate their reproductive choices. Therefore, my research further shows that administrative and social pressures can amount to implicit coercion, making it difficult to determine whether abortions are genuinely voluntary. I foreground these dynamics through the

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[73] NPC.gov.cn. (2003). *Interpretation of the Law of the People's Republic of China on Population and Family Planning: Part II Interpretation Chapter III Regulation of Fertility.* See resource form: http://www.npc.gov.cn/npc/c2223/200309/9081e9d86cf646bcafedcaaf1c9aa4a9.shtml

[74] Basten, S., Quanbao, J., Yixiao, L. & Shuzhuo, L. (2016). Rational Persuasion, Coercion or Manipulation? The Role of Abortion in China´s Family Planning Policies, *Annales Scientia Politica,* vol. 5, no. 1, pp. 5-16.

abortion narratives of married women in Hainan, which illuminate how structural pressures and women's situated agency intersect in ways rarely captured in existing scholarship.

In sum, while international debates on abortion often centre on questions of rights, autonomy, and access, the Chinese case has been shaped primarily by state-led demographic governance. From the pronatalist restrictions of the 1950s, through the coercive implementation of the One-Child Policy, to the more recent shift towards encouraging childbirth under the Two-Child and Three-Child Policies, abortion has been consistently instrumentalised as a tool of population management rather than safeguarded as an individual right. This regulatory history underscores how reproductive autonomy in China has been subordinated to broader socio-political objectives and continually negotiated at the intersection of state power, family obligations, and cultural expectations. Recognising these dynamics provides an essential foundation for the following section, which situates abortion within feminist theoretical debates and traces the trajectories of reproductive discourse in both Western and Chinese contexts.

2.2.3. Feminist Theoretical Context: Western and Chinese Trajectories

Chinese feminism is important to this thesis because it provides a way to analyse women's reproductive experiences without reducing them either to state policy outcomes or to abstract individual choice. In the Chinese context, women's reproductive lives have long been shaped by the overlapping forces of state population governance, patriarchal family structures, market reform and unequal welfare provision. For this reason, reproductive rights cannot be understood only as formal legal access to contraception or abortion. The more important question is whether women have the social, economic, familial and bodily conditions necessary to make reproductive decisions without coercion, pressure or disproportionate sacrifice.

At the same level, abortion stigma cannot be understood solely in terms of legal frameworks or health policies; it is deeply embedded in cultural constructions of womanhood and motherhood. Feminist scholarship has shown that women who seek to terminate a pregnancy are frequently perceived as defying assumptions about the "essential nature" of women, namely, the inevitability of motherhood and the instinct to nurture the vulnerable. The act of refusing to give birth destabilises cultural narratives of

women as perpetual life-givers, thereby unsettling normative expectations surrounding maternity.[75] [76] This tension has been described as a "temporal paradox," in which pregnancy situates the individual simultaneously as both a mother and a non-mother, oscillating between past experiences and future possibilities.

In China, however, the paradox assumes a distinctive form. As Nie [77] argues, abortion debates are less often articulated around empowerment and equality, as is common in Western discourse, and instead revolve around competing values of family obligation versus individual autonomy, or child-centred priorities versus women's self-realization. Situating abortion within this feminist theoretical context highlights how what is often treated as a private matter of motherhood must also be understood as a public issue, with implications for social policy, gender norms, and reproductive justice.

In this section, I will start the argument through Western feminist debates, abortion has often been discussed through the language of bodily autonomy, privacy and individual rights. These concepts remain important, but they do not fully capture the Chinese context, where abortion has historically been both accessible and politically instrumentalised. As I demonstrated above sections, during the family planning era, abortion was often incorporated into state-led fertility regulation. Iin the current pronatalist era, women are increasingly encouraged to give birth, yet the burdens of childcare, employment penalties and family responsibility remain largely privatised. A Chinese feminist perspective therefore needs to examine not only whether abortion is available, but how women's bodies become sites through which state goals and family expectations are negotiated.

2.2.3.1 Western Feminist Ethics and Reproductive Justice

The framework of Reproductive Justice (RJ) has become an influential extension of feminist reproductive rights discourse. Unlike rights-based approaches that often isolate abortion as an individual choice, RJ

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[75] A. Kumar, L. Hessini, E.M.H. (2009). Mitchell Conceptualising abortion stigma Culture, *Health and Sexuality*, 11 (6), pp. 625-639,

[76] Nie, Jingbao. (2021). Abortion and China's state birth control program: A socio-ethical inquiry. In A. Bagheri (Ed.), *Abortion: Global positions and practices, religious and legal perspectives*. (pp. 241-256). Cham, Switzerland: Springer. doi: 10.1007/978-3-030-63023-2_20

[77] Nie, Jingbao. (2005). *Behind the Silence-Chinese Voices on Abortion.* Maryland: Rowman & Littlefield Publishers,

foregrounds the structural conditions, such as poverty, racial discrimination, and healthcare inequality, that make reproductive freedom possible for some while inaccessible for others.[78] In this sense, RJ emphasises that autonomy is always relational and contingent, shaped by the interplay of social, economic, and political factors.[79]

Although RJ originated in the United States, particularly through the activism of women of colour, its intersectional orientation resonates strongly with the Chinese case. In China, abortion has historically been instrumentalised within state-led fertility control, framed not as a matter of rights but as a tool of demographic governance.[80] The RJ framework provides a critical lens to move beyond binary debates of "choice" versus "coercion," drawing attention to how abortion decisions are mediated by hukou-based welfare exclusions, uneven healthcare access, patriarchal kinship norms, and class inequalities.

This perspective is particularly salient for married women in peripheral regions such as Hainan, whose reproductive options are constrained not only by state directives but also by local economic insecurity, son preference, and intergenerational obligations.[81] Situating abortion within RJ thus bridges feminist ethics with reproductive governance studies, allowing analysis of women's decisions as both embodied experiences and socially embedded negotiations. In doing so, it also anticipates later debates in feminist ethics that re-specify autonomy as relational and context-sensitive, and that interrogate how moral reasoning is forged within obligations, intimacies, and power relations.

Abortion has long been a focal point of feminist ethics, yet the field is internally differentiated. A first line of work crystallises around the well-known pro-choice/pro-life dispute, clarifying how feminist commitments are variously marshalled either to protect women's decision-making authority[82] or to defend the moral status of the fetus. Read simply as a binary, this debate risks flattening the social worlds within which decisions are made. What matters in feminist ethics, however, is not merely which side one endorses but how ethical reasoning is situated, how it is forged within obligations, intimacies and power

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[78] Ross, L., & Solinger, R. (2017). *Reproductive justice: An introduction.* University of California Press.

Luna, Z., & Luker, K. (2013). *Reproductive justice*. *Annual Review of Law and Social Science, 9*(1), 327-352.

[79] Roberts, D. (1997). *Killing the Black body: Race, reproduction, and the meaning of liberty.* Vintage.

[80] Nie2021; Greenhalgh, 2008

[81] Huang, S. (2012). 性别、权力**与**海南古代女性 [Gender, power, and ancient Hainanese women]. *社**会** [Society]*, 32(6), 204-219.

[82] Browne, V. (2022). "Anti-abortion feminism", *Radical philosophy*, no. 213, pp. 27.

relations that make certain choices liveable or unliveable. Care-ethical work[83] explicitly re-centres this problem of relation: rather than treating the pregnant woman and the fetus as abstract rights-holders, it asks how responsibilities are negotiated in concrete circumstances, how future-oriented evaluations of a potential child's life become part of maternal moral judgment, and how agency is exercised within webs of dependence.[84] In this register, autonomy is not abandoned but re-specified as relational and context-sensitive, and the object of feminist critique shifts from individual choice per se to the social conditions that make some choices possible, intelligible, or safe.

These ethical moves have methodological and epistemological consequences that feminist scholars have long pursued. A second line of work[85] argues that what counts as a sociological problem changes once women's lived experience is treated as a legitimate source of knowledge. The point is not a mere "add women and stir,"[86] but a re-anchoring of inquiry in everyday worlds previously rendered peripheral by male-centred canons. From this standpoint, inquiry becomes accountable to power and positionality, and the site of evidence widens to include emotions, silences, and the moral vocabularies through which

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[83]Wang, T. (2017). "堕胎问题的视角转换, , 从单方权利诉求到双方关系的探讨" [A shift in perspective on abortion - from a unilateral rights claim to an exploration of the relationship between two parties]. *法制与社会[Law and Society]*. No. 25.

[84] As there are numerous theories within life ethics itself and there is no coherence within feminism, it is complex to present here a comprehensive summary of feminist critiques of traditional life ethics. There is, however, a key theme and overall tone to the feminist critique of the universalism, individualism, and power control of traditional ethics.

Wolf, S. (1996). *Feminism and Bioethics: Beyond Reproduction.* New York: Oxford University Press

Gilligan, C. (2016). *In a different voice: Psychological theory and women's development.* Cambridge, MA: Harvard University Press.

Xiao, W. (2018). "*性别与生命：正义的求索" [Gender and Life: The Quest for Justice],* 北京：人民出版社 Beijing: People's Publishing House, p. 3.

[85] Olesen, V. (1994). "Feminisms and Models of Qualitative Research" In Denzin and Lincoin (Eds.)*Handbook o f Qualitative Research*.pp. 158, 174. T housand Oaks. CA：Sage Publications

[86] Smith, D. (1987). *The Everyday World As Problematic：A Feminist Sociology* Boston：Northeastern University Press.

__(1992)"Sociology from Women's Experience：A Reaffirmation. *" Sociological Theory*. Vol. 10. No.1 Spring.

women narrate ordinary life. Classic methodological statements[87] [88] converge on the political stakes of interviewing and interpretation: to decentre hierarchical researcher-researched relations, to listen across difference without romanticising "woman" as a unified subject, and to make oral narratives vehicles of recognition and confidence rather than raw data extracted at distance.[89] [90] Internal debates persist, Harding's[91] typology of feminist empiricism, standpoint, and postmodernism. For instance, names disagreements over universality and authority, yet even these disagreements have a shared implication: knowledge claims must be argued from somewhere, reflexively and with attention to power.

A third body of literature traces the historical trajectories of feminist politics in the "West." Early critiques[92] of women's subordination in philosophy, psychology, literature and politics unsettled naturalised hierarchies and insisted on transforming the common conditions of women as a social group. Subsequent theoretical developments[93] diversified the grounds of critique, across moral philosophy and

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[87] Harding, S. (1987). "Conclusion：Epistemological Questions" *in Feminism and Methodology：Social Science Issues*. Indiana University Press

[88] Shulamit Reinharz summarises the methodological principles of feminist research: feminism is a research perspective rather than a research method.

Reference from Reinharz, S. (1992). *Feminist methods in social research*. NY: Oxford University Press

[89] Cook, J. A. & Fonow, M. M. (1986). nowledge and Women's Interests：Issues of Epistemology and Methodology in Feminist Sociological Research. *Sociological Inquiry* 56（2）

[90] There is also substantial discussion over whether only women can be feminists or do feminist study. Proponents as Stanley and Wise claim that only women have the unique experience of being regarded as women in a patriarchal society, and that males do not have the same life experiences as women and hence cannot be really feminist or engage in true feminist research. Opponents (such as Harding) claim that males can do feminist research if they follow feminist methodological norms. Feminist research is more than just a study of women. Excluding males from the feminist community weakens feminist ties and commits the same fallacy as the male-centered approach. This dispute over the intellectual issue of feminist study shows feminists' intellectual and epistemological split.

[91] Harding, S. (1987). "Conclusion：Epistemological Questions" *in Feminism and Methodology：Social Science Issues*. Indiana University Press

[92] Beauvoir, S. de. (1949). *The second sex*. Translated by H.M. Parshley. New York: Vintage Books.

Friedan, B. (1963). *The feminine mystique*. New York: W.W. Norton & Company.

Millett, K. (1970). *Sexual politics*. New York: Doubleday.

[93]Jaggar, A. (1983). *Feminist politics and human nature*. Totowa: Rowman & Allanheld.

political economy, and re-situated feminism "from margin to center," challenging the whiteness and middle-class coordinates of earlier canons.[94] Read together, these contributions do more than diagnose patriarchal domination; they provide repertoires both conceptual and practical, for recognising gendered power in everyday life and for building gender-sensitive and gender-responsive paradigms in research and policy.

2.2.3.2 Chinese Feminism, State Reproductive Governance and Bodily Autonomy

By contrast, scholarship on China describes a different genealogy wherein "women's liberation"[95] was in significant part state-led. Classic accounts[96] map the shift from familial dependence to incorporation into production and public life, while emphasising that formal participation did not necessarily entail the awakening of female subjectivity or the displacement of patriarchal hierarchies. The paradox, as these studies frame it, is that dependence moved from family to state, women were "liberated" and mobilised without a commensurate transformation of gendered power. This line of work cautions against analysing gender as if it were detachable from institutional arrangements and historical legacies; instead, it urges scholars[97] to embed gender relations within the social system being examined and to read women's positions through concrete configurations of kinship, labour, and governance.

Hartsock, N. (1983). 'The feminist standpoint: Developing the ground for a specifically feminist historical materialism', in Harding, S. and Hintikka, M.B. (eds.) *Discovering reality: Feminist perspectives on epistemology, metaphysics, methodology, and philosophy of science*. Dordrecht: Springer, pp. 283-310.

[94] Hooks, B. (1984). *Feminist theory: From margin to center.* Boston: South End Press.

[95] Dominel, L. (1999). *Community Approaches to Children Welfare: International Perspectives.* Aldershot: UK. Ashgate Publishing

Zheng, H [ed]. (2007). *"社会学概论新修" [Sociology of Gender]*. 中国人民大学出版社[China Renmin University Press] pp. 217

[96] Xia,Y. (2013). "他者主导:二十世纪中国女性主义的主体异位现象" [Other Dominance": The Subject Dislocation Phenomenon of Chinese Feminism in the Twentieth Century]. *大学教育 [University Education]*, Dec vol 24

[97] Henrietta, L. Moore, (1988). *Feminism and Anthropology.* Minneapolis: University of Minnesota Press,

Beginning in the 1980s, Chinese-language scholarship[98] across folklore, anthropology, and gender studies increasingly turned from homogeneous collectivities to heterogeneous subjects. Research documents how attention to women's perspectives reveals the gender system as an active force in cultural transmission, not a mere backdrop. At the same time, feminist theorists[99] warn against re-inscribing a new homogeny under the banner of "Chinese women." Instead, they call for analyses at meso- and micro-levels that register stratification, region, and life-position, and that remain alert to how qualitative materials can reproduce dominant norms if used uncritically.

For instances, Tong[100] indicates that Chinese feminist researchers are frequently affected by traditional feminist approach and neglect women's variety, deliberately or subconsciously considering Chinese women as a homogeneous population. However, it is difficult for the researcher to gather knowledge (or data) without bias in human accounts of events, because there is no massively dominating type of information, simply a variety of tales recounted by a broad and fragmented range of people. Both knowledge and gender are reduced to a power discourse in this context, and they blend in the formation of culture[101]. This necessitates feminists focusing on women and gender issues in a way that is not

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[98] For example, Diao, T. (2017). "女性民俗**学**者、田野调查与性别体系, , 基于 22 位民俗**学**者访谈与个人田野经验" [Female Folklore Scholars, Fieldwork and Gender System, , Based on Interviews with 22 Folklorists and Personal Field Experiences]. *民族文**学研**究 Ethnic Literature Research*. Issue 4

Wang, Y. (2019). "女性调查者：**学**术共同体中的性别他者？" [The "Female Investigator": The Gender Other in the Academic Community?], *民族文**学研**究 Research on Ethnic Literature]*, Issue 1,

[99] Tong, X. (2002). "女性的生命体验与女权主义认识论" [Women's Life Experience and Feminist Epistemology]. ***云**南民族大**学学**报（**哲学**社**会**科**学**版）[Journal of Yunnan University for Nationalities (Philosophy and Social Sciences Edition)]*, (3) : 56-62

[100] Tong, X. (2002). "女性的生命体验与女权主义认识论" [Women's Life Experience and Feminist Epistemology]. ***云**南民族大**学学**报（**哲学**社**会**科**学**版）[Journal of Yunnan University for Nationalities (Philosophy and Social Sciences Edition)]*, (3) : 56-62

[101] Harding categorises feminist epistemology into three types: feminist empiricism, feminist perspective, and feminist postmodernism, noting that each provides various responses to the topic (Harding, 1987. Conclusion：Epistemological Questions. in *Feminism and Methodology：Social Science Issues*).

If feminist empiricism and perspective still sought a universal knowledge that reflected social reality with less prejudice and distortion than conventional social science, postmodern feminism has called such knowledge into question. They argue that feminism can do no more than let diverse women from different races, classes, and cultures to tell their own tales, to express their different experiences and demands, while criticising any universal "great narrative" offered by the Enlightenment. Aiming for a purportedly true authoritative tale of global domination will unavoidably convert feminist social life narratives to a new

divorced from the reality of the Chinese social structure, whether in thinking about the difficulties, analysing the causes, or devising solutions. In order to discover linkages and influences, as well as causes and reactions, I must first identify gender relations in China's growing social system and then "embed" them back into the system as I analyse gender relations. In addition, I will take into account the question of "degree" while concentrating on gender relations in the social system, rather than addressing gender relations and gender issues in isolation from socio-economic realities or ignoring the impact of socio-economic relations on gender issues.

In actuality, Chinese women have never been a monolithic group. Wu[102] argues that a diverse group requires hierarchical or categorised qualitative study and conversation, that is, decomposition to the mesoscopic or microscopic level for discussion and analysis, rather than macroscopic discussion and simple quantitative inquiry. The perspectives of individuals and subgroups from various strata are taken into account, together with the surroundings and social interactions in which they live.

Furthermore, Chinese feminism still reveals organization and companionship among some humanities intellectuals and female university students, with only a modest amount of established female intellectuals interested in feminism, according to Bao and others[103] who have criticised Chinese feminist researchers for having a quite limited social base. Prior to embracing feminism, the majority of Chinese feminists were highly educated and enjoyed decent, steady incomes, suggesting that they were not marginalised and lacked empathy for the working women in China's underclass. One critical

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story separate from men's authoritative narratives, recasting knowledge as the embodiment of tyranny and power.

[102] Wu, X. (2000). "科学、文化与性别：女性主义的诠释" [*Science, Culture and Gender: An Interpretation of Feminism]*. 北京：中国社会科学出版 [Beijing: China Social Sciences Press]

[103] Wu, X. (2000). "科学、文化与性别：女性主义的诠释" [*Science, Culture and Gender: An Interpretation of Feminism]*. 北京：中国社会科学出版 [Beijing: China Social Sciences Press]

Bao, X. (2000). "性主义与倾听女性的声音, , 意义、方法与反思" [Feminism and Listening to Women's Voices - Meanings, Methods, and Reflections]. *山西师大学报（社会科学版）[The Journal of Shanxi Teachers University (Social Science Edition)]* Vol. 27 No. 1

Wang, L. & Gao, B. (2018) "女性主义与人类学的互构, , 以人类学的时间研究为中心" [The Mutual Construction of Feminism and Anthropology, Centered on the Time Study of Anthropology]. *华东师范大学学报（哲学社会科学版）[Journal of East China Normal University (Philosophy and Social Science Edition)]*. Issue 5

interpretation[104] focuses on the fact that China's authoritarian system, particularly in universities and the workplace, has hampered the development of feminist thought in China. One of the cornerstones to preserving the system's internal allegiance and outward legitimacy is the protection of the internal members of patriarchal systems of power.

For this reason, this thesis foregrounds the situated narratives of married women in Hainan rather than assuming a universal Chinese female subject. The system will employ a variety of strategies to defend itself by defending a member of the system when that member is in need. In addition to negatively impacting the advancement of women's standing in China, the establishment of an authoritarian government has also created a hierarchical divide amongst individuals.

Another strand interrogates the discursive and visual regulation of women, usefully captured by the concept of the *gaze*.[105] Read into Chinese contexts, this work helps explain how policy and tradition shape expectations for reproduction and motherhood, not only through explicit rules but via ordinary norms that make women's compliance appear natural. Reproductive justice is useful here because it shifts attention from formal choice to the material and relational conditions that make choice possible. In this thesis, reproductive justice involves not only the right not to have children, but also the right to have children and to raise them under conditions of care, security and dignity. For married women in Hainan, these conditions are shaped by hukou inequalities, uneven healthcare access, limited post-abortion care, childcare and education costs, rural-urban disparities, and pressures from husbands, in-laws and wider kin networks. Abortion decisions therefore cannot be understood as purely individual preferences; they are often made within constrained fields of responsibility, where women assess what is bearable for their bodies, their existing children, their marriages and their household futures.

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[104] Lv, P.(2018). "北航性骚扰事件能否引发中国版"MeToo"？" [*Can the sexual harassment scandal at Beihang University turn into a Chinese version of "Metoo"]*
[EB/OLhttp://www.ftchinese.com/story/001075859? page=1.

Wu, M. (2018). "中国女性主义的新趋势：以 MeToo 运动为背景" [New trends in Chinese feminism: the Metoo movement as a context]. *芒种文学[Mangzhong literatur*e] Vol 7, pp120-1

[105] Mulvey, L. (1975). Visual Pleasure and Narrative Cinema. *Screen,* 16(3), 6-18.

The politics of language is pivotal here. The emergence and official uptake of terms such as "domestic violence" following the *Fourth World Conference on Women*[106] demonstrate how naming enables recognition of harms long normalised as private matters. Empirical legal analyses following the *Anti-Domestic Violence Law*[107] further show how juridical practice begins to register these harms at scale, even as enforcement and social attitudes remain uneven. The broader lesson for scholarship on reproduction is that meanings, rights, and harms do not pre-exist language; they are shaped through it.

Therefore, against this background, research on fertility and abortion in China has often proceeded at macro scales, by tracking timing, geography, and policy uptake, while leaving the intra-family and kinship negotiations of married women comparatively under-specified. As previously discussed by Wang S., Zheng, and Xia, state-led mobilisation has positioned women as primary implementers of population policy, a perspective that clarifies reproductive governance yet risks masking heterogeneity and intimate power. In parallel, feminist ethics and epistemology - as articulated by Gilligan, Wolf, and Xiao, and further elaborated by Olesen, Smith, Cook, etc - offer tools to refocus analysis on lived experience, relational obligations, and the practical reasoning through which women navigate moral, economic, and familial demands. Bringing these strands into closer conversation highlights two gaps long flagged by Harding and, within Chinese debates, by Wang and Browne: first, the limited treatment of married women's abortion as a relational negotiation within kinship hierarchies and family-planning legacies; second, the insufficient integration of standpoint-based insights on experience and power with care-ethical accounts of obligation and interdependence in Chinese contexts.

Finally, Chinese-language debates on feminist organisation and public voice, foregrounded by Wu X., Bao, etc., illuminate the conditions of possibility for addressing these gaps, noting that feminist discourse has often circulated among educated elites with a narrow social base and that authoritarian institutional logics, especially in universities and workplaces, impede accountability for gendered harms. These observations do not license pessimism; rather, they underline the interpretive task for the social researcher: to read women's narratives with attention to internalised norms and to the uneven terrains

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[106] United Nations (1996) *Report of the Fourth World Conference on Women.* Available at:https://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf (Accessed: 28 March 2023).

[107] Chen, H., Chen, M. (2022). "〈反家庭暴力法〉司法适用效果实证观察, , 基于 3,961 份裁判文书的整理分析" [An empirical observation of the effect of judicial application of the Law Against Domestic Violence - a collated analysis based on 3,961 adjudication documents]. *人权研究[Human Rights Research]* Vol 9

(legal, linguistic, institutional) on which recognition and redress become thinkable. In this sense, the literature converges on a common analytic horizon: an account of abortion that neither collapses into abstract moralism nor dissolves into policy aggregates, but keeps in view the lived, relational, and historically embedded character of reproductive decision-making in China.

Therefore, Chinese feminism helps clarify the meaning of bodily autonomy in this thesis. Bodily autonomy is not treated simply as the abstract right to control one's body, but as an embodied and situated capacity shaped by social relations. Married women's bodies are positioned simultaneously as reproductive bodies, labouring bodies, caring bodies and moral bodies within the family. Their decisions about abortion are therefore shaped by pain, risk, shame, care obligations, economic calculation and moral judgement. By foregrounding women's narratives, this thesis shows how bodily autonomy is negotiated rather than simply possessed, and how women may exercise agency through silence, compromise, refusal, delay or care-based reasoning.

In conclude, this thesis does not assume that Chinese women form a homogeneous category. Existing Chinese feminist scholarship has emphasised the need to analyse women's experiences in relation to class, region, migration, family position and social structure. This is especially important for the present study, because married women in Hainan have rarely been centred in discussions of abortion, reproductive rights or feminist politics. By focusing on their narratives, the thesis contributes to Chinese feminist debates by showing how reproductive autonomy is shaped not only by formal policy or legal rights, but also by localised kinship structures, embodied experience and unequal access to care.

The feminist theoretical perspectives outlined above underscore that abortion cannot be understood solely as a matter of legal access or demographic regulation, but must also be situated within the lived realities of women negotiating structural constraints. While global and Chinese feminist debates highlight the cultural and political frameworks that shape reproductive autonomy, they also point to the need to examine how these frameworks are experienced in practice. To address this gap, the next section turns to the personal factors that influence abortion decisions. By focusing on health, economic security, marital stability, and cultural expectations, Section 2.3 highlights the ways in which broader structures of governance and ideology intersect with women's intimate lives, providing the necessary context for analysing the abortion narratives of married women in Hainan.

2.2.4 Confucian influence, Patriarchal Family Structures, and Reproductive Autonomy

This thesis does not treat Hainanese culture as simply Confucian, nor does it understand Confucianism as a fixed doctrine that mechanically determines women's reproductive behaviour. Hainan's gender and reproductive norms have been shaped by multiple historical and cultural forces, including clan organisation, local folk practices, migration histories and state family planning policy. Confucianism is therefore used here in a limited and specific sense: not as a total explanation of Hainanese culture, but as one strand of patriarchal familial ethics that helps illuminate ideas of filial duty, patrilineal continuity, elder authority, family harmony and gendered reproductive responsibility.

Indeed, the broader analytical concern of this thesis is patriarchy rather than Confucianism alone. Patriarchy refers here to a gendered structure of authority in which men, husbands, fathers, elders and patrilineal family lines are often positioned as privileged reference points in household decision-making. As a core framework for analysing family power in China, patriarchy can be understood through two theoretical perspectives. The first, represented by Weberian sociology, treats patriarchy as a pre-modern hierarchy stratified by gender, generation, and age, reproduced through economic, legal, and religious systems.[108] The second, feminist patriarchy theory, conceptualises patriarchy as a structural gender order in which male dominance and female subordination are institutionalised within family relations.[109] In the family context, this dynamic often involves the control or interference of elder males over younger members, including decisions about childbearing and abortion.

This study adopts the latter perspective to explore how patriarchy operates within family structures and influences women's reproductive autonomy. Within such a structure, women's reproductive labour is not treated as belonging only to the individual woman. It is connected to their roles as wives, daughters-in-law, mothers and carers. Abortion decisions are therefore not made only through personal preference or medical judgement, but through negotiations with family expectations, marital power, elder authority and material responsibility.

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[108] Jin, Y. (2015). "中国新农村性别结构变化研究,父权制的流动性" [*Research on gender structure changes in China's new rural areas, The mobility of patriarchy*]. 南京师范大学出版社 Nanjing: Nanjing Normal University Press.

[109] Kandiyoti, D. (1988). *Bargaining with patriarchy*. Gender and Society, 2(3), pp.274-290.

Confucian discourses are relevant in this research because they provide one moral vocabulary through which these patriarchal family relations are interpreted. As Harrell has argued, the Chinese family system is marked by the interlocking features of patriliny, patriarchy, and patrimony. In Harrell' exploration of the structural characteristics of Chinese family systems. Within familial and marital relationships, clans enforce a gendered division of roles, characterised by the concepts of *nan wai nü nei* (men outside, women inside) and *nan zhu nü cong* (men lead, women follow). The phrase *nan wai nü nei* delineates a boundary between the genders, where men engage in public spheres such as governance, farming, and commerce, while women are confined to household responsibilities, including domestic chores, child-rearing, and filial duties.

The principle of *nan zhu nü cong* implies that women, as dependents within a patriarchal framework, are expected to obey and support men, adhering to the Confucian norms of *san cong si de* (three obediences and four virtues): "obey father before marriage, husband after marriage, and son in widowhood," along with standards of propriety, speech, appearance, and industriousness. Although gender preference exists globally, the emphasis on male descendants as lineage-bearers is especially pronounced in Confucian regions of East and Southeast Asia. In this moral context, the expectation that women should preserve family harmony and prioritise family wellbeing can make reproductive decision-making strongly relational. Women may formally possess the capacity to make decisions about abortion, yet those decisions are often shaped by what is considered responsible, acceptable or bearable within the family.

Despite the post-1949 dismantling of many clan institutions, clan-based gender norms persist via cultural transmission, shaping labour participation and reinforcing traditional gender values. Confucian marital ideals historically cast marriage as a functional union orientated to lineage; wives were incorporated into husbands' patrilines, facilitating bloodline continuity while excluding women from patrimonial inheritance, thus rendering them neither "heirs" nor "successors".

While modern family structures have allowed women to gain some degree of autonomy in reproductive choices, decision-making in this domain remains deeply embedded within familial and intergenerational dynamics. In families where patriarchal values persist, abortion decisions are frequently subject to external influence rather than being purely individual choices. Elders or other family members may intervene, often invoking "lineage continuation" or reinforcing preferences for male offspring as

justification.[110] [111] This suggests that even when women appear to exercise agency, their decisions are shaped by broader social and cultural pressures within the household.

The desire to continue the family line still gives male offspring particular symbolic and practical value in some families. Sons may be imagined as carriers of the family name, future providers of elder care, and participants in ancestral or clan continuity. Such expectations can influence abortion decisions directly, for example, where pressure to have a son shapes whether a pregnancy is continued or indirectly; where women assess the emotional, financial, and relational consequences of failing to meet family expectations. However, this thesis does not present women as passive recipients of patriarchal or Confucian norms. Rather, it examines how women negotiate, reinterpret, partially comply with, or quietly resist these expectations in everyday reproductive life.

In Hainan, these patriarchal and Confucian family ethics are localised through clan culture, gendered labour arrangements, rural-urban inequalities and the legacies of family planning policy. Hainanese women's reproductive decisions are shaped not only by national policy, but also by local expectations surrounding lineage, marriage, elder care, childcare and women's responsibility for household wellbeing. The significance of Confucianism in this thesis therefore lies not in explaining Hainanese culture as a whole, but in helping to identify one set of moral logics through which reproductive responsibility is attached to women's bodies.

Therefore, these ideas of filial piety, family continuity and respect for elders can shape how pregnancy, childbirth and abortion are evaluated within the household. Reproduction may be understood not only as a personal or conjugal matter, but also as a responsibility to parents, in-laws, ancestors, existing children and future descendants. In this moral context, the expectation that women should preserve family harmony and prioritise family wellbeing can make reproductive decision-making strongly relational. Women may formally possess the capacity to make decisions about abortion, yet those decisions are often shaped by what is considered responsible, acceptable or bearable within the family.

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[110] Das Gupta, M., Jiang, M., Li, B., Xie, Z. (2003). Why is son preference so persistent in East and South Asia? A cross-country study of China, India and the Republic of Korea. *Journal of Development Studies*, 40(2), pp.153-187..

[111] Zheng, Z. & Zhang, C. (2017). *生育意愿与生育行为：江苏的现实 [F ertility intention and f ertility b eh avior: T h e reality in Jiangsu] .* 北京: 社会科学文献出版社.

2.3. Personal Factors for Abortion

This section will review the literature to examine four subjective factors in women's personal choice to have an abortion. These include:

- the decision to abort by pregnant women faced with possible fetal health problems under China's fertility policy
- the lack of knowledge about contraception and women's perception of abortion as a means of contraception
- the inadequacy of China's PAC services, and the influence of family planning organisations that have restricted births in the past

Furthermore, the policy of 'voluntary' abortion by following government arrangements.

2.3.1. Possible Fetal Health Issues

Fetal health concerns represent an important factor in abortion decision-making in China. Within the context of the One-Child Policy, and continuing under subsequent family planning regimes, parents have often faced intense social and financial pressure to ensure that their only child is "healthy." As a result, pregnancies identified through prenatal screening as carrying a risk of genetic disorders or congenital impairments are more likely to be terminated. Such conditions commonly include chromosomal abnormalities and inherited metabolic disorders, which are perceived as imposing long-term medical and economic burdens on families.[112]

The rationale is frequently framed in economic terms. Families anticipate that raising a child with serious health problems entails not only direct costs of medical treatment, accommodation, and transport, but also indirect costs such as loss of income and the long-term care responsibilities of relatives. These anticipated burdens can weigh heavily on parental decision-making, particularly in households already experiencing financial strain.

At the same time, the expansion of prenatal testing and policy subsidies has facilitated the detection of a wider range of fetal conditions. While many of these conditions may not affect life expectancy or can be treated, families sometimes opt for termination regardless, reflecting the persistence of a cultural preference for ensuring that a limited number of births produce "healthy" offspring.[113] This dynamic illustrates how fetal health issues are understood not simply as medical concerns but as socio-economic and cultural questions, embedded within broader logics of reproductive governance and familial responsibility.

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[112]Song, Z. (2022). "山西省育龄妇女人工流产现状及影响因素分析" [Status and influencing factors of induced abortion among women of childbearing age in Shanxi Province]. *中国计划生育学杂志[China Family Plannin]g.* Vol 30. No.1.

[113]Wei, C. (2019). "地中海贫血产前筛查进展" [Progress in Prenatal Screening for Thalassemia. 世界最新医学信息文摘[*World Latest Medicine Information]*,19 (27) : 46,71. DOI:10. 19613 / j. Cnki. 1671-3141. 2019. 27. 022

It is worth noting that state-led initiatives such as free pre-pregnancy testing have shaped how fetal health concerns are managed. Although promoted as part of the national programme to reduce birth defects,[114] these measures have faced limitations. For example, the timing of state-subsidised tests often misses critical developmental periods, and screening for conditions such as thalassaemia remains incomplete, particularly for milder forms that can be mistaken for iron deficiency anaemia.[115] [116] As a result, the effectiveness of such programmes in preventing congenital disorders has been questioned.

Beyond technical limitations, the broader policy framework of yousheng (优生, often translated as "healthy birth"[117]) has reinforced the expectation that pregnancies identified as carrying fetal anomalies should be terminated. Scholars have argued that this discourse, embedded in both medical advice and family planning rhetoric, implicitly encourages abortion as a means of ensuring population "quality".[118] While framed as guidance, such interventions blur the boundary between medical recommendation and social pressure, and can leave women feeling compelled to terminate pregnancies even in cases where treatment might be possible. It is therefore important to emphasise, as Nuccetelli [119] notes, that decisions about pregnancy in the context of fetal anomalies must ultimately rest with women themselves, rather than being dictated by state or medical authority.

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[114]National Population and Family Planning Commission (National Population Development 2010 No. 31 document)

[115] Hu P, Yang, Y, et al. (2012). "广州市**黄埔区** 2153 对夫妇孕前检查结果分析" [Analysis of prepregnancy examination results of 2153 couples in Huangpu District, Guangzhou]. *中**国**基层卫生保健 [China Primary Health Care]*, 26 (5) :64

[116] Le J. (2008). *Obstetrics and gynecology*. Seventh edition, Beijing: People's Health Press, pp, 150-151.

[117] The term 'yousheng'优生 is one of the more frequently used terms in Chinese family planning and genetics. The original translation of eugenics, which for historical reasons has been associated with Hitler's infamous genocide, has caused international resentment. "Yousheng" should be translated into English as "healthybirth".

[118] Luo, X. (2020). "孕前优生健康管理对降低缺陷**儿**出生率的影**响**" [Impact of preconception eugenic health management on reducing the birth rate of defective children]. *临床**与**护理系统医学[Clinical and Nursing Systems Medicine]* May, Vol. 5, No. 10. DOI:10.19368/j.cnki.2096-1782.2020.10.190

[119] Nuccetelli, S. (2017). "Abortion for fetal defects: two current arguments", *Medicine, health care, and philosophy*, vol. 20, no. 3, pp. 447-450.

2.3.2. Abortion as a Measure of Contraceptive Failure

While fetal health concerns highlight how abortion can be framed as a preventive strategy within state and familial logics, another significant dimension of abortion in China arises from contraceptive failure. In this context, abortion often becomes a fallback method of fertility regulation, reflecting gaps in contraceptive knowledge, accessibility, and use.

Limited knowledge and inconsistent use of contraception contribute to contraceptive failure, often resulting in women's reluctance to continue with unplanned pregnancies. This section examines the relationship between contraceptive practices and abortion, paying particular attention to differences in the incidence of multiple abortions among married and unmarried women. Although unintended pregnancy and abortion following contraceptive failure carry significant health risks, empirical research on this topic remains scarce in the Chinese context. To address this gap, I draw selectively on studies from both developed and developing countries, using them to provide a comparative perspective and informed extrapolation.

Firstly, theoretical data indicate that the failure rates of short-acting contraceptive methods are significantly higher than those of long-acting methods. Trussell et al. [120] report failure rates of 0.4% for female sterilization, 0.15% for male sterilization, and 3% for intrauterine devices (IUDs), compared to around 12% for condoms. In practice, however, it is uncertain whether women are adequately informed when choosing contraceptive methods. A large-scale survey of 79,000 abortion clients across 296 hospitals in 30 provinces of China found that 44.4% of pregnancies resulted from the non-use of contraception.[121]

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[120] Trussell, J., Hatcher R. et al. (1990). Contraceptive Failure in the United States: An Update. *Studies in Family Planning* 51: 51-54**.**

[121] Zhang, W., Che, Y. (2017). *"中国流产后计划生育服务干预研究：EU 第七框架 INPAC 项目的设计与实施" [Intervention study of post-abortion family planning services in China: design and implementation of the EU Seventh Framework INPAC project]*. 中国人口出版社[Beijing: China Population Press]

Secondly, numerous studies demonstrate that unintended pregnancies due to contraceptive failure are widespread globally[122] and particularly prevalent in developing countries.[123] Bradley et al [124], using data from 20 Demographic and Health Surveys in developing countries, estimated that more than half of all abortions were linked to contraceptive failure. Their findings also revealed that women with limited access to family planning methods, or who were unable to switch methods after failure, were more likely to experience abortion.

Thirdly, studies from South Asia further illuminate these dynamics. Singh et al.[125], analysing contraceptive histories in Northern India, found that although failure rates were lower among women aged 25-34, the likelihood of abortion following contraceptive failure was exceptionally high in this group. Among married couples in particular, reliance on condoms created a false sense of security, with interruptions or misuse contributing to a higher probability of abortion after failure.

Zhang et al. [126] found that in northern India most contraceptive failures did not result in abortion but in unintended or mistimed births. Such failures negatively affected women's fertility intentions and behaviours. Analysis of abortion cases by users' background characteristics showed that women using modern reversible methods, including condoms, were less likely to experience unintended pregnancy

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[122] Shah, I., & Ahman, E. (2010). Unsafe abortion in 2008: global and regional levels and trends. *Reproductive Health Matters, 18*(36), 90-101. But there is a lack of data on East Asia.

[123] Data include Brazil, Emenia, Egypt, the Philippines, and countries in South America.

From: Cleland, J., & Ali, M. M. (2004). Reproductive consequences of contraceptive failure in 19 developing countries. *Obstetrics & Gynecology, 104*(2), 314-20.

[124] Armenia in 2005, Azerbaijan in 2006, Bangladesh in 2004, Colombia in 2010, Dominican Republic in 2002, Egypt in 2008, India in 2005-06, Indonesia in 2007, Jordan in 2007, Kenya in 2003 Malawi 2004, Moldova 2005, Morocco 2003-04, Peru 2004-08, Philippines 2003, Tanzania 2004-05, Turkey 2003, Ukraine 2007, Vietnam 2002 and Zimbabwe 2005-06

Form: Bradley, Sarah E.K., Trevor N. Croft, and Shea O. Rutstein. (2011). The Impact of Contraceptive Failure on Unintended Births and Induced Abortions: Estimates and Strategies for Reduction. *DHS Analytical Studies* No. 22. Calverton, Maryland, USA: ICF Macro.

[125] Singh, A., Mishra, R., Singh, K.K. & Verma, P. (2020), "Abortions followed by contraceptive failures in Northern India: an analysis of contraceptive histories (2009-2014)", *Genus*, vol. 76, no. 1, pp. 1-20.

[126] Zhang, F., Tsui, A. O., & Suchindran, C. M. (1999). *The determinants of contraceptive discontinuation in Northern India: a multilevel analysis of calendar data. Chapel Hill: MEASURE Evaluation*, Carolina Population Center, University of North Carolina at Chapel Hill.

compared to non-users, controlling for demographic, socio-economic, and regional differences. The likelihood of contraceptive failure leading to abortion was higher among women who already had one child, suggesting that abortion was often used as a means of avoiding additional births, particularly in urban areas. These findings are instructive for the Chinese context, where abortion following contraceptive failure similarly functions as a strategy for married couples to prevent unwanted second or third births.

Research on abortion in China indicates that when married women do not use effective contraception, the reasons extend beyond individual knowledge gaps. Limited understanding of contraceptive methods, concerns about potential side effects for women or infants (particularly during breastfeeding), and opposition from husbands are all common factors.[127] Sexuality has long been a sensitive topic in China, with sex education in families and schools remaining partial or semi-public, leaving many young people and women of childbearing age with restricted access to accurate information. Online resources further provide uneven quality, which compounds these limitations and constrains women's ability to make informed reproductive choices. At the same time, gendered power relations within marriage shape women's contraceptive options. In patriarchal family contexts, husbands may resist the use of long-acting methods such as IUDs or sterilization, while placing responsibility for contraception on their wives. This unequal distribution of responsibility often leads to reliance on short-acting methods such as condoms, withdrawal, or periodic abstinence, the methods more prone to failure.[128] Despite a relatively low national rate of unmet need for contraception - 2.3% according to the 2006 China Survey[129]- women who fall into this category remain at high risk of unintended pregnancy and abortion, illustrating how structural, cultural, and relational factors converge to shape contraceptive failure.

Moreover, the dynamics of negotiation within marriage often limit women's ability to exercise autonomous reproductive choices. For example, some women report that insisting on contraception is

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[127]Zou, Y. (2018). "中国避孕方法结构演变研究：2010-2016 年" [Evolution of Contraception Mix in China,2010-2016]. *人口研究[Population studies]* (5): 3 -16 .

[128] Hai, H., Zhu, X. , Zhou, B., et al. (2018). "育龄妇女复发性流产影响因素分析" [Analysis of factors influencing recurrent abortion among women of childbearing age]. *预防医学[Preventive Medicine Preventive Medicine]*,30(3):311-312,316

[129] United Nations. (2011). World contraceptive use 2011. Department of economic and social affairs, *population division.* New York： United Nations

perceived as challenging their husband's authority or sexual entitlement.[130] In other cases, reliance on condoms creates a false sense of security: interruptions, improper use, or partner resistance to consistent use contribute significantly to contraceptive failure.[131] These patterns illustrate that abortion in the wake of contraceptive failure is not only a matter of inadequate knowledge or technology, but also a reflection of entrenched gender hierarchies within marriage.[132] In this sense, contraceptive failure can be understood as the outcome of both structural constraints and intimate negotiations, highlighting the intersection of family power and reproductive health.

Taken together, these studies highlight how abortion in the context of contraceptive failure reflects both structural gaps in contraceptive provision and socio-cultural barriers to effective use. For married women in China, and particularly in Hainan, these factors intersect with local family norms and state fertility policies. Limited contraceptive knowledge, gendered power relations within marriage, and anxieties about side effects often lead to inconsistent contraceptive use, with abortion becoming a de facto means of fertility regulation. In this way, abortion following contraceptive failure illustrates how reproductive decisions are negotiated under conditions where structural constraints, family authority, and women's situated agency converge.

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[130] Blanc, A. K. (2001). "The effect of power in sexual relationships on sexual and reproductive health: an examination of the evidence." *Studies in Family Planning*, 32(3), 189-213.

[131] Trussell, J. (2011). "Contraceptive failure in the United States." *Contraception*, 83(5), 397-404.

[132] Qian, X., Tang, S., & Garner, P. (2004). "Unintended pregnancy and induced abortion in China: a systematic review." *Studies in Family Planning*, 35(3), 117-126.

2.3.3. Lack of Quality Post-Abortion Care (PAC) Counselling

Building on the discussion of contraceptive failure, another important factor shaping abortion in China is the lack of high-quality post-abortion care (PAC) counselling. Wang et al[133], argue that inadequate PAC services contribute to more than one abortion, as women often lack consistent follow-up care and contraceptive guidance. Empirical studies further demonstrate that effective PAC interventions can mitigate these risks. Jin and Liu[134] found that PAC helped reduce negative emotions after abortion, improved contraceptive uptake, and promoted women's reproductive health. Similarly, Guo[135] reported that PAC programs increased women's knowledge and awareness of contraception, with effectiveness closely linked to women's literacy levels.

However, questions remain regarding the quality and availability of PAC in China. While PAC is framed as providing women with "informed choice," the extent to which women can exercise autonomy is limited. Structural constraints, the influence of medical professionals, and the legacy of family planning policies all shape the options available to women. For instance, Lu[136] observes that both women and healthcare providers often view abortion as a pragmatic solution to pregnancies that do not comply with family planning regulations, with some literature even suggesting that fetuses with impairments are assigned relatively low social value. Such perspectives highlight the tension between medical guidance and women's autonomous decision-making.

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[133] Wang, H., Liu, Y. & Xiong, R. (2020). Factors associated with seeking post-abortion care among women in Guangzhou, China, *BMC women's health,* vol. 20, no. 1, pp. 1-120.

[134]Jin, M., Liu, Y. (2016). "流产后**关**怀服务对妇女术后避孕有效性的影**响**" [The impact of post-abortion care services on women's effective contraception after abortion]. *中**国**计划生育**学**杂志*[*Chinese Journal of Family Planning]* 24(3):201-203

[135] Guo, X. (2019). "流产后**关**怀服务对降低再次流产率的影**响研**究" [Study on the impact of post-abortion care services on reducing recurrent abortion rate]. *现代诊断与治疗[Modern diagnosis and treatment]*,30(08):1378-1380

[136] Lu, Z. (2021). "人工流产伦理影**响**因素**研**究" [Study on the Ethical Influencing Factors of Induced Abortion]. 遵义医科大**学**[*Zunyi Medical University]*

Institutional barriers also constrain PAC implementation. Providing counselling requires coordination between hospitals and government agencies, additional staff time, and specialised training. Yan et al.[137] note that each consultation extends physicians' workload by 5-10 minutes, with over 70% of professionals reporting that PAC becomes unsustainable if they see more than 16 patients per day. Financial challenges compound these pressures. Few hospitals charge for PAC services, and the absence of clear evaluation metrics or sustainable funding limits the incentive for health professionals to prioritise PAC, despite evidence that many patients would be willing to pay for it.

Overall, PAC services play an important role in shaping women's reproductive choices, yet their inconsistent quality and accessibility undermine their effectiveness. While better counselling can reduce the likelihood of more than one abortion, the current system risks reproducing structural pressures and normalising abortion as a default strategy rather than supporting informed reproductive autonomy. These limitations reveal how women's abortion decisions are mediated not only by medical institutions but also by broader structures of power. This makes it necessary to turn, in the next section, to the role of family power dynamics in shaping women's reproductive negotiations.

In summary, the three dimensions discussed in 2.3 section (fetal health concerns, contraceptive failure, and the quality of post-abortion care) illustrate how abortion decisions in China cannot be reduced to matters of individual choice. Rather, they are embedded in systemic arrangements of governance and healthcare provision. The emphasis on yousheng (healthy birth) in prenatal screening, the reliance on abortion as a fallback to contraceptive failure, and the uneven quality of PAC services all point to the ways in which the state and medical institutions shape reproductive pathways. PAC in particular highlights how abortion is not only a medical issue but also a structural one: it reflects the limited resources, institutional incentives, and normative frameworks of the Chinese healthcare system. These systemic constraints, however, are only part of the picture. Abortion decisions are also profoundly mediated by family authority, gendered expectations, and intimate relationships. The next section therefore turns to the dynamics of family power, examining how negotiations within marriage and kinship networks further shape women's reproductive experiences.

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[137] Yan, L., Weng, Y. et al. (2011), "医院改进型流产后服务模式的效果研究" [Effect of improved post-abortion service model in hospital]. *生物医学工程学杂志[Journal of Biomedical Engineering]*, 31(6):380-384.

2.4. Family Power Dynamics in Abortion Decisions

At the family level, studies on the influence of family members on women's fertility intentions in Asian country studies help understand family factors in the decision to have an abortion in China. A study in Korea[138] demonstrated the impact of "paternal involvement" on women's fertility intentions. Park et al. propose that a husband's involvement in family work, including childcare and sharing household chores, is associated with women's future fertility intentions and that "paternal involvement" can enhance women's future fertility intentions. Studies in Thailand[139] have also shown that whether couples live with their parents after marriage affects fertility decisions and fertility.

Therefore, the first part of this section will focus on women at a disadvantage in gender relations, enabling them to take independent control of contraception. It also looks at how Chinese law and practice protect the rights of all parties in the face of conflicting reproductive rights of women and partners in abortion decisions. The second part will concentrate on the intergenerational nature of fertility behaviour resulting from traditional Chinese family generations.

Against this backdrop, the Chinese case warrants closer examination. While son preference is deeply rooted in both contexts, in China it has been uniquely shaped by the One-Child Policy, rural-urban inequalities, and the family's pivotal role in regulating women's reproductive autonomy. The following section therefore examines how son preference interacts with family power dynamics in China, influencing not only sex-selective abortion but also broader patterns of women's social status, fertility intentions, and intergenerational expectations.

2.4.1. Son Preference, Women's Social Status, and Reproductive Autonomy

This section examines how women's social status intersects with reproductive decision-making, particularly in the context of son preference in rural China. Women's educational attainment, socio-

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[138] Sang-Mi Park, Sung-IL Cho,Man-Kyu Choi. (2010). The effect of paternal investment on female fertility intention in South Korea, *Evolution and Human Behavior*. Vol34

[139] Balbo,N.Billari,F.C. & Mills, H. (2013). Fertility in advanced societies: A review of research. *European Journal of Population.* Vol29

economic background, and gendered expectations within families all influence the decision to abort. Under the One-Child Policy, the rising costs of childrearing and large-scale rural-to-urban migration did not diminish the persistence of son preference; instead, sex-selective abortion often became the mechanism through which families sought to ensure the birth of a son.

Son preference is a well-documented feature of reproductive behaviour across Asia and beyond. Studies have consistently shown a strong correlation between son preference and systematic discrimination against women.[140] In countries with lower gender equality, where elective abortion is legally restricted or costly and contraceptive use is limited, women frequently continue bearing children until the desired number of sons is reached, contributing to higher fertility rates and skewed sex ratios.[141]

Son preference is closely tied to women's social status and operates as both a cause and consequence of gender inequality. Empirical studies outside China remain limited, but survey data from India illustrate the complex interplay between patriarchy, women's status, and gender preferences. Malhotra, Vanneman and Kishor[142] show that educational disparities, skewed sex ratios, and low female labour force participation sustain a strong preference for sons. In turn, son preference exacerbates female disadvantage by reinforcing practices such as child marriage and restrictions on girls' access to education and

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[140] Goodkind D. (1995). Rising Gender Inequality in Vietnam Since Reunification. *Pacific Affairs*，68（3）：342-359.

Kabeer N. (2010)，Gender Equality and Women's Empowerment：A Critical Analysis of the Third Millennium Development Goal. *Gender & Development*，13（1）：13-24.

Lee M L. (2010). Transition to Below Replacement Fertility and Policy Response in Taiwan. *The Japanese Journal of Population*，9（1）：1-43.

Shoaib M，Saeed Y，Cheema S N. (2012)，Education and Women's Empowerment at Household Level：A Case Study of Women in Rural Chiniot，Pakistan. *Academic Research International*，2（1）：519-526.

[141] Bélanger, D，Liu, J., Le, T,，et al. (2003). Are Sex Ratios at Birth Increasing in Vietnam?. *Population*.58（2）：231-250.

[142] Malhotra, A., Vanneman, R., Kishor, S. (1995). Dimensions of Patriarchy，and Development in India. *Population & Development Review*，21（2）：281-305.

resources. Yet, as women's social status increases, son preference declines, contributing to improved gender equality within households.

Building on this, comparative census data from India provide further insights. Using data from the 1991 and 2001 Indian censuses, Mukherjee[143] finds that women's participation in the workforce significantly increased girls' birth and survival rates, while rising female literacy did not correspond to higher female births. Mukherjee explains this paradox by pointing to two factors: first, limited employment opportunities for highly educated women due to persistent prejudices against female work; and second, the cumulative effect of socio-economic discrimination, whereby even as education levels rise, girls continue to face disadvantage both at birth and throughout their lives.

Similar dynamics are evident in China. Li [144] found that women with low educational attainment were more likely to desire sons as a means of improving their social standing. Research in rural southwest China reported that 85% of respondents expressed a preference for at least one son; measures of decision-making power, household autonomy, and spousal cooperation showed a statistically significant negative correlation between women's social status and son preference.[145] These findings underscore that gender inequality within the household not only reflects but also reproduces strong son preference.

Comparative studies from Southeast Asia suggest that women's empowerment is associated with a reduction in son preference, although the effect depends on how empowerment is measured. Phan[146] found that women's participation in household decision-making significantly reduced son preference, whereas female labour force participation and educational attainment were not independently significant.

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[143] Li, L. (1995). Son Preference，Woman's Status，and"Out-Of-Plan"Fertility in China. *Social Development Issue*s，17（1）：74-86. behavior

[144] *ibid*

[145] Li, J.，Lavely W. (2003). Village Context，Women's Status，and Son Preference among Rural Chinese Women. *Rural Sociology*，68（1）：87-106

[146] Phan, L. (2015). How Does Women's Empowerment Affect Fertility Preference? A Cross-Country Study of Southeast Asia. *Refereed Proceedings of TASA 2015 Conference*，84.

These findings resonate with earlier feminist and development scholarship which argued that rising levels of female empowerment are closely linked to broader processes of economic development.[147]

Together, these studies demonstrate that son preference is not simply a cultural residue of patriarchy, but a dynamic phenomenon shaped by women's education, economic opportunities, and bargaining power within families. In contexts where women's social status is low, son preference remains a key factor driving sex-selective abortion and unequal reproductive autonomy.

In China, there is limited evidence to suggest statistically significant differences in sex-selective abortion across women with different levels of education. One explanation may be that sex education is insufficient at all educational levels, making it difficult to evaluate abortion decisions solely in terms of educational attainment. Nonetheless, fertility expectations and cultural norms about the "right time" to have children vary among women of different educational backgrounds. Residual values within rural and urban family contexts further shape how women negotiate reproductive decisions.

On the one hand, women with higher levels of education or employment in urban areas often have greater access to contraceptive information and are more likely to adopt non-permanent methods.[148] However, reliance on short-term methods is associated with a higher risk of contraceptive failure and subsequent abortion, a pattern observed not only in China but also in other contexts such as Brazil.[149] The effectiveness of short-term methods depends heavily on users' consistent self-discipline, which increases the probability of unintended pregnancy.

On the other hand, women with higher levels of education often delay marriage and childbearing while completing their studies and establishing careers.[150] For these women, unintended pregnancies are more likely to conflict with life-cycle aspirations, including entry into the labour market and financial

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[147] Boserup, E. et al. 2013. *Woman's Role in Economic Development.* London：Routledge，65-175.

[148] Guo, . et al. (2012). "中国 5 城市流动育龄妇女人工流产影响因素研究" [Study on the risk factors of induced abortion among floating women of childbearing age in 5 cities of China]. *中华流行病学杂志 [Chinese Journal of Epidemiology*] 33: 1238-1242.

[149] Rozenberg, R, da Silva KS, Bonan, C, Ramos, E. (2013). Contraceptive practices of Brazilian adolescents: Social vulnerability in question. *Cien Saude Colet* ; 18: 3645-3652.

[150] Gunawan. (2004).*Underlying factors determining unsafe induced abortion among rural women in east Java, Indonesia* (Dissertation). Bangkok: Mahidol University,

independence. Studies in Nigeria also show that more educated women report higher rates of unintended pregnancy and are more likely to terminate such pregnancies through abortion.[151] These findings suggest that while higher education does not necessarily reduce the incidence of abortion, it reshapes women's reproductive intentions and the circumstances under which abortion becomes a preferred option.

Comparative evidence from India further illustrates the complex relationship between women's social status and abortion behaviour. Using literacy and standard of living as indicators, Bose and Trent[152] found that women with higher social status were more likely to report having had an abortion. Yet their study also revealed strong regional differences: in northern India, son preference was positively associated with abortion, while lower female occupational status reduced the likelihood of abortion. In southern India, by contrast, these factors were not significant, a difference attributed to higher levels of female autonomy and education.

Agrawal [153] analysed women's social status across three dimensions, as decision-making authority, economic independence, and migration status, and similarly found that social background, family size preferences, and son preference shaped abortion behaviour. Women with higher social status, particularly in urban areas, reported higher rates of abortion, a pattern linked to greater access to abortion services and broader exposure to media and external influences. In contrast, rural women, with more limited access to services, were less likely to seek abortion even when fertility preferences were unmet. Agrawal also noted that families whose first child was a girl were more likely to seek abortion for subsequent pregnancies compared to families whose first child was a boy, reflecting the entrenched role of son preference in shaping reproductive behaviour.

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[151] Sedgh, G., Bankole, A., Oye-Adeniran, B., Adewole, IF., Singh, S., Hussain, R.. (2006). Unwanted pregnancy and associated factors among Nigerian women. *Int Fam Plan Perspect* ; 32: 175-184

[152] Bose, S., Trent, K. (2006). Socio-Demographic Determinants of Abortion in India：A North-South Comparison. *Journal of Biosocial Science*，38（2）：261-282

[153] Agrawal, S. (2012). The Socio Cultural Context of Family Size Preference，Ideal Sex Composition，and Induced Abortion in India：Findings from India's National Family Health Surveys. *Health Care for Women International*，33（11）：986-1019.

Beyond socio-economic status, other aspects of women's lived experience also affect abortion decisions. Lee-Rife [154], for example, used the experience of domestic violence as a proxy for female social status and found a significant positive correlation between the two: women who had experienced violence were more likely to report an abortion, even after controlling for broader social and environmental factors. These findings underline that women's reproductive decisions are shaped not only by their socio-economic position but also by gendered power relations within households and communities.

To summarise, evidence from India shows that women with lower levels of education are more likely to resort to sex-selective abortion, while women with higher social status may use abortion as a means of managing fertility within their desired family size, where the influence of gender preference becomes less pronounced in cases of unintended pregnancy. The association between educational attainment, social status, and abortion differs in important ways between India and China, shaped by the distinctive institutional context of the One-Child Policy. In India, poor rural women often continue childbearing until they achieve the preferred number of sons, whereas in China, women may resort to abortion in order to secure a son within the restricted quota of births permitted under state policy.

A similar situation has been reported in rural China. The impact of regional variations in the implementation of the One-Child Policy over the past three decades has significantly shaped women's abortion experiences. Li, Wei and Feldman[155], drawing on data from the 2001 National Reproductive Health Survey, found that sex-selective abortion was common in rural areas, primarily as a means of achieving son preference. The stronger the preference for sons, the higher the abortion rate. Among women with two children, those whose first child was a girl were 40.2% more likely to have had an abortion in their subsequent pregnancy than those whose first child was a boy. In the 1980s and 1990s, women of higher social status were also more likely to report abortions, a pattern Li attributes to greater access to knowledge of contraception and reproductive health, which made abortion a more feasible reproductive strategy.

The choice of contraceptive method further reflects how gendered power relations structure reproductive decisions. Traditional Chinese views of the body often assume a hierarchy that privileges men over

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[154] Lee-Rife, S. (2010). Women's Empowerment and Reproductive Experiences over the Lifecourse. *Social Science & Medicine*，71（3）：634-642.

[155] Li, S., Wei, Y., Feldman, M. (2015). Son Preference and Induced Abortion in Rural China：Findings From the 2001. *National Reproductive Health Survey*

women.[156] These ideas have remained particularly persistent in rural areas, where many men refuse to use contraception, especially sterilisation, on the grounds that contraception is a woman's responsibility. This gendered hierarchy has been reinforced by state family planning programmes that prioritised contraceptive pills and IUDs for women. While contraception was formally promoted as a means of regulating fertility under state policy, women were not necessarily empowered to gain full control over their bodies through these measures.

In sum, existing studies from India, Southeast Asia, and China consistently demonstrate that women's social status, measured through education, labour participation, decision-making power, or exposure to gendered violence, intersects with son preference to shape abortion decisions. While these studies provide important comparative insights, discussions of how women's social status interacts with broader socio-cultural and familial factors remain limited. Building on this gap, the following section shifts the focus to household-level dynamics, examining how family culture and kinship expectations further influence women's reproductive choices in China.

2.4.2. Spousal Power, Legal Rights, and Reproductive Decision-Making

Ideally, both men and women should be jointly responsible for making decisions about contraception and abortion within their relationships.[157] In reality, however, decision-making power is often unevenly distributed between partners, with varied patterns of authority within, outside, or prior to marriage. This imbalance has profound implications for women's reproductive autonomy and manifests in several ways.

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[156] Chia-ling, W. (2002). gender stigma and sexualized stigma: an analysis of infertile men and women in Taiwan, *Journal of Taiwan Social Science* 29:127-179

[157] Che, Y., Dusabe-Richards, E., Wu, S., Jiang, Y., Dong, X., Li, J., Zhang, W., Temmerman, M., Tolhurst, R. & INPAC group (2017). "A qualitative exploration of perceptions and experiences of contraceptive use, abortion and post-abortion family planning services (PAFP) in three provinces in China", *BMC women's health*, vol. 17, no. 1, pp. 113-113.

First, evidence suggests that low gender power is a significant risk factor for more than one abortion, a finding consistent with gender power theory. According to Wingood and DiClemente[158], women with low relational power are more likely to experience negative health outcomes, including unintended pregnancies and abortion. Although gender divisions of labour and the boundaries between the public and private spheres have shifted as society has modernised, the underlying patriarchal mentality has not fundamentally changed. Women may have greater flexibility in their career choices, but the social system of measuring women's value continues to be grounded in outdated norms. Within families, the same applies to the gendered division of labour, as many women either choose, or are expected, to prioritise roles as wives and mothers, providing unpaid care and household work while neglecting socio-professional opportunities.

Femininity also remains strongly associated with family relationships through the discourse of gender essentialism, which continues to limit women's participation in productive and social spaces.[159] This expectation of women as "angels in the family" has confined them to domestic responsibilities and kept them out of mainstream social and economic arenas. Feminist scholars have conceptualised this as the "separation of the public and private spheres," tracing its roots to the Industrial Revolution, when men increasingly engaged in paid labour outside the home while women were confined to unpaid reproductive and care work. This division has perpetuated the uneven development of gender equality across the public and private domains.[160]

Given that gender power operates as a broad social determinant, it is not always easy to design specific interventions. Nevertheless, current research has sought to specify power in more operational terms. Wingood and DiClemente, for example, defined gender power as a woman's ability to negotiate and communicate with a male partner about contraception, while DePadilla et al.[161] identified the capacity to assert oneself and refuse a husband's demands as key dimensions of reproductive agency. In China, these

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[158] Wingood GM, Scd, DiClemente RJ. (2000). Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women. *Health Educ Behav*, 27(5): 539-565.

[159] Meng, B., & Huang, Y. (2017). Patriarchal Capitalism with Chinese Characteristics: Gendered Discourse of 'Double Eleven'shopping Festival. *Cultural Studies*, 31(5), 659-684.

[160] Ji, Y., Wu, X., Sun, S., & He, G. (2017). Unequal Care, Unequal Work: Toward a more Comprehensive Understanding of Gender Inequality in Post-Reform Urban China. *Sex Roles*, 77(11-12), 765-778

[161] DePadilla L, Windle M, Wingood G, et al. (2011). Condom use among young women: modeling the theory of gender and power. *Health Psychol*, 30(3): 310-319

dynamics intersect with Confucian understandings of gender roles, in which women are expected to serve and care for men as well as to produce and raise children. This cultural logic reinforces the belief that marriage is the cornerstone of social stability).[162] Che et al.'s qualitative study across three Chinese provinces found that many married women considered themselves more responsible for contraception, often taking on this responsibility both after discussions with their partners and independently.

In addition to cultural and relational dimensions, psychological studies have highlighted the importance of partner support in abortion outcomes. Research by Major et al. and Shusterman[163] shows that women who receive support from their male partners in abortion decisions adjust significantly better to the experience in the short term. Applying this insight to China, however, remains difficult, as the literature provides limited evidence of such support. More broadly, gender power is only one factor shaping abortion outcomes. Compliance with gender norms and the degree of emotional attachment to partners are also crucial variables in shaping how women experience abortion and reproductive decision-making.

At the same time, legal structures further condition the extent of spousal power in reproductive decision-making. In current Chinese judicial practice, specialised provisions such as Article 32 of the Supreme People's Court's[164] Interpretation (I) on the Application of the Marriage and Family Part of the Civil Code grant women unilateral rights to terminate pregnancies, without affording husbands grounds to claim damages. Article 9 of the Interpretation of the Marriage Law (III) similarly states that a husband has no right to seek damages on the grounds that his wife's termination of pregnancy violated his reproductive rights. In effect, these provisions establish an exclusive recognition of the wife's right to decide on reproduction after pregnancy, while ignoring the legal basis for the husband's reproductive claims and failing to distinguish between different circumstances. This "monopoly" of reproductive rights

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[162] Fincher, L. H., & French, P. (2016). Leftover Women: The Resurgence of Gender Inequality in China. *Zed Books.*

[163] Major, B., Cozzarelli, C., Sciacchitano, A., et al. (1990). Perceived social support, self-efficacy, and adjustment to abortion. *Pers Soc Psychol* 59: 452-63

Shusterman, L. (1979). Predicting the psychological consequences of abortion. *Psychol Med Sociol* 13A: 683-9.

[164] Zhu, X. & Xu, G. (2010). "民法中生育权的表象**与**本质, , 对中**国**司法实践案例的解**构**性**研**究" [The appearance and essence of reproductive rights in civil law - a deconstructive study of judicial practice cases in China], *法**学研**究[Jurisprudence Research]*, Vol. 5, No. 5, p. 73

in favour of women has been criticised by some legal scholars as a limitation in addressing the complexities of marital reproductive disputes.

Conflicts over maternity rights, such as cases in which wives terminate pregnancies without their husbands' consent, or husbands force their wives to undergo abortions, account for the majority of judicial disputes in this area (Zhu & Xu 2010). Although Chinese law does not explicitly define the content of spousal reproductive rights, it is clear in practice that a wife's unilateral decision to terminate a pregnancy does not violate her husband's reproductive rights. Courts often consider the reasons for abortion, such as a woman's interest in maintaining her figure, advancing her career, or alleviating the family's financial burden, as reasonable and legally valid. Similarly, if husbands prefer to delay childbearing due to financial constraints, such considerations are also deemed legitimate. Article 9 of the Interpretation of Certain Issues Concerning the Application of the Marriage Law (III)[165] states explicitly: "Where a husband requests compensation for damages on the grounds that his wife's unauthorised termination of pregnancy violates his reproductive rights, the people's court shall not support it."

Empirical research further illustrates how the judiciary interprets reproductive rights. Zhang[166], in an analysis of 543 adjudication documents, found that men, employers, and the state were the primary subjects implicated in violating women's reproductive rights. Courts tended to protect women's rights when these conflicted with those of men or employers, but prioritised state interests when women's rights clashed with those of the state or society. Scholars argue that this reliance on declaratory legal principles, rather than substantive protection, leaves insufficient grounds for judicial resolution of conflicts over maternity rights.

The legal framing of reproductive rights within marriage conceptualises procreation as a joint endeavour, absorbed by the marital relationship. Consequently, the separate and complete reproductive rights of

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[165] Article 9 of the Interpretation of Certain Issues Concerning the Application of the *Marriage Law of the People's Republic of China (III)*, issued on 4 July 2011, provides that "Where a husband requests compensation for damages on the grounds that his wife's unauthorised termination of pregnancy violates his reproductive rights, the people's court shall not support it.

[166] Zhang H. 2018. "女性生育权司法保护状况检视, , 基于 543 份裁判文书的实证分析" [An examination of the judicial protection status of women's reproductive rights - an empirical analysis based on 543 published adjudication documents], *西南政法大学学报[Journal of Southwest University of Political Science and Law]*. Vol. 5, pp. 49-50

wives and husbands are conceded by virtue of marriage, creating what Zheng[167] calls a "community of interests" in which only one shared reproductive right exists. The fulfilment of one party's reproductive intentions therefore depends upon the cooperation of the other. This dynamic means that while the marital relationship provides a legal framework for reproduction, it simultaneously restricts individual autonomy. As Chen[168] notes, when husbands and wives disagree on reproductive choices, both parties face limited avenues for legal redress, as disputes can only be pursued indirectly through divorce, personality rights, or maintenance claims.

In summation, spousal reproductive decision-making in China is shaped by the interplay of gender power imbalances, cultural expectations, and legal structures. Women carry disproportionate responsibility for contraception and abortion, shaped by patriarchal norms and reinforced by Confucian gender roles. Although legal provisions grant women unilateral rights to terminate pregnancies, these protections remain uneven and often subordinated to state interests. This reveals how reproductive autonomy within marriage is constrained by the overlapping forces of family power, cultural values, and institutional frameworks.

2.4.3. Intergenerational Influences on Abortion Choices

International studies have long shown that fertility behaviour is strongly intergenerational. Research in Europe and the United States indicates a significant positive correlation between the number of siblings

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[167] Zheng, Z. (2017). *"新形势下生育意愿的研究框架：基于家庭与性别的视角"*[*The Research Framework of Fertility Intention in the New Situation: From Perspective of Family and Gender Institute of Population and Labor Economics].* 中国社会科学院人口与劳动经济研究所[Chinese Academy of Social Sciences: Beijing]

[168] Chen,Y. (2021). "夫妻孕产权益冲突的应对研究" [A Study of Responses to Conflicts over Maternity Rights of Couples]. *中国社会科学院研究生院学报[Journal of Graduate School of Chinese Academy of Social Science*s] Vol 241

one has and subsequent fertility outcomes in adulthood.[169] [170] Families with more children tend to produce offspring who also pursue larger families. These findings have been theorised through socialisation theory, which views the family of origin as the primary site where values, including those relating to family size and fertility, are transmitted by parents to children.[171] Behavioural perspectives similarly argue that children learn and imitate parental reproductive behaviour through observation.[172]

Cross-national comparisons further demonstrate variation in the strength of these intergenerational correlations. In countries with strong family ties, such as Italy, Spain, and Hungary, intergenerational continuities in childbearing are particularly robust. By contrast, in Nordic countries with weaker family ties, correlations are substantially lower.[173] This highlights how cultural norms and family structures mediate the extent of intergenerational influence.

In contrast to Western contexts, where young adults typically leave the parental home and establish independent households, Confucian traditions in China reinforce strong intergenerational ties. The influence of parents on their children is not confined to childhood but persists well into adulthood, extending even after marriage and the establishment of new families.[174] As a result, the intergenerational transmission of fertility norms in China is both more substantial and more enduring than in many Western

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[169] Hu, G. (2014). *"中国的计划生育政策与西村妇女：1950-1980"* [*Family Planning Policy and Rural Women in China - Historical Changes in Xi cun, Hunan Province(1950-1980)]. 中国社会科学出版社 [*Beijing: Chinese Social Sciences]

Booth, A. L., Kee, H. J., (2009). Intergenerational Transmission of Fertility Patterns. *Oxford Bulletin of Economics and Statistics.* 71 (2): 83-208.

[170] Dahlberg, J. (2013). Family influence in fertility: A longitudinal Analysis of Sibling Correlations in First Birth Risk and Completed Fertility among Swedish Men and Women. *Demographic Research.* 29： 233-246

[171] Min, J., Silverstein, M., Lendon, J. P. (2012). Intergenerational Transmission of Values over the Family Life Course. *Advances in Life Course Research.* 17 (3) pp, 112-120.

[172] Bian, F. Logan, J. Bian, Y. (1998). Intergenerational Relations in Urban China: Proximity, Contact, and Help to Parents. *Demography.* 35(1): 115-124.

[173] Murphy, M. (2013). Cross-National Patterns of Intergenerational Continuities in Childbearing in Developed Countries. *Biodemography and Social Biology.* 59 (2): 101-126.

[174] Whyte, M.K. (2003). China's Revolutions and Intergenerational Relations. *Annals of the American Academy of Political and Social Science*, 607(1), 136-156

societies. Fertility attitudes among younger generations are thus profoundly shaped by the reproductive behaviour and expectations of their parents.

This dynamic has been amplified by over three decades of the One-Child Policy, which produced a large cohort of only children whose fertility preferences diverge from those raised in larger families. Growing up in single-child households has often fostered lower fertility preferences, partly due to the direct transmission of parental norms, and partly due to the enhanced human capital and socio-economic advantages of only children compared to their peers.[175] At the same time, elders continue to play an active role in shaping the reproductive decisions of younger couples. Expressions of parental expectations, combined with material or childcare support, are critical factors in fertility decision-making. For example, the Jiangsu Fertility Intentions and Behaviour Survey reported that 26.4% of respondents intending to have a second child cited "meeting the wishes of elders" as a primary reason for doing so.[176]

Scholarship on Chinese kinship highlights that women's reproductive choices are profoundly embedded in patriarchal family structures, yet women also exercise forms of agency within these constraints. In her classic study of rural Taiwan, Wolf[177] developed the concept of the "uterine family" to capture how women-built networks of solidarity with their children as a subtle strategy of survival and negotiation within male-dominated households. Although women had limited authority in the formal patriarchal system, they could mobilise maternal roles and relationships to exert influence over reproductive and household decisions. Wolf's framework reversed the earlier androcentric bias in studies of Chinese family systems, placing women's experiences at the centre of kinship analysis.

More recent fieldwork confirms that women's ability to navigate reproductive decisions within patriarchal contexts often depends on the support of their natal families and the autonomy of their

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[175] Xia, Y. & Su, J. (2016). "独生子女政策对人力资本水平的影响研究, , 基于 2005 年 1%人口抽样调查微观数据的实证研究" [Research on the impact of the one-child policy on the level of human capital: an empirical study based on micro data from the 2005 1% population sample survey], *南方人口*[*Southern Population]*, No. 6,

[176] Zheng, Z., Zhang, C., (2017). *"生育意愿与生育行为：江苏的现实" [Fertility intention and fertility behavior: The reality in Jiangsu]*. 社会科学文献出版社[Beijing: Social Science Literature Publishing House]

[177] Wolf, M. (1972).*Women and the family in rural Taiwan*, Stanford University press

marriages. Hu's[178] ethnographic study of a village in Hunan during the family planning era illustrates these dynamics. In one case, a woman who held a position in the women's union chose to undergo abortion and sterilisation despite strong opposition from her husband and in-laws, who demanded that she bear a son. Unlike many rural women constrained by marital and familial pressures, her capacity to resist derived not only from her relatively autonomous relationship with her husband but also from the backing of her natal family. Such cases underscore that while patriarchal structures, through clan authority and parental expectations, exert powerful constraints, women's agency is not absent. Instead, it is negotiated through intergenerational ties, maternal networks, and strategic alliances within and beyond the household.

Cross-national evidence further highlights the distinctive role of intergenerational influence in China compared with Western contexts. Studies in Sweden and the United States suggest that parental or kinship expectations play little direct role in women's abortion decisions. Finer's analysis of primary interview data found that women's choices to terminate pregnancies were largely individual, shaped primarily by economic pressures, relationship instability, and lack of partner support. Fewer than 1% of respondents reported being influenced by peers or parents as a primary factor. Similarly, Larsson's[179] survey of Swedish women seeking early termination identified financial concerns, educational and career priorities, and the perceived inopportune timing of pregnancy as the dominant reasons for abortion, while parental influence was negligible. Broen et al.[180], in a two-year prospective follow-up study, reinforced these findings, reporting that the least cited reason for abortion was "pressure from a male partner," ranked only eleventh among influencing factors. However, when considered in regression analyses, partner pressure was found to have a significant negative impact on women's psychological well-being post-abortion.

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[178] Hu, G. (2014). *"中国的计划生育政策与西村妇女：1950-1980"* [*Family Planning Policy and Rural Women in China - Historical Changes in Xi cun, Hunan Province(1950-1980)]. 中国社会科学出版社 [*Beijing: Chinese Social Sciences]

[179] Larsson, M., Aneblom, G., Odlind, V., Tyden, T. (2002). Reasons for pregnancy termination, contraceptive habits and contraceptive failure among Swedish women requesting an early pregnancy termination. *Acta Obstet Gynecol Scand* 81:64-71

[180] Broen, A.N., Moum, T., Bödtker, A.S. & Ekeberg, Ö. (2005). Reasons for induced abortion and their relation to women's emotional distress: a prospective, two-year follow-up study. *General Hospital Psychiatry,* 27(1), 36-43

These findings contrast sharply with the Chinese context, where parental and in-law expectations continue to exert strong influence over reproductive decisions. While Western studies emphasise women's autonomy in abortion choices, Chinese research indicates that the wishes of elders, particularly regarding timing, number, and sex of children, remain central to family decision-making.[181] The juxtaposition of these cases highlights that intergenerational influences are not universal, but culturally and structurally specific. In China, Confucian family values and extended kinship ties embed abortion decisions in a dense web of familial obligations, while in many Western contexts such decisions are largely framed as individual choices.

Existing research is not without limitations. As Malhotra, Vanneman and Kishor[182] note, macro-level secondary data on kinship and fertility are often unavailable or fragmented, meaning that much of the empirical literature can only identify geographically specific patterns. Nevertheless, the Chinese case provides further evidence that strong family ties are associated with abortion decisions. Within extended families, intergenerational cultural transmission reinforces these dynamics: both partners' family size of origin significantly shapes fertility aspirations, and the influence of the paternal family often carries particular weight.[183] [184]

In sum, existing literature consistently demonstrates that fertility and abortion decisions are shaped by intergenerational influences, though the strength and form of these effects vary across cultural contexts. In many Western societies, parental and kinship expectations play a minimal role, with women's decisions largely framed around economic constraints, relationship stability, and career priorities. By contrast, in China the influence of parents and in-laws remains substantial, reflecting both the persistence of Confucian family values and the enduring authority of elders in household decision-making. The One-

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[181] Gu, B. (2014). *"你会生二胎吗？, 生育意愿、生育行为与生育水平的关系研究" [Will you have two children? A Study on the Relationship between Fertility Intentions, Fertility Behaviors and Fertility Levels]*. 社会科学文献出版社[Beijing: Social Science Literature Publishing House], 201-233

[182] Malhotra, A., Vanneman, R., Kishor, S. (1995). Fertility, Dimensions of Patriarchy, and Development in India. *Population and Development Review*, Vol. 21, No. 2 (Jun., 1995), pp. 281-305

[183] Booth, A. L., & Kee, H. J. (2009). Intergenerational transmission of fertility patterns. *Oxford Bulletin of Economics and Statistics*, 71(2), 183-208.

[184] Yu, Xiao, Liang, Jia-ning. (2021) "中国独生子女的生育意愿研究, , 基于生育代际传递的视角" [A Study on the Fertility Intentions of Only Children in China - Based on the Intergenerational Transmission of Fertility Perspective]. *浙江社会科学[Zhejiang Social Science*]Vol11.

Child Policy has further reinforced these dynamics by producing a generation of only children with distinct fertility preferences, while simultaneously intensifying parental involvement in reproductive negotiations. Within patriarchal households, women's agency is constrained, yet not absent: strategies such as mobilising natal family support or negotiating within the marriage illustrate how reproductive choices are continuously shaped through intergenerational ties.

These findings indicate that abortion in China cannot be understood solely as an individual or couple-level decision but must be situated within broader family hierarchies and cultural logics of kinship. Intergenerational expectations not only affect whether and when pregnancies are continued or terminated, but also reveal how reproductive autonomy is embedded in relational structures. The following section therefore turns to the wider framework of clan authority and patriarchy, examining how collective obligations and lineage continuity further shape women's abortion decisions.

2.4.4. Clan Authority, Patriarchy, and Abortion Decisions

Building on the discussion of patriarchal family structures and Confucian legacies in Section 2.2.4, this section examines how these moral logics become institutionalised through clan authority and patrilineal inheritance. The focus here is not Confucianism as a leading abstract doctrine, but the mechanisms through which lineage-based expectations shape reproductive decisions in rural and Hainanese contexts.

In China, the relationship between patriarchy and abortion decisions is complex and deeply embedded in family power structures. Traditional patriarchy grants men decision-making authority over childbearing, gender preferences, and inheritance, thereby constraining women's reproductive autonomy. While shifts in family form have attenuated direct, overt dominance in some settings, residual patriarchal influence remains salient in abortion decision-making.

While modern family structures have allowed women to gain some degree of autonomy in reproductive choices, decision-making in this domain remains deeply embedded within familial and intergenerational dynamics. In families where patriarchal values persist, abortion decisions are frequently subject to external influence rather than being purely individual choices. Elders or other family members may intervene, often invoking "lineage continuation" or reinforcing preferences for male offspring as justification.[185] [186] This suggests that even when women appear to exercise agency, their decisions are shaped by broader social and cultural pressures within the household.

Patriarchy, as a core framework for analysing family power in China, can be understood through two theoretical perspectives. The first, represented by Weberian sociology, treats patriarchy as a pre-modern hierarchy stratified by gender, generation, and age, reproduced through economic, legal, and religious systems.[187] The second, feminist patriarchy theory, conceptualises patriarchy as a structural gender order

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[185] Das Gupta, M., Jiang, M., Li, B., Xie, Z. (2003). Why is son preference so persistent in East and South Asia? A cross-country study of China, India and the Republic of Korea. *Journal of Development Studies*, 40(2), pp.153-187.

[186] Zheng, Z. & Zhang, C. (2017). *生育意愿与生育行为：江苏的现实 [Fertility intention and fertility behavior: The reality in Jiangsu]*. 北京: 社会科学文献出版社.

[187] Jin, Y. (2015). "中国新农村性别结构变化研究,父权制的流动性" [*Research on gender structure changes in China's new rural areas, The mobility of patriarchy]*. 南京师范大学出版社 Nanjing: Nanjing Normal University Press.

in which male dominance and female subordination are institutionalised within family relations.[188] In the family context, this dynamic often involves the control or interference of elder males over younger members, including decisions about childbearing and abortion. This study adopts the latter perspective to explore how patriarchy operates within family structures and influences women's reproductive autonomy.

With industrialisation, urbanisation, and the expansion of markets, scholars debate whether patriarchal power is disintegrating or being reconstituted. Yang and Shen[189] argue that rural families have gradually shifted toward urban family models, moving toward dual-family arrangements premised on spousal gender equality and intergenerational equity. By contrast, Luo[190] finds that among migrant worker families, patriarchy has not declined but rather migrated to urban contexts. Extending this, Zhu[191] proposes "representational patriarchy," wherein some women strategically accommodate patriarchal values to secure recognition within intimate and family relations. In abortion decisions, such accommodation can involve "negotiating" with family expectations, temporarily aligning with patriarchal demands to preserve family harmony and a coherent self-identity.

Lineage continuation, rooted in rural patriarchal ethics, sustains intergenerational connectedness and offers existential assurance amid life's uncertainties.[192] In everyday life, the expectation that a male heir will carry the family name and shoulder ancestral rites translates into two principal reproductive norms: a persistent preference for sons and a patrilineal inheritance system that assigns to the eldest son obligations of lineage succession and ancestor worship. These practices connect past, present, and future generations,

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[188] Kandiyoti, D. (1988). *Bargaining with patriarchy.* Gender and Society, 2(3), pp.274-290.

[189] Yang, S., & Shen, C. (2000). "城乡家庭, , 市场经济与非农业化背景下的变迁" [*Urban-rural families, Changes under the background of market economy and non-agriculturalization].* 浙江人民出版社 [Hangzhou: Zhejiang People's Publishing House].

[190] Luo, X. (2011). "父权制的延续：农民工家庭的质性研究" [The Continuation of Patriarchy: A Qualitative Study of Migrant Workers' Families]. *青年研究[Youth Studies]*, 2, 61-71.

[191] Zhu, Y. (2017). "表征式父权制：传统、女性策略与父权制的再生产" [Representational Patriarchy: Tradition, Female Strategies, and the Reproduction of Patriarchy]. *民俗研究[Folklore Studies]*, 3, 76-85.

[192] He, H. (2008). "农民价值观的类型与相互关系：关于中国农村严重伦理危机的讨论"[The Types and Interrelationships of Farmers' Values: A Discussion on the Severe Ethical Crisis in Rural China]. *开放时代[Open Times]*, 3, 51-58.

and they shape decisions about whether to continue or terminate pregnancies that are perceived as misaligned with lineage goals.

At the societal level, patriarchy encompasses male-centred power worship and misogynistic attitudes. Sechiyama's[193] formulation of "Asian patriarchy" distinguishes family-system patriarchy (by lineage, residence, and surname) from broader social-system patriarchy, which encompasses organisational forms, modes of production, and value regimes. In China, patriliny, patriarchy, and patrilocal (husband-residence) patterns remain foundational. Jin [194] [195] further differentiates between patriarchy (the authority of the male household head, stratified by gender/age/generation) and husband authority (a husband's dominance over his wife's household duties, productive labour, and sexual/reproductive resources). While formal patriarchal authority may appear to wane, husband authority often proves more resilient. Kandiyoti's[196] notion of "bargaining with patriarchy" illuminates how, within husband-residence systems, older men command greater authority while hierarchies among women also emerge, with senior women exercising power over junior women. Under such arrangements, decisions about childbearing and abortion are rarely purely individual; they are negotiated within multilayered family hierarchies.

Importantly, patriarchal reproduction is not only enforced by men. Research by Jaschok and Miers [197] shows that women may act as enforcers of patriarchal norms to preserve or enhance their status in the family hierarchy. This dynamic complicates a simple opposition between "male authority" and "female subordination": women's reproductive choices, including abortion, may also be shaped by expectations and pressures articulated by senior women within the household.

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[193] Sechiyama, K. (2013),.*Patriarchy in East Asia: a comparative sociology of gender.* BRILL, Boston, MA;Leiden, The Netherlands;.

[194] Jin, Y. (2010). "流动的父权制：农民工家庭的转型"[Fluid Patriarchy: The Transformation of Migrant Workers' Families]. *中国社会科学[Chinese Social Sciences]*, 4, 151-165.

[195] Jin, Y. (2000). "*父权的式微：江南农村现代化进程中的性别研究"* [*The Decline of Patriarchy: A Study of Gender in the Modernization. Process of Rural Jiangnan].* 四川人民出版社[Chengdu: Sichuan People's Press].

[196] Kandiyoti, D. (1988). Bargaining with patriarchy. *Gender and Society*. 2(3)

[197] Jaschok, M. Miers, S. (1994). *Women and Chinese Patriarchy: Submission Servitude and Escape.* Hongkong: Hong kong Uni Press

Clans in China are patrilineal kin groups that act as autonomous, foundational entities in rural society (Greif & Tabellini 2017). As Harrell[198] has argued, the Chinese family system is marked by the interlocking features of patriliny, patriarchy, and patrimony. In Harrell' exploration of the structural characteristics of Chinese family systems. Within familial and marital relationships, clans enforce a gendered division of roles, characterised by the concepts of *nan wai nü nei* (men outside, women inside) and *nan zhu nü cong* (men lead, women follow). The phrase *nan wai nü nei* delineates a boundary between the genders, where men engage in public spheres such as governance, farming, and commerce, while women are confined to household responsibilities, including domestic chores, child-rearing, and filial duties.

The principle of *nan zhu nü cong* implies that women, as dependents within a patriarchal framework, are expected to obey and support men, adhering to the Confucian norms of *san cong si de*[199] (three obediences and four virtues): "obey father before marriage, husband after marriage, and son in widowhood," along with standards of propriety, speech, appearance, and industriousness. Although gender preference exists globally[200], the emphasis on male descendants as lineage-bearers is especially pronounced in Confucian regions of East and Southeast Asia.

Despite the post-1949 dismantling of many clan institutions, clan-based gender norms persist via cultural transmission, shaping labour participation and reinforcing traditional gender values.[201] Confucian marital

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[198] Harrell, S. (1995). *Patriliny, patriarchy, patrimony: Surface features and deep structures in the Chinese family system.* In G. Santos & S. Harrell (Eds.), *Transforming Patriarchy: Chinese Families in the Twenty-First Century* (pp. 92-116). Seattle, WA: University of Washington Press

Lou, L. (2018). Transforming Patriarchy: Chinese Families in the Twenty-First Century Edited by Gonçalo Santos and Stevan Harrell Seattle. *The China Quarterly* 233: 258-260

[199] Xu, Y.J. (1992). "中国家庭制度史" [*A History of Family Systems in China]*. 人民出版社[Beijing: People's press].

[200] Ebrey, P. (1993) *The inner quarters: Marriage and the lives of Chinese women in the Sung period*. Berkeley: University of California Press.

Lee, J.Z. and Wang, F. (1999) *One quarter of humanity: Malthusian mythology and Chinese realities, 1700-2000*. Cambridge, MA: Harvard University Press.

[201] Greif, A. and Tabellini, G. (2010). Cultural and Institutional Bifurcation: China and Europe Compared.*American Economic Review*, 100(2), 135-140;

ideals historically cast marriage as a functional union oriented to lineage; wives were incorporated into husbands' patrilines, facilitating bloodline continuity while excluding women from patrimonial inheritance, excludes women from inheriting family property, thus rendering them neither "heirs" nor "successors."[202]

Freedman [203] showed that lineage organisations rely on ancestral property and collective assets (e.g., ancestral halls) to sustain social authority. Duara[204] and Gates further emphasise that clans act as quasi-public units in rural governance. Duara argues that in rural governance, clans serve as basic units of public engagement with substantial social influence, promoting kinship-based gender preferences within the community. In village affairs, the recognised units of participation often consist of members of the same clan, formed around shared ancestry, thus embodying a blood-based social grouping.[205]

In Southeast and South China, clan authority is particularly strong. Hainan, historically linked to Guangdong within the Lingnan cultural sphere, shares these features. Field research indicates ancestral halls' centrality, shared productive tools among same-clan households, and high clan participation in annual rituals.[206] In inheritance and eldercare, patrilineal principles continue to structure both the transmission of property and obligations of support.[207] In Hainan, clan leaders often mediate family disputes, property division, and succession decisions; their endorsement functions as a key criterion of

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Zhang, C. (2019). "Family Support or Social Support? The Role of Clan Culture." *Journal of Population Economics*, 32(2), 529-549

[202]Tsu, Y. (1912) *The spirit of Chinese philanthropy: A study in mutual aid*. New York: Columbia University Press.

Watson, R.S. (1982) 'The creation of a Chinese lineage: Ping Shan, 1500-1900', *Modern China*, 8(2), pp. 179-204.

[203] Freedman, M. (1958). *Lineage Organization in Southeastern China*. London: Athlone

[204] Duara, P. (1995). *Culture, Power, and the State*, trans.

[205] Gates, H. (2012). *Village Life in South China*, trans. Zhou Daming. Intellectual Property Press

[206] Wang, M. (1996). "中国民间传统与现代化：以福建塘东村为例" [Chinese folk traditions and modernization: A case study of Tangdong Village in Fujian]. *传统文化与现代化[Traditional Culture and Modernization]*, 3, 60-75

[207]Fei, X. (2012). *"乡土中国" [From the Soil: The Foundations of Chinese Society]* 北京大学出版社 Beijing University Press.

local validity, without which decisions may be deemed illegitimate.[208] In Hainan, household eldercare is commonly organised through three models[209]: the single-stove arrangement, in which an elder lives independently with expenses shared among sons; the rotational stove, where sons take turns providing care in their homes; and the sole-support model, under which an elder resides with one son who then inherits the elder's property after their passing. These practices explicitly link caregiving responsibilities to inheritance rights, reinforcing patrilineal succession.

Clan approval is also essential in key matters such as property inheritance, succession, marital arrangements for daughters, and the adoption of male heirs. Decisions are only considered valid if endorsed by the clan leader, senior family head, and other close kin. For instance, the Huang clan of Hainan stipulates in its regulations that succession should ideally be assigned to the closest male relative; when individual preferences diverge, the permission of clan elders is required. In cases of property division and family disputes, clan leaders hold decisive authority: their endorsement is not only critical for intra-clan legitimacy but also serves as a benchmark for recognition by local government authorities. Without such approval, actions are often deemed invalid.

Building on these institutional arrangements of inheritance and eldercare, it becomes clear that the persistence of patrilineal and clan authority extends beyond household obligations to shape broader cultural expectations around lineage, son preference, and women's reproductive autonomy. The following section examines the socio-cultural consequences of these dynamics, highlighting how strong clan influence reinforces gendered inequalities in abortion decisions and women's development.

In ancient patriarchal society, clan values dominated, positioning the clan as the primary locus of personal and familial identity. Within this framework, women were excluded from the category of *child*, which was reserved for lineage-bearing male progeny capable of sustaining ancestral continuity. The *Da Dai Li Ji* [210] vividly illustrates this gendered ideology: "*A woman is akin to obedience, and a son is a seedling; thus, a woman is one who conforms to the teachings of men, cultivating virtue. She is therefore referred*

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[208] "琼州**黄**氏族谱" [*Genealogy of the Huang Clan of Qiongjiu in Hainan]* (2002)

[209] Wang, Y. (2014) "城乡家庭结构变迁分析：基于 2010 年全**国**人口普查数据" [An Analysis of Changes in the Chinese Family Structure between Urban and Rural Areas： On the Basis of the 2010 National Census Data], *中**国**社**会**科**学* *Social sciences in China*, vol. 35, no. 4, pp. 100-116.

[210] Dai, D., ed., Lu, B., (2004). "大戴**礼**记" [*Da Dai Li Ji]*. 北京图书馆出版社[Beijing: Beijing Library Press], p. 382

to as a furen, one who submits to others". Such discourses highlight the deep historical roots of women's diminished autonomy within the patrilineal family system.

Despite the dismantling of many clan structures after 1949, clan-based institutions and values continue to shape reproductive behaviour and gender norms in contemporary China. Greif and Tabellini [211] argue that clans function as autonomous corporations in Chinese rural society, sustaining cooperation through patrilineal descent and collective resources. Zhang[212] similarly shows that inheritance and succession in the Qing period were strictly governed by patrilineal principles, with women largely excluded from property rights unless in the absence of male heirs. These structural logics underpin the persistence of son preference, as male children are culturally and materially privileged as guarantors of lineage succession and access to collective resources.

Recent ethnographic studies further reveal how patriarchal norms are reproduced through evolving family forms. Song and Huang [213], for example, analyse the "combined family" (*he jia* 合家) marriage model in southern Jiangsu, showing how intergenerational exchange and bilateral marriage practices simultaneously reconstruct and entrench family power relations. While such models appear to offer more balanced intergenerational arrangements, they nevertheless reinforce patrilineal imperatives by situating reproductive authority and property transmission within male-dominated kinship networks.

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[211] Greif, A. and Tabellini, G. (2017). The Clan and the Corporation: Sustaining Cooperation in China and Europe. *Journal of Comparative Economics*, 45(1), 1-35

[212] Zhang, X. (2002). "**清**代的继承**与**法律社**会**" [Inheritance and Legal Society in the Qing Dynasty], ***清****史**研**究[Qing History Studies*] Vol 2

[213] Song, L. (2011). "**双**方婚姻：对南江"合家"习俗的功能主义解释, , 以一**个**定居社**区**为例" [Bilateral Marriage: A Functionalist Explanation of the "Combined Family" Custom in Southern Jiangsu, A Case Study of a Resettlement Community]. ***当****代**青**年**研**究[Contemporary Youth Studies]*.

Huang, H. (2021). "代际交换下的家庭权力**关**系重**构**：对南江农村"合家"婚姻模式的田野**研**究" [Reconstructing Family Power Relations under Intergenerational Exchange: A Field Study of the "Combined Family" Marriage Model in Rural Southern Jiangsu]. ***天****府新观察[Tianfu New Perspectives]*, 2, 127-139.

The implications for women's development are significant. Zhang and Ma [214] demonstrate that regions with strong clan influence exhibit higher son preference and skewed sex ratios, with adverse consequences for women's education and labour market participation. Peng and Sheng [215] further argue that Confucian-influenced clan culture places the burden of continuity on male descendants, thereby limiting women's opportunities and reinforcing gender hierarchies. The prioritisation of sons secures not only the transmission of the clan surname but also privileged access to local resources, networks, and authority.

These clan-based and patrilineal structures matter for abortion because they shape the conditions under which pregnancy is evaluated. A pregnancy may be assessed not only in terms of the woman's bodily capacity or personal preference, but also in relation to family lineage, the sex composition of existing children, elder expectations, economic responsibility and future care obligations. Abortion decisions are therefore made within a field of kinship pressure and moral negotiation. This reinforces the thesis's broader argument that reproductive autonomy among married women in Hainan is relationally negotiated rather than individually exercised in isolation.

2.5. Conclusion

This chapter has examined abortion and reproductive autonomy through multiple lenses, moving from international perspectives to the Chinese context, and from state-led policy frameworks to the intimate domains of family and kinship. Section 2.2 highlighted the global debates on abortion, where discourses of rights, health, and morality intersect with legal and cultural practices. Section 2.3 focused on personal reasons for abortion, including fetal health issues, contraceptive failure, and the lack of quality post-abortion care, situating these within China's specific institutional environment. Section 2.4 then extended the analysis to family and kinship dynamics, showing how son preference, spousal power relations,

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[214] Zhang, C., & Ma, G. (2017). "宗族文化、男孩偏好与女性发展" [Clan culture, son preference, and women's development]. *世界经济[World Economy]*. 3, 45-58.

[215] Peng, Y. (2009). "当正式制度与非正式规范发生冲突：计划生育与宗族网络" [Conflict between Formal Institutions and Informal Norms: Family Planning and Clan Networks]. *社会[Social Studies]*

Sheng, Y. (2012). "重男轻女家庭制度影响研究" [A study on the family system's influence of "son preference"]. *南方人口[Southern Population]*, 4, 22-30.

intergenerational expectations, and clan authority embed abortion decisions within patriarchal structures. Across these discussions, the literature demonstrates that abortion in China cannot be understood solely as a medical or individual choice, but rather as a practice deeply shaped by state policy, cultural traditions, and familial power hierarchies.

At the same time, significant gaps remain in existing scholarship. Much of the literature has focused on macro-level frameworks, state population policies, legal regulation, and demographic trends, while giving less attention to women's lived experiences and the localised negotiations through which abortion decisions are made. Although feminist scholarship has highlighted reproductive justice and the importance of women's agency, there is still limited empirical research that centres the narratives of married women, particularly in under-studied regions such as Hainan, where clan culture, migration histories, and rural-urban differences create distinctive reproductive landscapes.

These gaps provide the foundation for the contextual analysis developed in Chapter 3. While this chapter has established the broader conceptual and theoretical debates surrounding abortion, reproductive autonomy, reproductive justice and family power, these debates cannot fully explain how abortion decisions are shaped within specific regional settings. Chapter 3 therefore narrows the analytical lens to Hainan, examining how local socio-economic inequalities, healthcare access, hukou-related constraints, gendered labour expectations and clan-based kinship structures shape the reproductive environments within which married women negotiate abortion decisions.

Chapter 3 Literature Review: Socio-economic and Cultural Influences on Hainanese women's Abortion decisions

3.1. Introduction

Existing literature shows that while abortion technologies in China are formally standardised and regulated, their implementation is shaped by local institutional capacity, uneven insurance coverage, and revenue-driven hospital financing. Consequently, women's access to safe and affordable abortion care depends not only on medical eligibility but also on the interaction of clinical discretion, economic structures, and regional disparities.

Building on the global and national perspectives examined in Chapter 2, this chapter narrows the focus to the localised context of Hainan. Its distinct contribution is contextual rather than primarily theoretical: it examines how the broader debates on reproductive autonomy, reproductive justice and state governance become materially and culturally specific in Hainan. Rather than revisiting feminist theories of abortion in general terms, the chapter focuses on the regional structures that shaped women's everyday reproductive lives, including economic insecurity, healthcare access, hukou stratification, gendered labour expectations, clan-based kinship norms and uneven urban-rural development.

This chapter draws on both Chinese and comparative Western literature to elucidate the interplay between economic status, fertility policies, healthcare systems, contraceptive access, and family expectations. It particularly highlights the influence of China's shifting socio-economic landscape since the reform era, the impact of patriarchal structures within family units, and the evolution of state involvement in reproduction, from coercive population control to subtler socio-economic incentives and constraints. Through this lens, the chapter explores how abortion, often assumed to be an individual choice, is in fact embedded in broader societal conditions and power structures.

In doing so, this chapter continues the discussion from Chapter 2 regarding the gap between policy intention and social practice, especially how state narratives of "voluntary abortion" in the post-One Child Policy era may obscure the coercive nature of socio-economic constraints. By investigating the specific experiences of Hainanese women, this chapter aims to provide a grounded understanding of reproductive decision-making in contemporary China. Throughout, it adopts the reproductive justice framework, which situates abortion not merely as an individual medical procedure but as a practice shaped by intersecting structural conditions of inequality, governance, and culture. To this end, the chapter not only traces the

socio-economic and cultural determinants of abortion in Hainan but also highlights the relevance of a reproductive justice framework. While rights-based discourses tend to focus narrowly on whether abortion is legally permitted, the lived experiences of Hainanese women show that legality does not guarantee substantive freedom. Their decisions are deeply conditioned by income insecurity, limited welfare coverage, and patriarchal family structures. RJ provides an analytical lens to foreground these intersecting constraints, clarifying why reproductive autonomy in Hainan cannot be understood as an individual right alone but must be situated within broader structures of inequality and governance.

3.2. Economic Reasons

Studies show that socio-economic status plays a decisive role in shaping abortion decisions. Evidence indicates that the risk of abortion for unintended pregnancies is higher among individuals in the middle and wealthy quintiles of the wealth index.[216] This suggests that women from more affluent households may have greater access to abortion services and are more likely to use abortion as a means of fertility regulation, while poorer women face cost-related barriers that may delay or prevent access to safe procedures. Importantly, it would be misleading to frame such decisions as entirely "voluntary." Since 2010, fluctuating fertility policies, market reforms, and the hukou system have combined with persistent economic pressures to constrain women's real freedom of choice. Decisions about whether to continue a pregnancy are thus made within structural constraints, where environmental pressures such as job insecurity, welfare inadequacy, and rising household costs, are significantly reduce women's reproductive autonomy.

Comparative studies reinforce this point. Research on Ghana has found that women from middle and wealthy households are more likely to have abortions than those from poorer households, partly because they can afford the cost of services, while poorer women face financial and social barriers.[217] [218] More broadly, international evidence demonstrates that income instability, unemployment, heavy housing

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[216] Singh, A., Mishra, R., Singh, K.K. & Verma, P. (2020). Abortions followed by contraceptive failures in Northern India: an analysis of contraceptive histories (2009-2014), *Genus*, vol. 76, no. 1, pp. 1-20.

[217] Nyarko, S. and Potter, L., (2020). Effect of socioeconomic inequalities and contextual factors on induced abortion in Ghana: A Bayesian multilevel analysis. *PLOS ONE, 15(7)*, p.e0235917.

[218] Sledgh, G. (2010). *Abortion in Ghana: In Brief. No. 2*. New York: Guttmacher Institute; .

burdens, and the rising costs of raising children are central reasons for declining fertility and increased abortion rates across multiple contexts.[219] Women often explain their decisions in terms of responsibility and the desire to be "good mothers," emphasising that children should grow up in economically secure environments. In this sense, abortion is interpreted less as an individual preference and more as a protective strategy to safeguard the wellbeing of existing children and dependants, a tendency especially evident among older women.[220]

In the Chinese context, provincial-level analyses confirm the importance of these structural pressures. Chen and Zhuang[221] demonstrated that by the late 1990s, abortion in China was increasingly influenced by socio-economic factors rather than solely by family planning directives. Their regression models showed that economic and social development variables had a consistent and significant effect on the proportion of induced abortions at all stages of gestation, whereas family planning policies only became dominant at later stages of pregnancy. Nevertheless, Chen interpreted these socio-economic influences as largely the result of voluntary individual choice. This reading, however, underestimates the extent to which welfare deficiencies, hukou-related inequalities, and escalating costs of childrearing constrained

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[219] Adsera, A. (2005). Vanishing children: From high unemployment to Low Fertility in developed Countries. American Economic ReView, *Papers and Proceedings* ,95 (2), 189-193.

Tsuya, N. (2015). *Below-replacement fertility in Japan: Patterns, factors Study on the policy Implications*. Springer, 87-106.

Sobotka T. (2017). Post-transitional Fertility: The Role of Childbearing Postponement in Fuelling the Shift to Low and Unstable Fertility Levels. *Journal of Biosocial Scienc*e,49 (S1)

[220] Bankole, A., Singh, S., Haas, T. (1998). Reasons why women have induced abortions: evidence from 27 countries. *Int Fam Plan Perspec*t. 24(3): 117-152.

Kirkman, M., Rosenthal, D., Mallett, S., Rowe, H., Hardiman, A. (2010). Reasons women give for contemplating or undergoing abortion: a qualitative investigation in Victoria, Australia. *Sex Reprod Healthc*;1(4): 149-155.

Finer, L., Frohwirth, L., Dauphinee, L., Singh, S., Moore, A. (2005). Reasons U.S. women have abortions: quantitative and qualitative perspectives. *Perspect Sex Reprod Health* 37(3):110-118.

Larsson, M., Aneblom, G., Odlind, V., Tydén, T. (2002). Reasons for pregnancy termination, contraceptive habits and contraceptive failure among Swedish women requesting an early pregnancy termination. *Acta Obstet Gynecol Scand*. 81(1):64-71.

[221] Chen, W., Zhuang, Y. (2004). "中国省级诱导流产决定因素分析" [Analysis of the determinants of induced abortion at the provincial level in China]. 人口研究[*POPULATION JOURNAL]* No·145

women's options. More recent perspectives emphasise that rising abortion rates and declining fertility levels in China must be understood as products of both macro-level socio-economic transformations and micro-level household burdens.

Overall, abortion in Hainan, as in the rest of China, is deeply shaped by the structural pressures of the property-based hukou system, inadequate welfare provision, and the high financial costs of raising children. These factors tighten families' willingness to bear additional children and situate abortion not merely as an "unplanned device," but as a constrained response to systemic economic and social conditions.

3.2.1. The Impact of the Level of Macro Socio-Economic Development

Reproductive behaviour is closely linked to macro-level socio-economic development. In China, rising abortion rates alongside persistently low fertility suggest that while the number of conceptions has remained relatively stable, economic and social transformations have intensified the decision to terminate pregnancies. In 2015 [222], for instance, there were 13 million abortions compared with 16.55 million live births, corresponding to a total fertility rate of approximately 1.05. Such figures indicate that economic pressures, rather than biological or medical factors alone, are central in shaping reproductive outcomes.

International comparisons reinforce this dynamic. Georgia[223], as a former Soviet republic, has historically adopted a restrictive approach to sexual and reproductive health. Due to the legacy of the Soviet system, Georgia is characterised by a lack of support for family planning and a high tolerance for pregnancy termination. However, socio-economic issues remain a primary motivation for abortion, with 22.0% of respondents in the Pestvenidze survey citing financial concerns as their main reason for terminating a pregnancy. In Georgia, fluctuations in fertility rates have been closely tied to macroeconomic conditions. As economic instability heightened uncertainty about the future, the average fertility rate declined from

[222]For China's rising annual abortion figures and persistently low fertility rates, it can be surmised that the number of women who conceive remains modestly variable. However, the number of birth outcomes choosing to terminate has increased while birth outcomes have decreased. from "中国统计年鉴, 2016" [China Statistical Yearbook 2016]

[223] Pestvenidze, E. & Stray-Pedersen, B. (2018). "Who obtains abortion in Georgia and why?", *International journal of women's health,* vol. 10, pp. 733-743.

2.2 children per woman in 1990 to 1.6 in 2001. Women with specific socio-economic vulnerabilities were disproportionately affected by abortion, underscoring the need for enhanced reproductive planning support. The primary motivations for terminating unwanted pregnancies included the desire to stop or space births and socio-economic challenges.

Similar patterns are evident across Europe and Japan, where unemployment, insecure labour markets, and delayed childbearing contribute significantly to below-replacement fertility levels.[224] These studies demonstrate that macroeconomic downturns, unstable employment, and weak welfare regimes create conditions in which families postpone or avoid childbearing, while abortion becomes a means of adjusting fertility aspirations to socio-economic realities.

Adserà showed that high unemployment in Southern and Eastern Europe was closely associated with declining fertility, particularly among younger cohorts facing precarious labour conditions. Tsuya emphasised that in Japan, delayed marriage and childbearing, combined with rising education costs and long working hours, have entrenched below-replacement fertility. Sobotka extended this analysis by arguing that the postponement of childbearing itself contributes to long-term fertility decline, as many postponed births are never realised. Taken together, these findings suggest that macroeconomic development and labour market insecurity interact with cultural expectations around family formation, producing both delayed and forgone fertility.

China's rapid market transition since the 1980s, and especially its accession to the World Trade Organization in 2001, has profoundly reshaped reproductive decision-making. Economic liberalisation created substantial new employment opportunities, particularly for rural migrant women, raising incomes but simultaneously reinforcing a preference for "quality over quantity" in childrearing.[225] This

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[224] Adserà, A. (2005). Vanishing children: From high unemployment to low fertility in developed countries. *American Economic Review,* 95(2), 189-193.

Tsuya, N. O. (2015). B*elow-replacement fertility in Japan: Patterns, factors, and policy implications*. In R. R. Rindfuss & M. K. Choe (Eds.), Low fertility, institutions, and their policies: Variations across industrialized countries (pp. 81-103). Springer.

Sobotka, T. (2017). Post-transitional fertility: The role of childbearing postponement in fueling the shift to low and unstable fertility levels. *Journal of Biosocial Science,* 49(S1), S20-S45.

[225] Qian, X., Wei, C. (2014). "出口**与**女性劳动参与率, , 基于中**国**工业企业数据的**研**究" [Exports and women's labour force participation rate - a study based on data from Chinese industrial enterprises]. *北京师*

transformation strongly resonates with Becker's "quantity-quality trade-off" theory, which posits that as household incomes rise and parental opportunity costs increase, families tend to have fewer children but invest more heavily in each child.[226]

Yet the consequences of this transition diverge sharply when compared with European welfare states. Since the 1980s, many European governments have introduced institutional arrangements (including maternity leave, paternity leave, parental leave, childcare subsidies, and universal early childhood education) designed to mitigate the career disadvantages associated with motherhood. These policies aim to redistribute caregiving responsibilities between parents and reduce the economic disincentives of reproduction. However, research suggests that such measures, while compensatory, may also inadvertently reproduce gendered occupational segregation by concentrating women in part-time or lower-status roles.[227] Nonetheless, state intervention provides a degree of protection: Anderson, Binder, and Krause [228] found that *wage penalties* [229] were especially pronounced among mothers with intermediate skill levels and rigid work schedules, while higher-skilled women could offset penalties through greater work flexibility. In Spain, Molina and Montuenga [230] reported that women's wages declined by 6% after the first child and by more than 15% for mothers with three or more children. Hodges and Budig[231] further show that penalties are stratified by income, with low-wage mothers

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范大学学报（社会科学版）[Journal of Beijing Normal University (Social Science Edition)], (6): 95 - 110

[226] Becker, G. S., & Lewis, H. G. (1973). On the interaction between the quantity and quality of children. *Journal of Political Economy, 81*(2, Part 2), 279-S288.

[227] Hook, J. & Pettit, B. (2016). Reproducing Occupational Inequality: Motherhood and Occupational Segregation. *Luxembourg Income Study Working Paper Series.* No. 481. pp. 329 - 362**.**

[228] Anderson, D. Binder, M.,Krause, K. (2003). The Motherhood Wage Penalty Revisited: Experience, Heterogeneity, Work Effort and Work-Schedule Flexibility. *Industrial & Labour Relations Review,* 56(2) 273-94

[229] It is important to note that the concept of the "penalty effect" in this study integrates both the noun meaning of "penalty" and the degree-related implication of "effect." Specifically, it refers to the extent of losses individuals experience due to specific behaviors, in this case, the various economic disadvantages women endure in the labor market as a result of childbirth.

[230] Molina, J. & Montuenga, V. (2009). The Motherhood Wage Penalty in Spain. *Journal of Family and Economics Issues*, 3093: 237-51

[231] Hodges ,M.J., Budig, M.J., (2010). Differences in Disadvantage: Variation in the Motherhood Penalty across White Women's Earnings Distribution. *American Sociological Review.* 75(5) 705-28

bearing the heaviest losses. These findings illustrate how even within supportive welfare states, reproduction intersects with class and gender to produce persistent inequalities.

By contrast, China lacks comparable institutional safeguards. Welfare provision remains fragmented and uneven, structured by the hukou system and market reforms that devolve reproductive costs to families and employers.[232] Employers bear the burden of maternity leave, leading to discriminatory hiring practices against women of childbearing age. Migrant families often fall outside urban welfare coverage, facing high out-of-pocket costs for childcare, education, and healthcare. In this context, abortion emerges as a pragmatic but constrained strategy for women to avoid the severe motherhood penalties embedded in the labour market. Unlike in Europe, where policy frameworks at least partially buffer mothers from economic disadvantage, Chinese women often pre-emptively mitigate these penalties by terminating pregnancies, thereby protecting their employability and household economic stability.

This contrast underscores how reproductive decision-making is embedded in institutional arrangements. In Europe, women navigate the motherhood wage penalty within welfare regimes that provide partial compensation, while in China, structural discrimination and welfare fragmentation leave abortion as one of the few viable strategies to reconcile economic survival with gendered expectations of work and family. For women in Hainan, where regional development lags behind coastal metropolises and welfare resources remain scarce. These tensions are magnified, making abortion not simply an individual medical act but a relational negotiation shaped by labour market inequality, hukou exclusion, and family obligations.

[232] Duckett, J. (2011). T*he Chinese State's Retreat from Health: Policy and the Politics of Retrenchment* (1st ed.). Routledge. https://doi.org/10.4324/9780203840726

3.2.2. The Chinese Medical Care System in Abortion

This section will show that abortion care in China is embedded in a complex institutional environment where clinical technologies and professional practice. Market-oriented health reforms have structurally tied physician behaviour to hospital financing, creating systemic incentives that may encourage higher-intensity care and shaping the conditions under which abortion services are delivered. Although Chinese national guidelines formally standardise medical and surgical abortion methods, their implementation is mediated by institutional capacity, regional disparities in insurance coverage, and hospital-level revenue strategies. These dynamics illustrate the broader ethical ambivalence of reproductive technologies: they can alleviate suffering and enhance safety, but are simultaneously enrolled in systems of bureaucratic efficiency and market incentives.

Modern medical technology has expanded women's options for abortion. Early medical abortion (pharmacological induction) is widely recognised as safe, effective, and acceptable up to 49 days of gestation, with some clinics extending this limit to 63 days depending on physician discretion.[233] Surgical abortion, typically vacuum aspiration with anaesthesia and sometimes ultrasound guidance, remains the most common method in public hospitals. While medical-indication abortions (e.g., fetal possible genetic impairments) may be reimbursable, elective abortions without indications are generally excluded from social insurance.

Out-of-pocket charges vary significantly across institutions and procedures, with ordinary painless abortion costing approximately 1,500-3,000 yuan (RMB), and more advanced ultrasound-guided methods

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[233] Kulier, R., Kapp, N., Gülmezoglu, AM., Hofmeyr, GJ., Cheng, L., Campana, A. (2011). Medical methods for first trimester abortion. *Cochrane Database Syst Rev*.;(11): CD002855. doi: 10.1002/14651858.CD002855.pub4

National Health Commission of the People's Republic of China. (2018).*人工流产技术规范（2018 年版）[Technical Standards for Induced Abortion (2018 edition)]*.北京: 国家卫生健康委员会办公厅[Beijing: General Office of the National Health Commission].

Price ranges are compiled from physician-verified responses on Jiankangwang (a national medical Q&A platform). Figures should be interpreted as indicative, not standardized fees, due to variation across hospital type, region, and clinical practice.

And World Health Organization. (2012). *Safe abortion: Technical and policy guidance for health systems* (2nd ed.). Geneva: World Health Organization.

ranging from 3,000 to over 8,000 yuan. For detailed indicative ranges compiled from physician responses on *Jiankangwang*, see Appendix 1.

However, the ethics of abortion care in China must be situated within the broader tensions between medical professionalism, market incentives, and state regulation. Sociological studies highlight that while the state and payment systems shape the organization and remuneration of medical work, physicians retain partial autonomy over the content of diagnosis and treatment. This autonomy, however, is filtered through institutional incentives, medico-legal constraints, and organizational cultures that collectively structure everyday practice.[234] Such structural pressures generate professional role conflicts in which doctors must continually balance the imperatives of patient care with institutional demands for efficiency and revenue.[235]

Feminist scholarship offers a useful lens for interpreting these dynamics. Technologies of reproductive medicine are often described as embodying a dual capacity: they may alleviate suffering and expand bodily autonomy, while simultaneously functioning as instruments of social control.[236] In the Chinese context, abortion technologies and practices are thus neither inherently liberating nor inherently oppressive, but situated within a medical system that constrains as much as it enables. The physician's

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[234] Fang, S. (2010). *"医疗关系中的知识与权力" [Knowledge and Power in Medical Relationships].* 高雄：高雄性别研究学会出版社 [Kaohsiung: Kaohsiung Gender Research Institute Press].

Sweeney K. (2006). Personal knowledge: Doctors are much more than simple conduits for clinical evidence. *Bmj British Medical Journa*l, 332(7534):129-130.

Mao, H. (2010). "医生处方行为分析系统的研究与实现" [Research and Implementation of Doctor's Prescription Behavior Analysis System]. *复旦大学硕士论文 [Master's Thesis, Fudan University].*

[235] Liu, H., Feng, Z., & Hong, Y. (2015). "从'走廊医生'事件分析当代医生的角色冲突" [Analyzing the Role Conflict of Contemporary Doctors from the Incident of the Doctor in the Corridor]. *医学与法学 [Medical Controversy],* 36(2): 50-53.

[236] Tong, R. (1988). *Feminist Thought. A More Comprehensive Introduction*, Second Edition: Boulder: Westview Press, pp. 76~77.

Balsamo, A. (1996). *Technologies of the Gendered Body: Reading Cyborg Women*. Duke University Press Books

- addresses how technology is used to control and reshape women's bodies, including in medical settings like abortions.

role is emblematic of this ambivalence: as both an agent of state and market logics and a professional entrusted with patient care, the doctor embodies the contradictions of being, simultaneously, a "moral person" and an "economic person".[237]

Doctor-patient communication in abortion care has long been recognised as a critical determinant of patient experience and perceived autonomy. In Western contexts, scholars emphasise the delicate balance between physician authority and patient choice, noting that physician recommendations can both guide and constrain women's decision-making.[238] Similar dynamics have been documented in China, where clinical encounters are often characterised by compressed consultation times and limited dialogue due to bureaucratic efficiency targets and medico-legal pressures.[239] Since the late 1970s, market-oriented reforms have transformed public hospitals' financing, reducing direct fiscal subsidies and increasing reliance on service fees and pharmaceutical revenues.[240] This shift has been widely documented as reshaping provider behaviour, straining doctor-patient relations, and creating tensions between professional ethics and economic incentives .[241]

Under such arrangements, hospitals and departments often contract around mandatory volume or revenue indicators, linking departmental and individual bonuses to activity and income targets, which may inadvertently encourage higher-intensity care, additional diagnostics, or the selection of more complex

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[237] Hu, M., & Shen, C. (2016). "浅议医生"道德人"与"经济人"角色的平衡" [A Brief Discussion on the Balance Between Doctors' Roles as "Moral Man" and "Economic Man"]. *医学与哲学 [Medicine and Philosophy],* 37(2A): 48-50.

[238]Quill,T. & Brody, H. (1996). Physician Recommendations and Patient Autonomy: Finding a Balance between Physician Power and Patient Choice. *Ann Intern Med,*125(9):763-769.

[239] Xu, X., & Lu, R. (2008). "暴力与不信任, , 转型期中国医患暴力问题研究（2000-2006） "[Violence and Distrust: Research on Medical Violence in Transforming China: 2000-2006]. *法制与社会发展 [Legal System and Social Development]*, (1): 82-101.

[240] Liu, R. Lei, G., Xiao, J. (2017). "中国医生在认同与身份危机中的角色" [The Role of Chinese Doctors on Recognization and Identity Crisis].*西电大学学报（社会科学版） [Journal of Xidian University*(Social Science Edition)]Vol.27 No.3

[241] Yao. Z. (2015). "近代以来中国医学职业与国家关系的演变, , 一个职业社会学的解释"[The evolution of the relationship between the Chinese medical profession and the state since modern times, an explanation from professional sociology]. *社会学研究 Sociological Research,* (3): 46-68.

procedures.[242] [243] Surgical abortion remains the most frequently performed procedure in Chinese hospitals, typically conducted through vacuum aspiration under anaesthesia, with or without ultrasound guidance. These methods are considered reliable for ensuring completeness of termination while minimising complications, although the extent of technological support varies across hospital levels. National clinical guidelines[244] outline indications, contraindications, and perioperative care requirements, but implementation can diverge according to local institutional capacity and physician discretion. This contracting system has been associated with patterns of induced demand, where providers may be incentivised to recommend higher-intensity care, additional diagnostics, or more complex procedures. [245] [246]

The long-standing "support hospitals with medicine sales" model (以药养医) has further tied physician income to pharmaceutical mark-ups, creating structural conditions that may encourage over-prescription and over-medicalization.[247] [248] Insurance coverage and out-of-pocket costs introduce further

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[242] Cui, S. (2008). "医生收入方式及其对医疗行为的影响" [The way doctors get paid and its impact on doctors' medical behavior]. *云阳师范学院学报[Journal of Yunyang Teachers College]*. Vol 4

[243] Wei, Z., & Liu, P. (2013). "医生薪酬支付方式对医生行为影响的研究" [Research on the Impact of Doctors' salary Payment Methods on Doctors' Behavior]. *现代医院管理 [Modern Hospital Management]*, (01).

[244] National Health Commission of the People's Republic of China. (2018). *人工流产技术规范（2018 年版）[Technical standards for induced abortion (2018 edition)]*. Beijing: General Office of the National Health Commission.

[245] Du, Z. (2012) *"医学向何处去？" [Where is medicine going?]* 南京：江苏科学技术出版社[Nanjing: Jiangsu Science and Technology Press]. 397-403

[246] Wang, J. (2007). "中国政府卫生支出规模研究, , 三个误区与实证分析" [Study on the Scale of Chinese Government Health Expenditure, Three Misunderstandings and Empirical Evidence]. *管理视野 [Management View]*, (2): 27-36.

[247] Yao, Z. (2017). *" 在利益与道德之间" [Between interests and morality.* 北京: 中国社会科学出版社 [Beijing: China Social Sciences Press]

--(2012). "在后社会主义国家从医：一项关于中国城市医生专业自主性的实证研究" [Practicing Clinical Medicine in a Post-socialist State: An Empirical Study on Professional Autonomy of Chinese Urban Doctors]. *Urban Doctors.*

[248] Wang, H. (2017). "深化医改，迈向制度化的新阶段" [Deepen Medical Reform and Move Further Towards Institutionalization]. *中国卫生 [China Health]*, (11).

complexity.[249] Elective abortions without medical indications are generally excluded from social health insurance schemes[250], while procedures conducted for medical reasons, such as potential genetic impairments, may be reimbursed subject to local policy interpretation. However, fragmented governance and uneven enforcement mean that coverage is inconsistent across regions. Studies of China's health financing system note that hospitals' reliance on service fees can exacerbate financial burdens for patients, making access to abortion services dependent not only on clinical guidelines but also on institutional pricing and reimbursement structures.[251]

At the same time, public hospitals remain part of the state bureaucracy, with physicians formally employed "within the establishment" (*编制内*) and overseen by civil-service-like management. This dual dependency creates role tensions for clinicians both on state authority for job security and on market-based indicators for performance evaluation. They are required to reconcile the imperatives of patient care with institutional demands, navigating between moral and economic person" in their professional identity.[252] While information asymmetry partly explains physician dominance in clinical encounters, China's hospital-centred delivery system and its revenue-driven payment structures further institutionalise this asymmetry in everyday practice.[253]

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[249] Yang, Y., & Chen, H. (2015). "**医**保支付方式对医生产生行为约束的路**径**分析" [Path Analysis of Medical Insurance Payment Methods on Physician Behavior Constraints]. *中**国**卫生政策**研**究 [China Health Policy Research]*, (12).

[250] National Health and Family Planning Commission. (2015). "*中**国**卫生和计划生育统计年鉴 2015"[China Health and Family Planning Statistical Yearbook 2015*]. 北京: 中**国**统计出版社 [Beijing: China Statistics Press].

[251] Blumenthal, D., & Hsiao, W. (2005). Privatization and its discontents, The evolving Chinese health care system. *New England Journal of Medicine, 353*(11), 1165-1170.

[252] Feng, T., Zhao, L., Zou, L. (2005). "对医师执业环境的思考" [Thoughts on Physician Practice Environment]. *中**国医**院管理[Chinese Journal of Hospital Management]*, (4): 72-75.

[253] Wang, J. Ma, C. et al. (2012). "尊重**与扭**曲, , **从**自主性、**医学**父权及其**关**系视角探讨和谐医患**关**系" [Respect and distortion, discussing the harmonious doctor-patient relationship from the perspective of autonomy, medical patriarchy and their relationship]. ***医学与哲学**[Medicine and Philosophy]*, 2012, 33(23): 42-44.

Therefore, the literature suggests that abortion in China cannot be reduced to a purely medical procedure. It represents a negotiated practice shaped by systemic financing arrangements, national regulatory frameworks, and embedded gendered power relations. Rather than framing physicians as either coercive or purely facilitative, scholarship points to the systemic conditions that shape clinical encounters and the limits they impose on women's reproductive autonomy. For feminist research, these tensions underscore the importance of analysing abortion care not simply as a technical procedure, but as a site where medical authority, economic imperatives, and gendered power relations converge. These insights provide the foundation for analysing the case of Hainan, where regional inequalities, migration patterns, and limited welfare resources further intensify the institutional constraints on women's reproductive decision-making.

3.2.3. Childcare, Education, and Housing Costs

Rising childcare costs are a direct driver of low fertility and induced abortion in China. Although women's participation in the labour market has expanded significantly, childcare policies have not been reformed accordingly. Families often rely on expensive market-based services to supplement the inadequate public provision. International research[254] confirms that high childcare costs reduce fertility, and recent Chinese studies similarly identify childcare expenses as a barrier to family expansion.

In 2012[255], the Chinese government introduced a national maternity leave policy to provide substantial incentives for women to have children, mainly through legal means to ensure that pregnant women and

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Hu, K., & Meng, Q. (2006). "我国公立医院改革相关因素的规范分析, , 基于宏观政策的视" [Normative Analysis of Factors Related to the Reform of Public Hospitals in My Country, From a Macro Policy Perspective]. *中国卫生经济 [China Health Economy]*, (06).

[254] Blau, D & Robins, P. (1989). Fertility, Employment, and Child-Care Costs. *Demography* 2: 287－299

[255]The income compensation allowance for working women in China during maternity leave, i.e. paid maternity leave, is paid according to different rules depending on whether or not they are covered by maternity insurance. The source of the income compensation allowance varies.
Chinese Law: *Article 8 of the 2012 Special Provisions on Labour Protection for Female Workers stipulate*s that：

mothers are legally entitled to paid maternity leave. However, this childcare policy does not adequately protect maternity rights in terms of effectiveness. Companies pay for paid maternity leave, and the Chinese government has introduced a mandatory policy requiring companies to bear the costs. However, as employers bear the costs, many firms attempt to avoid these obligations through implicit gender or age discrimination in recruitment.[256] Moreover, extended maternity leave, while protective in law, often increases the anticipated career and interpersonal costs of childbearing, thereby dampening women's willingness to have additional children.[257] In this context, abortion may function as a strategy to mitigate such economic and professional risks.

Beyond childcare, education costs have become an especially heavy burden on families. Liu and Liu[258] reveal that average education expenditure per child exceeds half of household income, underscoring how future-oriented investment in children directly shapes current reproductive decisions. Similarly, Shi,

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For those who have participated in maternity insurance, their income compensation allowance shall be paid by the employer from the maternity insurance fund following the standard of the employee's average monthly salary in the previous year; their employer pays those who have not participated in maternity insurance at the wage rate before maternity leave.

[256]The income compensation allowance for working women in China during maternity leave, i.e. paid maternity leave, is paid according to different rules depending on whether or not they are covered by maternity insurance. The source of the income compensation allowance varies.
Chinese Law: *Article 8 of the 2012 Special Provisions on Labour Protection for Female Workers stipulate*s that：
For those who have participated in maternity insurance, their income compensation allowance shall be paid by the employer from the maternity insurance fund following the standard of the employee's average monthly salary in the previous year; their employer pays those who have not participated in maternity insurance at the wage rate before maternity leave.

Zhang X., & Du, Y. (2019). "全面二孩政策背景下生育对城市女性职业中**断**影**响研**究" [Study on the Impact of Childbirth on Urban Women's Career Interruption under the Background of the Universal Two-child Policy]. *华东师范大**学学**报（**哲学**社**会**科**学**版）[Journal of East China Normal University (Philosophy and Social Sciences Edition)]*, (1).

[257] Cao, Y. (2017). "全面二孩政策背景下**从**生育意愿到生育行为：基于 SSM 的影**响**因素**与**激**励**机制分析" [From Fertility Intention to Fertility Behavior under the Background of the Universal Two-child Policy: An Analysis of Influencing Factors and Incentive Mechanism Based on SSM]. *兰州**学刊** [Lanzhou Academic Journal]*, (2).,

[258] Liu, R., & Liu, Q. (2020). "城乡收入增长、**养**老金**与**生育, , 基于扩展 OLG 模型的实证检验" [Urban and Rural Income Growth, Pension and Fertility: An Empirical Test Based on Extended OLG Model]. *人口**与**发展 [Population and Development]*, 26(3): 27-37.

Zhang, and Shi[259] demonstrate that families cope with intense competition for limited educational resources by investing in extracurricular tutoring and purchasing expensive "school-district housing." These combined costs not only restrict fertility intentions but also make abortion a pragmatic response to unsustainable financial pressures.[260]

Housing affordability exerts a profound influence on reproductive decisions in contemporary China. Empirical studies consistently demonstrate that rising housing prices alter household budget constraints and increase the shadow price of children, thereby postponing fertility or reducing reproductive willingness.[261] Housing affordability directly influences the fertility decisions of couples of childbearing age. For instance, Song, Liu and Gong [262] demonstrate that house price increases generate both "crowding-out" and "income" effects, yet the crowding-out effect dominates, leading to a significant reduction in second-child fertility intentions. Similarly, Zhang, Yuan and Yu [263] found that housing burdens sharply decreased second-child willingness among households without property. Liu, Xing and Zhang [264] highlight that this negative effect is particularly pronounced among renting households, as property ownership is closely tied to urban settlement and access to public services. Couples without

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[259] Shi, A., Zhang, C., & Shi, Z. (2021). "子女**教**育成本对我**国**生育意愿的制约与优化建议 "[Constraints and Optimization Suggestions on the Cost of Children's Education on Fertility Intention in China]. *人口**与**健康 [Population and Health]*, (7): 46-48.

[260] Chen, W., & Liu, J. (2021). "我**国**近年**来**出生人口**数**量下降及其影**响**因素" [The Decline in the Number of Births in China in Recent Years and Its Influencing Factors]. *人口**研**究 [Population Research]*, 45(3): 57-64.

[261] Pan, L., & Xu, J. (2012). "房价**与**生育之间关系的**研**究" [Study on the Relationship between Housing Price and Fertility]. *中**国**经济学刊 [China Economic Journal]*, 5(2).

[262] Song, D., Liu, Z., & Gong, Y. (2017). "房价上涨对城市居民二孩生育意愿的影**响**" [Impact of Rising Housing Prices on Urban Residents' Willingness to Have a Second Child]. *城市问题 [Urban Problems]*, (3): 67-72.

[263] Zhang, H., Yuan, X., & Yu, Y. (2017). "住房消费对二孩生育的影**响**机理**与**实证检验, , **来**自"挤出效应"**与**"财富效应"交互作用的视角" [Theoretical Mechanism and Empirical Test of Housing Consumption's Influence on Second-Child Birth: From the Perspective of Crowding-Out Effect and Wealth Effect Interaction]. *江海**学刊** [Jianghai Journal*], (5): 99-104.

[264] Liu, J., Xing, C. B., & Zhang, Q. (2020). "房价、生育率**与**生育意愿" [House Price, Fertility Rates and Reproductive Intentions]. *中**国**经济评论 [China Economic Review]*, 62. DOI: 10.1016/j.chieco.2020.101496.

property thus face not only elevated costs of pregnancy and childrearing but also exclusion from subsidised welfare benefits, further discouraging childbearing and at times prompting the termination of unintended pregnancies.

In addition, the link between housing and educational opportunity intensifies financial pressures. In many cities, owning property within designated districts is a prerequisite for children's enrolment in high-quality public schools. This "school-district housing" phenomenon forces families to treat real estate as both an educational investment and a reproductive necessity, amplifying the economic burden of raising children. The combined costs of housing and education thereby reinforce each other, weakening fertility intentions and making abortion a pragmatic strategy for families unable to sustain these expenditures.

Beyond these direct and education-related costs, housing also functions as a symbolic prerequisite for marriage in the Chinese context. Under the influence of family planning policies and a skewed sex ratio, property ownership has become a marker of male eligibility in the competitive marriage market. Ebenstein[265] shows that distorted sex ratios intensified marriage-market competition, while Wei and Zhang [266] demonstrate that households with sons save more aggressively to secure housing, thereby inflating overall housing demand and prices. This dynamic spills over to households with daughters, who increase savings to preserve their children's bargaining power. As a result, the housing burden has become a broader societal pressure, further reducing women's willingness to have children and increasing the likelihood that unintended pregnancies end in abortion.

These burdens are compounded by China's urban-rural divide in hukou status, income distribution, and welfare systems. First-tier cities attract younger cohorts with employment opportunities, but the high costs of living, housing, and childrearing strongly dampen fertility. In rural and underdeveloped regions, while the fixed costs of raising children are relatively lower, historical patterns of under-reporting suggest that abortion remains common.

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[265] Ebenstein, A. (2010). The "missing girls" of China and the unintended consequences of the one child policy. *Journal of Human Resource*s, 45(1): 87-115.

[266] Wei, S. J., & Zhang, X. B. (2011). "竞争性储蓄动机：中国性别比上升与储蓄率的证据" [The Competitive Saving Motive: Evidence from Rising Gender Ratios and Savings Rates in China]. *政治经济学期刊 [Journal of Political Economy]*, 119(3): 511-564.

This does not mean, however, that women in remote rural areas are more likely to continue a pregnancy than to obtain an abortion. Historically, bearing children could increase household labour capacity, yet during the family-planning era rural abortion rates were often under-reported or not officially recorded. Available evidence suggests that the acceptability of terminating unintended pregnancies among rural women did not substantially differ from that of urban women. For example, a study in Anhui [267] in the late 2000s found that among married women aged 15 - 44 with two children, 55% of those without sons wanted additional children, whereas 85% of those with two sons did not. It has also been reported that some rural women sought to evade random inspections by family-planning authorities by concealing over-quota pregnancies, which could result in delayed detection and later-term induced abortions.

In addition, studies of rural households that refrained from exercising their second-child quota show that while traditional son preference persists. Ci and Tian's [268] analysis of rural one-child households also shows that while traditional preferences for boys still dominate rural fertility, some rural residents are shifting their fertility intentions away from traditional values toward self-worth and emotional aspirations. Recent empirical and policy reports reveal the magnitude of childcare and education-related financial burden. According to the *Childbearing Cost Report 2024*, the total cost of raising a child from birth to age 17 averages 667,000 yuan in urban areas and 365,000 yuan in rural areas.[269] As a result, the cost of raising children becomes a heavy burden for rural families, and the addition of a child can have a significant impact on family expenses and retirement. As a result, middle-income families between the poor and the rich are more likely to adjust their fertility intentions in response to changing circumstances and are at increased risk of having an unplanned child abortion, given their affordability.

Thus, childcare, education, and housing constitute interconnected structural costs that profoundly shape fertility intentions in China. For young and middle-income families, these cumulative pressures make childbearing economically prohibitive, turning abortion into a constrained strategy to avoid long-term financial and social risks. From a reproductive justice perspective, these dynamics highlight that abortion

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[267] Zhang XJ, Wang GY, Shen Q et al. (2009.) Current status of contraceptive use among rural married women in Anhui Province of China. *BJOG* ; 116: 1640-1645.

[268] Ci, Q., & Tian, Y. (2004). "农村**独**女户"重男轻女"观念转变研究, , 基于湖北部分县市的抽样调查" [A Study on the Transformation of Boys' Preference in Rural One-Girl Households: A Sample Survey Based on Some Counties and Cities in Hubei]. *南方日报 [Nanfang Daily]*, Vol19 1.

[269] Liang, J., Huang, W., He, Y. F., et al. (2024). *中**国**生育成本报告2024* [*Childbearing Cost Report 2024]*.育娲专家团队[YuWa Population Research Institute]

decisions cannot be reduced to individual choice or failure of family planning. Instead, they reflect structural constraints (housing affordability, welfare exclusions, and childcare costs) that disproportionately burden women, particularly those with insecure hukou status or limited income. Such pressures illustrate how the conditions for reproductive ‘choice’ are unequally distributed.

3.2.4. Unaffordable 'Social Maintenance Fees'

The mandatory fines imposed under China's family planning regime, commonly known as "social maintenance fees," also shaped abortion and fertility decisions as significant economic constraints. Originating in the 1980s as local penalties for out-of-quota births, the fee was officially codified in *Central Committee Document No. 8* (2000) and defined in 2002 by the *State Family Planning Commission* as "*a financial constraint on families exceeding the birth limit*," justified on the grounds that extra births consumed disproportionate public resources. Despite such framing, the fee was widely regarded by the public as a punitive fine.

Collection standards were delegated to provincial and municipal governments, which in turn often passed discretion down to district and county-level family planning commissions. This produced striking regional disparities. For example, under Beijing's regulations, social maintenance fees were calculated as multiples (three to ten times) of per capita annual income. In 2013, China Youth Daily[270] reports noted that parents in Chaoyang District faced a fee of approximately 364,690 yuan for registering an over-quota child, while in neighbouring Changping District the same case required only about 180,000 yuan, that illustrating the wide variation in enforcement even within a single municipality.

National data also highlight the scale of this system. In 2012, 24 provinces disclosed total collections amounting to 20.1 billion yuan.[271] Yet transparency remains limited: detailed information on local sources and allocation is unavailable, and in Hainan no official standards or figures have been released since the two-child policy was introduced. The opacity of implementation, combined with the province's historically low average income, makes it difficult to assess the precise burden of social maintenance fees without local fieldwork.

Two structural challenges further undermined uniform enforcement. Firstly, the families of some of the perpetrators of illegal births are indeed in great financial difficulties, and the uniformly high fines cannot

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[270]China Youth Daily. (2013, November 15). *超生社会抚养费差异显著* [Significant differences in social maintenance fees for over-quota births]. China Youth Daily. http://zqb.cyol.com/html/2013-11/15/nw.D110000zgqnb_20131115_1-05.htm

[271] Law Library of Congress. (2014, August 4). *China: Statistics on family planning fines released*. Global Legal Monitor. Library of Congress. https://www.loc.gov/item/global-legal-monitor/2014-08-04/china-statistics-on-family-planning-fines-released/

be actually collected. Most of these people are non-urban residents, with poor family conditions, and the decision to collect social maintenance fees is just a piece of paper with no property to enforce it. And their motives for having children are usually centred on boy preference. According to the regulations, social maintenance fees for the migrant population are levied in the place where the illegal births occurred, i.e., the place of household registration or current residence, but it is difficult to penalise the migrant population for having children because they do not have a fixed place of residence.[272]

Second, family planning authorities often lacked effective enforcement tools, and families who committed unlawful births employed various strategies of evasion. This included reluctance to provide true names, residences, or contact details, the use of false information, concealment of assets, and reliance on relatives to obstruct investigations. In some reported cases, individuals even hid from local cadres to avoid detection, illustrating the limits of grassroots enforcement.[273] However, systematic evidence on the prevalence of such behaviours remains scarce, as detailed local-level documentation is rarely made publicly available. The absence of transparent data means that while anecdotal cases highlight enforcement challenges, the extent of such practices across regions cannot be fully assessed.

Hainan's situation reflects this broader pattern of fragmented and inconsistent policy implementation. Established as an independent province only in 1988, Hainan inherited a dispersed and uneven family planning system. With limited income levels and no publicly available data on local fee collection, the financial burden of social maintenance fees in the province remains an open question. What is clear, however, is that the existence of these fees - whether collected in full or merely threatened - functioned as an additional deterrent to continuing unplanned pregnancies, making abortion appear a less costly alternative.

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[272] Ji, X., & Hu, Y. (2006). "违法生育与社会抚养费征收简析" [A Brief Analysis of Illegal Childbirth and the Collection of Social Support Fees]. *人口与经济 [Population and Economy],* (1).

Kang, Z. (2005). "社会抚养费征收规定解析" [Analysis on the Regulations on the Collection of Social Support Fees]. *人口与计划生育 [Population and Family Planning],* (3).

[273] Feng, B. (1991, January 27). *China's birth control policy is tested in a rural village*. *Los Angeles Times*. https://www.latimes.com/archives/la-xpm-1991-01-27-mn-319-story.html

3.3. Enduring Inequality: Gender Roles, Labour Division, and Reproductive Rights in Hainan

The persistent gender disparities embedded within Hainan's socio-economic landscape are the result of intersecting historical, cultural, and structural forces. A longstanding regional pattern - often characterized characterised by the expression "men relax, women toil" (*nan xian nv lei* 男闲女累) - has shaped not only local labour divisions but also deeply influenced women's reproductive agency and social positioning. Unlike the inland agrarian paradigm of "men plough, women weave (*nan geng nv fu* 男耕女赋)," the Hainanese model positions women at the intersection of production and reproduction, tasking them with dual responsibilities as economic providers and primary caregivers. While such labour participation may superficially suggest empowerment, in practice it has reinforced gendered subordination by overburdening women while denying them equitable access to education, health care, and decision-making power. These dynamics are sustained by enduring Confucian ideologies, which have historically marginalised women by assigning them moral responsibility for familial well-being while limiting their mobility within the public sphere.In Hainan context, high tourism density, migratory labour flows, and urban-rural development disparities contribute to elevated rates of reproductive risk among women. Simultaneously, limited institutional support and entrenched gender norms render them more vulnerable to both physical and emotional harm in the aftermath of abortion. These intersecting forms of exposure and vulnerability distinguish Hainan from other Chinese regions, producing a localised structure of abortion causality that cannot be explained by demographic or behavioural factors alone.

This section critically examines how these gendered labour arrangements and social expectations impact women's reproductive trajectories, especially in relation to son preference and selective abortion. It argues that despite women's central economic and reproductive roles in Hainanese society, their contributions are consistently devalued within a patriarchal framework that prioritises lineage continuity and male offspring. The result is reproductive justice emphasises that autonomy is inseparable from these social conditions. For Hainanese women, reproductive agency is mediated not only by policy but also by kinship obligations and patriarchal norms, revealing how abortion functions as a negotiation under constraint rather than a purely voluntary act.

3.3.1. Gender Inequality in Hainan: Labour, Roles, and Rights

The core contribution of this study lies in uncovering the predicament of Hainanese women within the long-standing sociocultural framework of "men at ease, women labouring" and analysing its profound impact on women's reproductive rights. By examining the interplay between Hainan's social structure, gendered division of labour, work patterns, and reproductive culture, this research aims to elucidate how gender inequality influences the prevalence of abortion and its broader societal consequences. This study not only enhances the understanding of gendered cultural characteristics in Hainan but also provides theoretical support for improving women's reproductive rights and promoting gender equality.

Confucian ideology legitimised the delegation of labour to women, thereby depriving them of education and reinforcing male privilege in scholarship. Hainanese women bear dual responsibilities in both family and economic activities, shaping their industrious and hardworking nature. Compared to the traditional inland model of "men ploughing, women weaving," Hainanese women not only undertake heavy productive labour but also break conventional gender divisions, demonstrating greater independence and resilience.[274] In the 1930s, folklorist Tian Shulan[275] observed during his travels in Hainan that in places like Danzhou, Changjiang, Gan'en, and Yaxian, "men are at ease while women labour."

Such early records underscore that women's public labour visibility did not translate into reproductive autonomy. Su Shi[276], during his exile in Hainan, noted in his postscript that "scholars sit while men instruct women to stand, men guard the household while women go out and work." Contrary to the image of diligent and steadfast women, men, relatively unburdened by labour, often spent leisure time in tea shops, shaped by the ideology of self-sufficiency and contentment. However, this phenomenon of "men at ease, women labouring" did not translate into an improvement in women's social status; rather, it reflected the long-standing dominance of patriarchal ideology in Hainanese society.

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[274] Chen, Q. (2007). *"中国民俗学研究" [Chinese Folklore Studies].* 上海：华东师范大学出版社 [Shanghai: East China Normal University Press].

[275] Wu, B. (2014). "*民俗学原理" [Principles of Folklore Studies].* 长春：长春出版社 [Changchun: Changchun Publishing House].

[276] Su, S. (苏轼). (1986). "士风坐男使女立，男当门户女出入"，《东坡全集》["Men sit and women stand; men keep the gate, women go in and out", in *Collected Works of Dongpo (Dōngpō Quánjí)*]. 北京：中华书局 [Beijing: Zhonghua Book Company].

Hainan's cultural lag has entrenched patriarchal values, making women not only willing to bear dual responsibilities in both family and society but also actively defending men's right to leisure. During the Ming and Qing dynasties, the expansion of Confucian influence in Hainan reinforced the notion that "a woman's virtue lies in her lack of talent," limiting female education to rudimentary literacy in household affairs. In rural areas, many girls were entirely illiterate.[277] The lack of education forced women into extensive labour, further exacerbating gender disparities. As women took on economic burdens, men's labour contributions diminished, enabling them to pursue education with greater ease. Consequently, the idea that "men are born to study, and if unsuccessful, they turn to forestry or fishing" became an accepted norm. This Confucian penetration further marginalised women in education, diminishing their influence in the sociocultural sphere.

Within this cultural framework, the economic burdens on Hainanese women intensified. They not only supported family finances but also sustained a social structure that prioritised male education. The Confucian emphasis on male scholarship further legitimised the delegation of economic responsibilities to women. Over time, this division of labour deprived women of educational opportunities and solidified a hierarchical gender order. The *New Tang History*[278] records that in Hainan, "men are few, women are many... ten or five women share the responsibility of supporting one man." This indirectly highlights the stark gender disparities in educational opportunities, as female education was neither encouraged nor supported, further limiting women's participation in male-dominated cultural frameworks and lowering their overall societal status.

Moreover, the economic role of Hainanese women extended beyond the household, as they played a significant part in commerce. Women engaged in trade by selling textiles, exchanging goods, and generating income. *Lingnan Miscellany*[279] describes how cotton cloth, woven by indigenous Hainanese women, was intricately designed and widely traded. This shift in labour not only allocated both domestic and commercial responsibilities to women but also regulated their time and physical activities in a highly structured manner. Additionally, women frequently sold daily necessities such as sea salt and betel nuts,

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[277] Huang, S. (2012). "性别、权力与古代海南女性" [Gender, Power, and Ancient Hainanese Women]. *社会 [Society]*, 32(6): 204-219.

[278] Ouyang, X., & Song, Q. (Eds.). (1975). *"新唐书·卷 222"* [*New Tang History (Xīn Táng Shū), Vol. 222*]. 北京：中华书局 [Beijing: Zhonghua Book Company].

[279] Wu, Z. (1936). "*岭南杂记" [Lingnan Miscellany]*. 上海：商务印书馆 [Shanghai: Commercial Press].

contributing significantly to household income.[280] However, this labour model subjected women to long-term, systemic physical exploitation. In addition to strenuous labour, they were expected to fulfil traditional domestic duties, such as serving in-laws, maintaining household cleanliness, and performing textile work for trade. Due to their industrious nature and significant economic contributions - in some cases exceeding male contributions - women often assumed male responsibilities. This dual burden was culturally constructed as a female duty, perpetuating the intergenerational transmission of the "men at ease, women labouring" ideology.

In addition, the perception of women's morality became deeply intertwined with their labour roles. The intergenerational reproduction of gendered roles extended beyond labour into reproductive expectations, where women's bodies became the site for ensuring lineage continuity. From a young age, girls were socialised into a worldview where hard work and industriousness were expected virtues. The Hainanese proverb "a diligent mother raises a hardworking daughter; a lazy father raises an idle son" [281] reflects how gendered roles were ingrained from childhood, reinforcing the continuity of labour division across generations. Girls were expected to align with their mothers' work ethics, while boys followed their fathers, perpetuating the ideology of female labour and male leisure.

More critically, the oppression of Hainanese women extends beyond economic and labour exploitation to deeply influence reproductive norms. Under patriarchal traditions, Hainanese families commonly pursued large numbers of offspring, particularly male heirs. Childbearing was not only a female obligation but also a means of preserving the family lineage. As medical advancements allowed for fetal sex selection, selective abortion of female fetuses became widespread, leading to severe gender imbalances[282] in Hainan. And the abnormal ratios reveal how son preference, facilitated by selective abortion

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[280] Tang, Z. (2006). "*正德琼台志*" [*Zhengde Qiongtai Gazetteer*]. 海口：海南出版社 [Hainan Publishing House], Book 3 Chapter 1 Section 3

[281] Huang, S. (2014). "从性别视角看海南古代'女耕男读'现象" [A Gender Perspective on the Phenomenon of "Women Farming and Men Studying" in Ancient Hainan]. *海南师范大学学报（社会科学版）[Journal of Hainan Normal University (Social Science Edition)]*, 27(5): 119-123.

[282] Census data from 1964 showed that Haikou's sex ratio reached 152 males per 100 females. In 1983, Chengmai County recorded a sex ratio of 116.19; by 2000, the fifth national census revealed that in Ledong County, the male-to-female birth ratio had reached 135:89

technologies, has structurally distorted reproductive outcomes. These figures highlight how son preference-driven selective abortion has become a key factor in the region's demographic imbalance.[283]

In conclusion, the "men at ease, women labouring" framework has historically structured gender inequality in Hainan through labour exploitation, limited educational opportunities, and the reinforcement of patriarchal values. This cultural model not only overburdened women economically but also normalised their subordination in education and public life. Over time, the convergence of labour demands and Confucian ideology entrenched women's marginal status, with their reproductive roles further subordinated to lineage preservation and son preference. The prevalence of selective abortion, reflected in the distorted sex ratios across counties, illustrates how enduring gender inequality continues to shape reproductive trajectories. By analysing the intersection of labour patterns, gender roles, and reproductive culture, this study situates abortion in Hainan within a broader framework of structural and cultural inequality, offering critical insight for advancing reproductive rights and gender equality.

3.3.2. Urban-Rural Development and Fertility Shifts in Hainan

The transformation of fertility concepts in Hainan exhibits significant differences between urban and rural areas, influenced by regional economic development, social structures, and traditional cultural values. Considerable disparities exist in fertility motivations, ideal number of children, and gender preferences. In rural areas, due to relatively lower levels of economic development and an underdeveloped social security system, coupled with deeply entrenched clan-based values, women often regard "continuing the family lineage" and "providing for elderly parents" as their core fertility objectives. In contrast, urban women, influenced by higher levels of education, career aspirations, and shifting social norms, place greater emphasis on the impact of children on family atmosphere and marital relationships. Their reproductive decisions tend to be more autonomous and cost-conscious. Additionally, as an intermediary space between urban and rural settings, urban villages in Hainan present a complex transitional state, blending traditional and modern fertility concepts.

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[283] 乐东黎族自治县地方志编纂委员会 Ledong Li. (2002). "*乐东县志*" [*Ledong County Gazetteer*]. 海口：方志出版社 [Fangzhi Press]

Hainan exhibits marked urban-rural differences in fertility motivations, desired family size, and gender preference shaped by regional development, social security coverage, and kinship norms. Zhang[284] highlighted that disparities exist in fertility motivations, fertility objectives, ideal number of children, and gender preferences between urban and rural populations. In rural areas, women prioritise "continuing the family lineage" and "providing for elderly parents," whereas urban women emphasise the role of childbearing in "regulating family life" and "maintaining marital relationships." Regarding the ideal number of children, rural youth are inclined towards having more children, whereas urban youth demonstrate a growing preference for having fewer children or even remaining childless. In terms of gender preference, rural residents favour the "one boy, one girl" model, while urban residents exhibit a more neutral stance, showing a greater acceptance of "gender indifference."

The transformation of fertility concepts is driven by distinct factors in urban and rural settings. Among urban populations, the rise of female employment plays a crucial role in reshaping fertility attitudes and behaviours. With increased female labour market participation and evolving labour value perceptions, women are no longer confined to traditional reproductive roles. Consequently, their fertility decisions are increasingly influenced by personal values and aspirations. Conversely, fertility concepts in rural areas are shaped by multiple factors, including education levels, economic conditions, and family status. Due to these constraints, rural women tend to adhere more closely to traditional fertility values, characterised by a preference for larger families, gender-specific expectations, and a family-centric reproductive ideology. Influenced by traditional Chinese culture, the "more children, more blessings" belief continues to exert a significant impact on rural women's fertility attitudes and behaviours.

Among the various factors contributing to urban-rural fertility disparities in China, Zeng [285]identified economic imbalances, differences in education levels, and the persistence of traditional fertility beliefs as primary determinants. Zheng[286] examined the influence of education on female labour participation, asserting that higher education levels improve women's health, increase their expected working hours,

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[284] Zhang, J. (1992). "城乡生育观念差**异与**转变" [On the Differences and Transformation of Fertility Concepts Between Urban and Rural Areas]. *人口**学刊** [Population Journal]*, (02): 20-24.

[285] Zeng, G. (2009) "城乡生育观差**异**的原因及对策" [Causes of Differences in Fertility Concepts Between Urban and Rural Areas and Solutions]. *科技信息 [Science and Technology Information]*, No. 288(04): 357, 360.

[286] Zheng, M. and Wang, Y. (2006) "城市女性**教**育水平**与**劳动参与率**关**系**研**究" [On the Relationship Between Urban Women's Education and Labour Participation]. *经济评论 [Economic Review]*, (06): 31-35.

and elevate income levels, ultimately boosting female labour force participation. On the other hand, higher education also enhances women's bargaining power in marriage, leading some to prioritise family enjoyment over market labour. Yuan[287] utilising data from the 2011 China Health and Nutrition Survey and employing Probit and Tobit models, conducted an empirical analysis on whether increased education reduces women's unpaid domestic labour. Their findings indicate that higher education does not significantly reduce women's involvement in unpaid domestic work, reaffirming the continued existence of traditional gender roles in the household division of labour.

Notably, in Hainan, urban villages[288] represent a unique structural phenomenon that exists independently of conventional urban and rural settings, creating distinct fertility concept dynamics. Urban villages,

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[287]Yuan, X. (2012). " **教**育回报的性别差**异研**究" [Research on Gender Differences in Returns to Education]. *统计与信息论坛 [Statistics and Information Forum]*, (4): 98-102.

[288] The phenomenon of migrant populations forming geographically concentrated communities based on shared place of origin, commonly referred to as "hometown-based communities" or xiangyuan communities, has garnered significant academic attention. The spatial clustering of demographically homogeneous migrant groups has become a key indicator for assessing residential segregation.

Previous studies have also highlighted that social isolation among migrant populations is particularly pronounced in urban villages, where many function as hubs for hometown-based clustering. As a result, examining the social isolation of migrants within urban villages is both representative and of considerable practical significance (Lu, 2015; Wu, 2003; Lan, 2008).

Scholarly perspectives on urban villages and their impact on migrant social mobility remain divided. Some researchers argue that urban villages perpetuate a form of "permanent underclass" (Wang & Yang, 2015; Liu et al., 2010), reinforcing socio-spatial segregation and hindering migrants' upward mobility. Conversely, other scholars contend that urban villages serve as transitional spaces that facilitate the integration of new urban residents, providing a foundation for their eventual incorporation into the urban fabric. This ongoing debate underscores the complex role of urban villages in shaping migrants' socio-economic trajectories.

Sun, X. (2021) . "同乡网络：上海流动人口聚居模式的影**响**" [Fellow-Township Networks: The Effects of Migrant Settlement Patterns in Shanghai]. ***清***华社***会学***评论 *[Tsinghua Journal of Social Sciences],* 3(2): 3-27.

Lu, Y. (2015) . "**从**社**会**空间视角看"城中村"的空间隔离问题" [The Issue of Spatial Segregation in "Urban Villages" from a Socio-Spatial Perspective]. ***学***术研究 *[Academic Research]*, (12): 49-55, 159-160.

characterised as “villages within cities,” are a product of China’s dual land system and exhibit a distinctive urban spatial structure. As of now[289], Haikou’s main urban area, spanning [209] square kilometres, along with suburban areas, contains 296 urban villages and shantytowns, housing approximately 500,000 residents. The ongoing urban renovation projects initiated in 2014 have thus far accounted for only 20% of the total redevelopment demand. Due to the dual influence of rural traditional values and urban economic and social changes, fertility concepts in urban villages exhibit hybrid characteristics, reflecting both traditional and modern influences. As social and economic development progresses and urbanisation accelerate, fertility concepts in Hainan’s urban and rural areas are likely to converge over time. However, in the short term, significant disparities between urban and rural fertility perspectives will persist.

In 2023[290], the urban-rural income ratio in Hainan was 2.1, lower than the national average, indicating a narrowing income gap between urban and rural residents. However, disparities in education levels, employment opportunities, and access to social resources continue to exert a profound influence on women’s fertility perceptions. Resource theory posits that an unequal distribution of resources within the family leads to asymmetrical decision-making power[291]. Despite increasing labour force participation among urban women, which has enabled them to challenge traditional fertility norms, rural women

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Wu, X. (2003) “ ‘边缘社区’的探索：中国流动人口聚居特征分析” [Exploration of "Marginal Communities": An Analysis of the Characteristics of Migrant Population Settlements in China]. *城市规划 [Urban Planning]*, (7): 40-45.

Lan, Y. (2008) "城中村中流动人口聚居地功能分析, , 兼论城中村空间改造的若干思考” [Functional Analysis of Migrant Population Settlements in Urban Villages: Reflections on Urban Village Spatial Transformation]. *中共福建省委党校学报 [Journal of the Party School of the Fujian Provincial Committee of the CPC]*, (12): 30-35.

[289] People's Daily Hainan Channel (n.d.) “人民网海南频道”[*People's Daily Hainan Channel]*. Available at: http://hi.people.com.cn/GB/359023/363710/363868/index.html (Accessed: 13 February 2025).

[290]Hainan Provincial Government. (2024). *“2023 年海南省经济运行情况新闻发布会” [2023 Hainan Economic Performance Press Conference.]* Available at: https://www.hainan.gov.cn/hainan/c100670/202401/ (Accessed: 13 February 2025).

[291]Crompton, R. (2006). *Employment and the Family: The Reconfiguration of Work and Family Life in Contemporary Societies*. Cambridge University Press.

remain constrained by economic, cultural, and familial structures. This is particularly evident in their preference for larger families and gender-selective reproduction.

Urban villages, situated at the intersection of the urban-rural dual structure, serve as hubs for migrant populations, forming the hometown-based clusters. These spaces facilitate the interplay between rural fertility norms and urban reproductive ideologies, resulting in a multifaceted fertility landscape. On the one hand, kinship-based values reinforce traditional beliefs such as "more children, more blessings". On the other, urban economic pressures and rising child-rearing costs compel some women to adopt a more individualised, quality-over-quantity fertility approach. However, such shifts frequently encounter resistance from both familial expectations and broader societal norms.

Although Hainanese women have a long-standing tradition of working outside the home, their labour is predominantly confined to economic activities rather than participation in broader public life. Gendered spatial segregation persists, as evidenced by the distinct separation between women's workplaces and social spaces such as tea houses, which remain male-dominated. Both men and women tacitly reinforce this division of labour, sustaining the long-standing notion that men dominate external affairs while women remain primarily within the domestic sphere.

From the perspective of resource theory, the unequal distribution of household resources directly correlates with disparities in decision-making power. Even in cases where women serve as primary economic providers, men frequently retain greater control over familial and social resources.[292] This asymmetry extends beyond economic distribution and is deeply rooted in the social construction of gender roles, which continue to reinforce women's subordinate status. Throughout their upbringing, women are socialised into accepting fertility as an intrinsic responsibility, often measuring their labour contributions against those of other women rather than men. This internalised framework reduces their sensitivity to gender inequality. While many Hainanese women assume key financial roles within their families, their participation in public life remains constrained, as men continue to dominate external

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[292] Brines, J. (1994). Economic dependency, gender, and the division of labour at home. *American Journal of Sociology, 100*(3), 652-688.

Kan, M. Y. (2008). Measuring housework participation: The gap between "stylised" questionnaire estimates and diary-based estimates. *Social Indicators Research, 86*(3), 381-400.

social and economic spaces. Consequently, the gendered division of labour within and beyond the household remains structurally stable, limiting the potential for transformative change.

Overall, urban-rural development gaps, hybrid urban-village ecologies, and unequal household bargaining produce divergent but patterned fertility trajectories in Hainan. These structures help explain why unintended pregnancies are differentially resolved across settings - sometimes continued under kinship obligations, sometimes terminated under cost and opportunity pressures - foregrounding abortion as a situated practice within enduring gendered inequalities.

3.4. Conclusion

This chapter has examined how abortion decisions among Hainanese women are shaped by a matrix of intersecting structural conditions: economic, cultural, familial, and institutional. In continuity with Chapter 2, which presented China's abortion policy as a manifestation of state-centred governance rather than a platform for exercising individual autonomy, the discussion here narrowed the focus to Hainan's localised realities. The analysis demonstrates that while abortion is legally accessible, it is not necessarily freely chosen. Instead, the notion of "voluntary abortion" must be interrogated in light of systemic pressures - ranging from welfare deficiencies and labour market penalties to entrenched kinship expectations - that significantly delimit women's reproductive agency.

The review further shows that global feminist and bioethical discourses centred on autonomy and rights often understate the contradictions faced by women in patriarchal and resource-constrained contexts such as Hainan. Economic precarity, gendered family roles, and intergenerational reproductive norms converge to produce what can be described as structural coercion: not overt compulsion, but subtle and institutionalised constraints that shape the boundaries of what is considered possible or legitimate for women.

A critical gap in the existing Chinese scholarship is the insufficient theorization of abortion as a socially mediated decision. Much of the literature continues to frame abortion either as a demographic policy instrument or as an individual health event, thereby neglecting the moral, relational, and emotional dimensions of women's choices. While reproductive justice frameworks in Western debates have illuminated the intersecting effects of class, race, and gender, such approaches are rarely applied in Chinese reproductive studies. This absence limits understanding of how class position, hukou status, ethnicity, and urban - rural divides intersect with gender to shape abortion outcomes in localised settings such as Hainan.

This chapter also highlights the biopolitical entanglement of women's bodies within the Chinese state apparatus. Reproductive governance in China does not merely regulate population numbers but also constructs the meaning of motherhood, enforces normative gender roles, and sustains social order. Abortion is therefore not simply a private medical act, but a site of negotiation between the individual and the state, between autonomy and compliance, silence and resistance.

In sum, Chapters 2 and 3 establish the conceptual and contextual foundations of the thesis. Chapter 2 showed why abortion in China must be understood beyond a narrow framework of individual choice,

legal access or state coercion. Chapter 3 has demonstrated why Hainan matters as a specific site of reproductive negotiation, where regional inequality, hukou status, healthcare provision, childcare costs, labour insecurity and clan-based gender norms intersect to shape women's reproductive possibility spaces. These two literature review chapters therefore justify the need for an empirical approach that can capture how structural conditions are experienced, interpreted and negotiated in women's everyday lives. Chapter 4 turns to this methodological task, explaining how feminist qualitative interviewing, reflexive thematic analysis and attention to positionality were used to examine married women's abortion narratives in Hainan.

Chapter 4. Methodology

4.1. Introduction

This chapter explains the methodological design of the study and reflects on the changes that occurred during the research process. It begins by outlining the feminist-informed qualitative epistemology underpinning the thesis, before explaining the shift from an initially quantitative orientation to a qualitative narrative interview design. It then discusses changes in research design, including recruitment strategies, the move from online planning to predominantly face-to-face interviewing, and the period of data collection. The chapter also explains participant selection, interview tools, thematic analysis, ethical considerations, researcher positionality and the role of the interpreter. In doing so, it treats methodology not only as a technical process of data collection, but as a reflexive and situated practice shaped by access, trust, sensitivity, language and the embodied nature of abortion narratives.

The methodological choices made in this study reflect the central concern of the thesis: to understand how married women in Hainan narrate, interpret and negotiate abortion within family, policy, medical and socio-economic contexts. Existing research on abortion in China has often focused on state population policy, demographic patterns, sex-selective abortion or involuntary termination under the One-Child Policy. While this work is important, it does not fully capture the embodied, emotional, moral and relational dimensions of abortion decision-making. This study therefore required a method capable of attending to women's own accounts, including the silences, hesitations, contradictions and ethical reasoning through which sensitive reproductive experiences are narrated.

For this reason, the study uses semi-structured narrative interviews as its primary method. This format allowed participants to describe their experiences in their own terms while also enabling the research to explore key areas across interviews, including pre-abortion circumstances, the procedure itself and the post-abortion aftermath. Face-to-face interviews were prioritised where possible because they supported rapport, trust and attention to embodied cues, although online interviews were also used when they better fitted participants' availability or privacy needs. The interview design was therefore flexible rather than fixed, adapting to the sensitivity of the topic and to participants' circumstances.

The chapter also explains how the research design evolved over time. The project initially had a more quantitative orientation, but this shifted as it became clear that publicly available abortion-related data in China were not sufficiently standardised, regionally specific or detailed for the questions this thesis asks.

More importantly, quantitative data could not capture the lived meanings of abortion as an embodied, relational and morally negotiated experience. The move to qualitative inquiry was therefore both practical and epistemological: it enabled the thesis to foreground women's situated knowledge rather than treating abortion only as a demographic or policy outcome.

Finally, this chapter situates the research within a feminist methodological approach. Feminist methodology is used here not as a fixed set of techniques, but as a commitment to treating women's lived experiences as legitimate knowledge, to recognising power within the research encounter, and to making the researcher's positionality visible. This is particularly important in a study of abortion, where stigma, family pressure, policy histories and bodily vulnerability shape both what can be said and how it is said. The chapter therefore sets out not only what methods were used, but also how access, trust, interpretation, ethics and reflexivity shaped the knowledge produced in this thesis.

4.2. Research Epistemology

This study adopted a feminist epistemology within an interpretivist paradigm. I treated women's lived experiences as situated knowledge and assumed that meaning was co-constructed through dialogue between researcher and participant.[293] I acknowledged that all research was positioned and that my interpretive lens was shaped by feminist commitments to social justice and gendered embodiment.

[293] Harding, S. (1987). Introduction: Is There a Feminist Method？. *in Feminism and Methodology：Social Science Issues*. Indiana University Press.

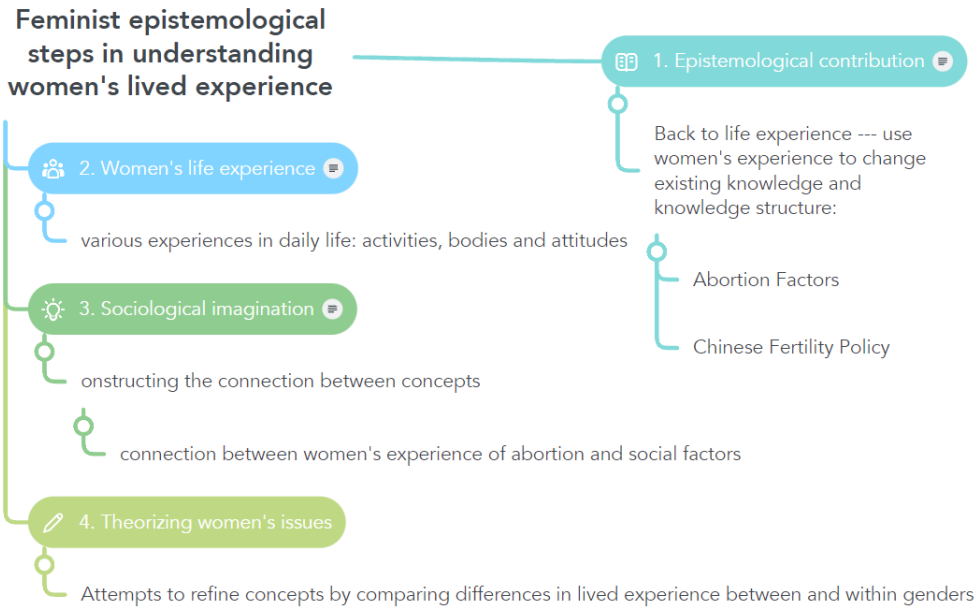

Fig 1-4: Research epistemology roadmap

Feminist epistemology, as articulated by Dorothy Smith[294], begins from women's everyday lives and takes those experiences as a valid starting point for knowledge production. This standpoint that I have summarised in Chapter 2 was particularly important in studying abortion, an issue often silenced in public discourse and regulated by medical, legal, and familial authorities. By placing Hainanese women's abortion experiences at the centre of inquiry, I aimed to recover voices marginalised in broad demographic survey data and to analyse how national reproductive decision-making was lived, narrated, and negotiated by individuals.

Guided by this epistemology, I mobilised narrative and embodied sensibilities to understand abortion as an experiential and relational process for motherhood. As Riessman[295] and Chase note[296], people make

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[294] Smith, D. (1987). *The Everyday World As Problematic：A Feminist Sociology*. Boston：Northeastern University Press.

--- (1992). "Sociology from Women's Experience：A Reaffirmation." *Sociological Theory*. Vol. 10. No.1 Spring.

[295] Riessman, C.K.(2008). *Narrative Methods for the Human Sciences*. Thousand Oaks, CA: SAGE,

[296] Chase, Susan E. (2011). "Narrative Inquiry: Still a Field in the Making." In *The SAGE Handbook of Qualitative Research*, 4th ed., edited by Norman K. Denzin and Yvonna S. Lincoln, 421-434. Thousand Oaks, CA: SAGE

sense of their lives through stories embedded in cultural discourses and power relations. In the Chinese context, where abortion is often accompanied by silence or stigma, narrative interviewing created safe space for participants to speak in their own terms with emotions. Embodiment was central to these accounts: as Young[297] and Ahmed[298] remind, abortion is not only an abstract moral decision but something felt through the body, interwoven with emotions, intimacies, and social expectations. Attending to sequencing, metaphor, hesitation, and strategic silences helped surface moral reasoning and social sensitivity in participants' narratives. Rather than replaced, these sensibilities complemented the feminist commitment to women's lived experience as knowledge.

In addition to feminist epistemology, I drew selectively on a life course perspective to guide how I approached participants' narratives of abortion. The life course approach[299] emphasises that individual decisions and experiences must be understood in relation to temporal sequences and broader social structures. I did not employ life course theory as a comprehensive analytic framework, but rather as a heuristic that helped me to attend to the temporal dimensions of reproductive decision-making.

Specifically, this perspective enabled me to trace abortion experiences across three phases: the pre-abortion context, the procedure itself, and the post-abortion aftermath. The study scope focused analysis to these three phases and to intersections with marriage, migration, and intergenerational expectations. Framing abortion across time moved beyond treating it as a singular medical episode and instead as a relational process shaped by kinship obligations, economic conditions, and cultural scripts of motherhood. This complemented feminist epistemology by linking situated knowledge to temporal sequencing and structural positioning, and it informed my design of the semi-structured interview guide. For example, my interview questions asked participants to recall the circumstances that led to their fertility decision, their embodied and relational experiences during the procedure, and the emotional or social consequences afterwards - from the partner, elder generation, and the environment they exist or reside in.

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[297] Ahmed, S.(2014). *Willful Subjects*. Durham, NC: Duke University Press,

[298] Young, Iris Marion. (2005*). On Female Body Experience: "Throwing Like a Girl" and Other Essays.* New York: Oxford University Press

[299]Elder, G. H. (2001). *The Life Course in Time and Place*． Presented at the " International Symposium on Institutions Interrelations Sequences：The Bremen Life-Course Approach" Bremen Germany September 26-28 http：//www．unc．edu/elder/presentations/

The life course perspective also highlighted how reproductive events are embedded within wider trajectories such as marriage, migration, and intergenerational expectations. For Hainanese women, abortion was rarely an isolated event; it was entangled with kinship obligations, economic uncertainties, and cultural scripts of motherhood. By situating abortion within these temporal and social contexts, I was able to move beyond viewing it as a singular medical episode and instead analyse it as a relational process unfolding over time.

In this sense, the life course perspective complemented feminist epistemology: it allowed me to recognise women's narratives as situated knowledge while also paying attention to how experiences of abortion were sequenced, layered, and connected to other life domains. This framing directly informed my thematic analysis in Chapter 5, where findings are organised around women's accounts of pre-abortion decision-making, the embodied procedure, and post-abortion reflections. In coding and thematic analysis, I paid close attention to the sequencing of fertility stories, the metaphors participants used to frame their decisions, and the silences or hesitations that marked areas of social sensitivity. In this sense, narrative and embodied approaches did not function as separate theoretical frameworks but as methodological sensibilities that allowed me to engage more deeply with women's accounts of abortion.

Indeed, feminist epistemology also shaped how I engaged with bioethical debates surrounding induced abortion. Rather than treating abortion as a purely medical or legal event, I examined how structural conditions - economic, familial, and institutional - constrained or enabled women's choices. This epistemological stance directed attention to the ways in which reproductive decisions were embedded in broader power relations, and how women navigated stigma, care obligations, and social expectations.

In summary, the epistemological foundations of my research combined feminist epistemology, narrative and embodied perspectives, and selective use of the life course approach. Together, these sensibilities enabled me to recognise women's lived experiences as situated knowledge, attend to the embodied and relational dimensions of abortion, and situate individual accounts within temporal and structural trajectories. This epistemological stance did not remain abstract. Instead, it informed the design of semi-structured interviews; the approach to translation and transcription; the process of coding and theme development; and the attention to reflexivity, validity, and ethics. The following sections build on this foundation by outlining the concrete research design (4.3), introducing the participants (4.4), and explaining the analytic process (4.5).

4.3. Research Methods and Design

This study adopts a qualitative, feminist-informed research design centred on semi-structured narrative interviews with married women who had experienced abortion in Hainan. The purpose of the research design was not to measure the prevalence of abortion or produce statistical generalisations, but to understand how women interpreted, justified, remembered and negotiated abortion within family, policy, medical and socio-economic contexts. The design developed over time in response to both practical constraints and epistemological refinement.

4.3.1. From Quantitative Design to Qualitative Inquiry

At an earlier stage, this research was conceived as a more quantitatively oriented study of abortion and fertility behaviour in China. A quantitative design initially appeared useful because it could have helped identify broader patterns in abortion rates, fertility intentions, contraceptive use, sex- selective, regional variation and possible effects of family planning policy. Such an approach would have aligned with much existing research on abortion in China, which often relies on demographic indicators, provincial-level statistics or survey data to examine reproductive behaviour.

However, as the proposal developed, it became clear that a quantitative design would not adequately answer the central questions of this thesis. I initially explored whether publicly available quantitative data could support a study of abortion patterns and fertility decision-making in Hainan. However, abortion-related data that were public, standardised, regionally specific and sufficiently detailed were difficult to obtain. Unlike contexts where primary care systems may generate routinely accessible datasets through GP registration or national health records, abortion-related information in China is fragmented across hospitals, local health bureaus, family planning systems and administrative reporting mechanisms. Hospitals do not provide a unified publicly accessible statistical system that records women's abortion experiences, decision-making processes, post-abortion care, emotional consequences or family involvement in a comparable way.

This limitation was not only practical but also epistemological. Even if aggregate figures had been available, they would not have captured the aspects of abortion that became central to this thesis: bodily pain, fear, shame, family pressure, spousal negotiation, in-law expectations, moral reasoning and post-abortion silence. These experiences were often ambivalent, indirect and relational. They required a method that allowed women to narrate not only what happened, but also how they interpreted the event,

how they remembered it, and how they positioned themselves within family and social expectations.

The shift from a quantitative to a qualitative project brought challenges. It meant that the study could not claim statistical representativeness or make broad claims about all married women in Hainan. Recruitment was slower, more dependent on trust, and shaped by the sensitivity of abortion as a research topic. The interview data were also uneven: some participants spoke openly, while others relied on hesitation, euphemism, silence or fragmented accounts. Analytically, this required attention to what was not said as well as what was explicitly stated.

At the same time, the shift created important opportunities. It allowed the thesis to foreground women's own meanings, moral vocabularies and embodied memories rather than treating abortion only as a demographic or policy outcome. It made visible the relational processes through which abortion decisions were made, including negotiations with husbands, in-laws, existing children, healthcare providers and economic constraints. The qualitative design therefore enabled the development of the thesis's key concepts, including relational autonomy, localised intersectionality and flexible resistance. In this sense, the move to qualitative inquiry was not simply a practical adjustment, but an epistemological refinement that aligned the research design more closely with the feminist aim of centring women's situated knowledge and lived reproductive experience.

4.3.2 Recruitment and Research Design Adaptation

In this study, sociological fieldwork was a situated activity: I entered the field and sought meaning through ongoing interaction with participants. I treated fieldwork as a sequence of embodied, interpretive practices that make the social world perceptible, consistent with a naturalistic approach to society. This stance implied interpreting social phenomena through the meanings people assign to them, developed dialogically with those whose lives I studied.[300] In contemporary China, where abortion sits within policy transitions and institutional unevenness, official and private datasets were often partial or opaque, which limited deductive approaches and strengthened the case for in-depth, first-person accounts.

Recruitment also developed during the research process. At the beginning of fieldwork, I attempted to recruit participants through both online and community-based methods. Online recruitment was used

[300] Markey, J. F. (1926). "A Redefinition of Social Phenomena: Giving a Basis for Comparative Sociology." *American Journal of Sociology*, 31, 733-743.

because it appeared to offer privacy, wider reach and convenience for a sensitive topic. I also attempted community-based recruitment through visits near residential communities and the use of recruitment materials in local spaces. However, these methods were less effective than expected. Abortion remained a highly stigmatised topic, and many potential participants were reluctant to respond to public or semi-public recruitment materials. The sensitivity of the topic meant that willingness to participate depended less on visibility of recruitment and more on trust, personal connection and reassurance about confidentiality.

The early recruitment process therefore shaped the final design of the study. Rather than relying primarily on impersonal recruitment, I increasingly used personal introductions, local contacts and snowball sampling. This was not simply a matter of convenience; it reflected the social conditions under which women felt able to speak about abortion. Participants were more likely to engage when they had some basis for trusting the researcher or the person who introduced the study. This reliance on trust-based recruitment created limitations, including the possibility of network bias, but it also made it possible to access narratives that would have been difficult to obtain through public recruitment alone.

Fieldwork also demanded attention to blind spots and paradoxes in everyday institutions. People in the life-world typically operate with a natural attitude, a taken-for-granted acceptance that the world is as it appears, through which customs are reproduced and misconceptions endure.[301] Attending to these blind spots helped me notice what had been normalised and thereby rendered invisible.

Fieldwork also demanded attention to blind spots and paradoxes in everyday institutions. People in the life-world typically operate with a natural attitude, a taken-for-granted acceptance that the world is as it appears, through which customs are reproduced and misconceptions endure. Attending to these blind spots helped me notice what had been normalised and thereby rendered invisible. From the moment I entered the field, I was not “just collecting data”, but perceiving, making sense, and analysing what was present. Not everything seen or heard in fieldwork was sociologically meaningful. My task was to discern and differentiate: to sift materials and elevate analysis from empirical to theoretical, producing vivid theoretical generalisations with an empirical dimension. Husserl calls this movement “essential intuition”, not a mere abstraction but a reorientation of one’s observational gaze, shifting from sensory intuition

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[301] Alfred, S. (1973). *Collected Papers, Volume One: The Problem of Social Reality*. The Hague: Martinus Nijhoff.

Grathoff, R. (1989). *Philosophers in Exile: The Correspondence of Alfred Schutz and Aron Gurwitsch, 1939-1959*. Bloomington: Indiana University Press.

toward conceptual/categorical intuition to identify hierarchical structures of relations. [302]

4.3.3 From Online to Face-to-Face Interviews

Data collection was conducted between April 2022 and June 2022. The design evolved during this period in response to recruitment difficulties, participant availability, the sensitivity of the topic and the practical need to create safe and comfortable conditions for disclosure.

The research design also shifted from an initial expectation that online interviews would be central to a stronger reliance on face-to-face interviews. Because fieldwork during COVID-19 required flexibility, I adopted a hybrid strategy. I first invited participants to choose the interview mode and location. Where safe and feasible, I conducted face-to-face interviews in participant-chosen settings (their homes, if quiet and safe, or private rooms in familiar tearooms); otherwise, I conducted telephone or video interviews, preserving the same privacy safeguards. Where travel made this impossible, I used Zoom and telephone interviews, with several safeguards: I sent password-protected invites, locked meetings once the participant joined, limited screen sharing, avoided branded/blurred backgrounds to reduce hierarchy, recommended that both of us use headphones and choose a quiet, separate room, and saved recordings only to an encrypted OneDrive, not the Zoom cloud. These details weren't cosmetic, they materially improved privacy, sound quality, and participants' sense of control (including the ability to switch off video or leave instantly).

Therefore, online interviews initially appeared appropriate because they offered flexibility and could reduce travel and scheduling difficulties. However, early online interactions suggested that some participants were less confident in discussing abortion through a screen. Some kept their masks on or limited visual and emotional engagement, which reflected the continuing stigma attached to abortion and the difficulty of speaking openly about intimate reproductive experiences in a mediated setting.

In comparison, face-to-face interviews often generated richer and more detailed accounts, as involved interpersonal interaction and was more demanding than structured questionnaires, but precisely for that reason it allowed situated, context-sensitive accounts of how married women navigated abortion

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[302] Soueltzis, N. (2021). *Protention in Husserl's Phenomenology*. Cham: Springer.

Yang, S. (2009). "感知与洞察：研究实践中的现象学社会学" [Perception and Insight: Phenomenological Sociology in Research Practice]. *Chinese Journal of Sociology*, 29(1), 162-172.

decisions.[303] In-person interaction made it easier to establish trust, respond to hesitation or discomfort, clarify local expressions and attend to embodied cues such as pauses, silence, tone and emotional shifts. This was particularly important because many participants did not describe abortion through formal rights-based language, but through indirect expressions of pain, responsibility, fear, family pressure or bodily endurance. Face-to-face interviewing therefore supported the narrative and embodied approach of the thesis.

At the same time, online interviews were not rejected entirely. During my fieldwork in Hainan, this one-to-one format fit local communicative norms. Several women described themselves as reserved in public; the quieter tempo of an in-depth conversation, by telephone or in their own homes, helped them articulate views they had rarely voiced. For some participants, especially those with heavy domestic responsibilities or limited availability, online interviews were more practical. Some housewives found it difficult to arrange a private face-to-face meeting because their time was structured around childcare, housework and family routines. Once trust had been established through preliminary contact, online interviews could still produce meaningful and ethically appropriate data. [304]Furthermore, when a participant hesitated over technical terms, which as a common problem in questionnaire research, the relational stance of the interview (mobilising, encouraging, inviting reflection) helped her clarify what she wanted to say without feeling rushed. [305] This was crucial in my study because I often needed to explain specialist terms and study concepts. For example, post-abortion care (PAC), types of abortion procedures, contraceptive methods, and medical insurance. The final research design therefore used flexibility rather than a fixed hierarchy between online and in-person methods. Face-to-face interviews were preferred where possible, but online interviews remained useful when they better fitted participants' circumstances and privacy needs.

Face-to-face interviewing involved interpersonal interaction and was more demanding than structured

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[303] Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. London: Sage.

[304] Pilbeam, C., Anthierens, S., Vanderslott, S., Tonkin-Crine, S. & Wanat, M. (2022). Methodological and Ethical Considerations when Conducting Qualitative Interview Research With Healthcare Professionals: Reflections and Recommendations as a Result of a Pandemic. *International journal of qualitative methods,* vol. 21, pp. 160940692210777.

[305] Hyden, M. (2014). The teller-focused interview: Interviewing as a relational practice. *Qualitative social work : QSW : research and practice,* vol. 13, no. 6, pp. 795-81

questionnaires, but precisely for that reason it allowed situated, context-sensitive accounts of how married women navigated abortion decisions.[306] At the same time, I was careful not to collapse into "sympathetic projection", which requires bracketing, suspending prior value judgements and theoretical commitments, so as not to seek only confirmatory materials while filtering out disconfirming evidence. When I felt the pull of preconception, I paused, returned to the narrative, and asked clarifying, open prompts rather than steering the account.

I designed each interview to follow a narrative arc. Rather than treating accounts as freestanding "reports," I co-constructed stories with participants, inviting them to move from the focal event to antecedents and consequences.[307] Open prompts (e.g., "*Can you tell me about…?*") placed participants at the centre and allowed them to use their own vocabulary and pacing.[308] In keeping with narrative traditions that alternately foreground the teller, the communicative setting, and the story, I listened for how one fertility event led to another and for the meanings sedimented in sequence, silence, and emphasis.[309]

Before each formal interview, I scheduled a short preliminary conversation (around 15-25 minutes) to revisit aims and procedures, gauge comfort with sensitive topics, and decide together whether a full interview was appropriate. This "first informal meeting" built rapport and signalled that participants could set the pace; it also marked the beginning of reciprocity[310] and I offered presence and careful attention in exchange for their narratives. In creating a safe space as an interviewer, I used all of my "lived experiences" to explore perceptions, beliefs, practices and social networks about Chinese women's experiences of childbirth. Some of my past life experiences give me common ground with the interviewees - dealing with mental health issues, the social context of changing fertility policies, growing up female or in a culture of boy preference.

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[306] Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. London: Sage.

[307] Plummer, K. (2001). *Documents of Life 2: an Introduction to Critical Humanism.* London: Sage

[308] Smith, C. (2012). What would I change the next time? A confessional tale of in-depth qualitative data collection. *Qualitative Research Journal,* Vol. 12 No. 1, pp. 98 - 110

[309] Riessman, C. K. (2008). *Narrative methods for the human sciences.* Sage Publications, Inc.

[310] Schoenberg, N. F. (2002). Introduction Part IV. In G. D. Rowles & N. E. Schoenberg (Eds.), *Qualitative gerontology: A contemporary perspective* (pp. 130-135). New York: Springer.

Given the sensitivity of abortion in China, I re-explained the study at the interview start, reviewed the information sheet in plain language, and addressed any concerns about confidentiality and anonymity. In line with ethical guidance for sensitive topics, I obtained verbal consent (rather than signatures, which several women told me felt risky) and sought explicit permission to audio-record; I reminded participants they controlled what to share.[311]

Two participants of a similar age to me were initially concerned about being judged for their abortion experiences or family lives. I assured them I would anonymise their accounts and describe personal background factually, that my analysis would centre the emotions in their abortion experiences, and I encouraged them to speak candidly. By contrast, several older participants spoke more forthrightly about family matters and abortion and were frank about intimate aspects of their lives. In this respect I believe I earned their trust, which enhanced the trustworthiness of the data.

Because fieldwork during COVID-19 required flexibility, I adopted a hybrid strategy. I first invited participants to choose the interview mode and location. Where safe and feasible, I conducted face-to-face interviews in participant-chosen settings (their homes, if quiet and safe, or private rooms in familiar tearooms); otherwise, I conducted telephone or video interviews, preserving the same privacy safeguards. Where travel made this impossible, I used Zoom and telephone interviews, with several safeguards: I sent password-protected invites, locked meetings once the participant joined, limited screen sharing, avoided branded/blurred backgrounds to reduce hierarchy, recommended that both of us use headphones and choose a quiet, separate room, and saved recordings only to an encrypted OneDrive, not the Zoom cloud. These details weren't cosmetic, they materially improved privacy, sound quality, and participants' sense of control (including the ability to switch off video or leave instantly).

In rural Hainan, dialect and literacy posed real obstacles. Some potential respondents spoke only local Hainanese and were not literate in standard written Chinese, so I worked through a trusted intermediary - a long-time classmate (we had known each other since middle school, attended the same university, and our families were close) - who could interpret and vouch for me. For several home visits, this intermediary accompanied me as a Hainanese-Mandarin interpreter. When a participant could comfortably use Mandarin, my interpreter friend typically waited in a nearby tearoom while I went upstairs to conduct the interview alone. The only occasion on which he needed to be fully present was

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[311] Corbin, J. & Morse, J.M. (2003). The Unstructured Interactive Interview: Issues of Reciprocity and Risks when Dealing with Sensitive Topics. *Qualitative inquiry*, vol. 9, no. 3, pp. 335-354.

with a participant he had introduced; she was especially friendly and relaxed, addressed much of her narration to him, and did not mind his presence, which gave me an opportunity for participant observation and to reflect on additional questions.

I also learned to navigate village power structures carefully. I chose not to recruit via village committees (typically male-led and without women's associations) to avoid exposure risk and potential pressure. Instead, I entered villages through my intermediary, which proved more acceptable to women considering participation. When I sought institutional help from Women's Federation offices across Hainan (by phone, email, and in person) I encountered silence and deflection; staff I finally reached emphasised propaganda duties and said my topic fell outside their remit. These experiences informed my decision to rely on community-level trust rather than top-down channels.

Fig 2-4. Haikou urban-village streets near one participant's residence; lower-right of image: the author with the accompanying Hainanese-Mandarin interpreter.

During interviews, narratives rarely began with intimate detail. As trust developed, women typically started with background (work, marriages, kin obligations) then moved toward the decision and its

aftermath. My role was semi-structured but responsive: I followed participants' leads, attended to paralinguistic cues (pauses, hesitations, laughter), and allowed detours that often opened the most important insights.[312] I also documented non-verbal shifts, from relaxed posture to tension; neutral tone to anger or humour, because these sometimes challenged conventional expectations that abortion stories would be uniformly sad. Over time, participants described, to varying degrees, the pressures and feelings present around the abortion, and the narrative advanced to subsequent phases.

During my interviews with women in Hainan, I observed a distinct narrative pattern in their discourse, which one characterised by frequent references to others' experiences. When discussing their reproductive choices, rural women often framed their narratives through the lens of what others had done or decided. In contrast, urban women, while also making references, were more inclined to centre their personal experiences, frequently using expressions such as "I" and "my family" to convey their emotions, struggles, and hardships. Notably, urban interviewees often cited individuals they had encountered online or referenced information from television, suggesting an evolving set of influences shaping their perspectives.

The focus on how research participants articulate their experiences is a crucial aspect of in-depth qualitative interviews. Prior studies have demonstrated that discourse is deeply embedded in socio-political and cultural structures. For example, Guo and Sun's research[313] on farmers' narratives during the land reform era revealed that the practice of "诉苦" (speaking bitterness) was an ideological mechanism utilised by the state. By recounting their suffering, farmers reinforced their identity as an oppressed class, solidifying their opposition to the ruling elite and ultimately fostering a sense of national consciousness. Similarly, Xue's[314] systematic study of gossip in rural villages suggests that informal conversations serve as moral regulatory mechanisms, reinforcing community norms. Meanwhile, Yang[315] and her colleagues

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[312] Mishler, E. G. (1999). *Storylines: Craftists' narratives of identity*. Cambridge, MA: Harvard University Press.

[313] Guo, Y. & Sun, L. (2004). "诉苦： 一**种**农民**国**家观念形成的中介机制"[Speaking bitterness: An intermediary mechanism in the formation of farmers' national consciousness], *中**国学**术 Zhongguo Xueshu* , (4).

[314] Xue, Y. (2009). *" 村落里的"闹闹"：意义、功能**与**权力" [Gossip in villages, meaning, function, and power]*. 上海：上海世纪出版集团 Shanghai: Shanghai Century Publishing Group, pp. 177-190.

[315] Yang, S. & Liu, L. (2008) "日常生活的政治化**与**农村妇女的公共**参与**, , 以宁夏 Y 市郊**区**巴村为例" [T*he politicization of daily life and rural women's public participation: A case study of Bacun, suburban Y*

analysed rural women's daily conversations and found that such interactions have become a means of political engagement, reflecting their survival strategies and agency.

Inspired by these perspectives, I interpret rural Hainanese women's frequent invocation of "others' stories" as an implicit acknowledgment and adherence to cultural norms. By referencing external examples, they align themselves with prevailing moral standards, subtly reinforcing socially accepted reproductive expectations. However, the expanding range of individuals they cite, extending beyond their immediate communities to include media and online sources, suggests that traditional village boundaries are becoming increasingly porous. The influx of values and norms through the internet and mass media has broadened the horizons of rural Hainanese women, providing them with alternative frameworks for evaluating and reconsidering their existing reproductive norms.

Finally, the rural Hainanese context gave these narratives a particular cadence. Clan-based sociality made comparison unavoidable; migration for work made domestic labour uneven; and policy messages about "optimal fertility" reverberated through everyday talk without always translating into material support. In this environment, accounts of abortion were rarely framed as isolated moral verdicts. They were stories about timing, stamina, space, and help; about when obligations become unsustainable, when bodies speak louder than advice; and when a woman's "own thoughts" must be asserted against the undertow of the ordinary.

After the 10th interview, new material chiefly elaborated existing patterns; by the 16th, no substantively new codes were generated for the research questions. This aligned with the 12-20 range often reported for narrative/thematic depth and with the logic of information-rich cases in sensitive research. In total, I obtained 16 valid interviews.

The interview transcripts were produced in the original Chinese and in a translated English version. Participants contacted me by email or phone using the details provided on the online WeChat link and on printed posters placed on hospital bulletin boards. I informed participants that they could use a pseudonym in our correspondence so that, if my reply were seen by others, the content would not be readily attributable to them.

City, Ningxia], in Yang, S. (ed.) "城乡日常生活：社**会学**分析" [Urban and rural daily life, A sociological analysis]. 社**会**科**学**文**献**出版社[Beijing: Social Sciences Academic Press], pp. 180-185.

For the analysis, I followed thematic analysis and iteratively refined themes, rather than coding at pre-set levels. I printed all transcripts and fieldnotes and annotated them by hand with colour coding to flag potential initial codes. I then used a mind-gap diagram and repeated readings to cluster, merge, or separate codes into candidate themes, testing and integrating themes during writing. I parked several promising subthemes for future research where they fell outside the present study's analytic focus. (The detailed steps are described in 4.5 Thematic Analysis.)

Audio and video files were removed from recording devices as soon as possible, encrypted, password-protected, and stored securely. Transcription was conducted in a private space, and all personally identifying information was removed or altered during transcription. Once transcriptions were completed, they were handled with care and stored in secure Culture Lab storage when not in use; full transcripts were accessible only to me. Digital copies were encrypted, password-protected, and stored securely.

4.4. Participants Selection

Why Choose Married Women

I focus on married women because the relationship between fertility intentions and fertility behaviour in this group is both strong and policy-salient. As Wei[316] et al. show, once married women achieve their desired number of children, they are more likely to adopt effective, long-acting contraception, with downstream reductions in unintended pregnancy and induced abortion, an empirical pattern that signals low acceptance of "unplanned" births in this group.[1] Their analysis further indicates that between 2012 and 2017, abortion among married women with one child declined steadily, remained stable among those with three or more, but spiked among women with two children, many of whom reported that two was exactly their preferred family size.

A key nuance is timing and directionality. There can be reverse causality between abortion and the willingness to have another child. Although undergoing an induced abortion may dampen intentions for a

[316] Wei, Z., Yu, D. & Liu, H. (2021). Induced abortion among married women in China: a study based on the 1997-2017 China Fertility Surveys. *China popul. dev. stud.* 5, 83-99. https://doi-org.ezproxy.lib.gla.ac.uk/10.1007/s42379-021-00079-5

subsequent birth, evidence also suggests the converse dynamic: lower willingness for a second child increases the likelihood of choosing abortion when faced with an unintended pregnancy. In other words, unwillingness preceded the abortion decision rather than resulting from it; this is why when the abortion occurred matters for interpretation. Complementing this, Gu's[317] statistical analysis of married women reported that among those with one child, 31.8% had experienced abortion, with an average of 0.42 abortions (of which 0.34 were induced and 0.08 spontaneous), suggesting that induced abortions constituted the majority in this subgroup.

These dynamics contrast with some Western contexts, where being married and part of a nuclear family is often taken as an enabling condition for having more children.[318] In the Chinese case, however, the evidence above indicates that marriage does not mechanically translate into a stronger desire for additional births; rather, many married women exercise reproductive choice in line with preferred family size and life circumstances.

Fieldwork Access, Local Mediation and Interpreter Support

Fieldwork access in rural and urban-village settings depended not only on formal recruitment materials, but also on local trust, dialect competence and personal mediation. In rural Hainan, dialect and literacy posed practical obstacles. Some potential participants spoke Mandarin with strong Hainanese dialect features, and at least one participant, Tang, was not literate in standard written Chinese. For this reason, I did some of my fieldwork with H, a pseudonym, who acted as a trusted local intermediary and Hainanese-Mandarin interpreter when needed.

H was not a professional interpreter, but a long-term friend and local contact. We had known each other since secondary school and later studied together in Glasgow. His involvement was therefore based on trust, local knowledge and familiarity with the communities in which some participants lived. H's role

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[317] Gu, B. (2011). "生育意愿、生育行为和生育水平"[*Fertility intentions, fertility behaviour and fertility levels*]. *人口研究*[*Population Studies*], 35(2), 43-59.

[318]Office for national statistics. (2023). *Families and households in the UK: 2013.* retrieved at:https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2013-10-31

Trends in living arrangements including families (with and without dependent children), people living alone and people in shared accommodation, broken down by size and type of household.

varied across the fieldwork. When participants were comfortable using Mandarin, he did not attend the interview and instead waited nearby. When dialect or literacy created barriers, he helped with interpretation and clarification. The only interview in which he was fully present was Tang's. Tang was not literate and spoke Mandarin mixed with local dialect in ways that I found difficult to fully understand. H had known Tang's only child since childhood as a neighbour and classmate, and this existing relationship helped establish trust. Tang agreed to participate after H introduced the study, and the interview took place in a relaxed conversational style rather than a formal question-and-answer format.

With H's consent, I note that he identifies as homosexual. This shaped the gendered dynamics of fieldwork in a specific and situated way. For some participants, his presence did not appear to carry the same meaning as that of a heterosexual male outsider entering sensitive conversations about abortion, sexuality and family life. He was perceived less as an authoritative male presence and more as a trusted friend within local and personal networks. This appeared to reduce discomfort and helped create a more relaxed conversational environment. However, I do not assume that his gay identity removed gendered power dynamics altogether. His presence still required reflexive attention, because any interpreter can influence what is said, how it is said and what remains unspoken.

H also supported the safety and practicality of fieldwork. During visits to urban villages and community spaces, he accompanied me or waited nearby while I distributed recruitment materials or visited potential recruitment sites. His local knowledge helped me navigate unfamiliar spaces and reduced the risks associated with conducting sensitive fieldwork alone. Without his assistance, the study would likely have had less access to participants from more varied social locations, particularly those whose speech, literacy level or community connections made standard recruitment and interviewing more difficult.

Because H was a male interpreter, his presence required particular reflexive attention. Abortion, sexuality and family conflict are gendered and sensitive topics, and a male presence could potentially inhibit participants' disclosure or alter how they narrated intimate experience. For this reason, I did not treat interpretation as a neutral technical process. I asked participants whether they were comfortable with his presence, limited his involvement to situations where dialect or literacy made support necessary, and conducted interviews alone whenever participants were able to communicate in Mandarin.

Consideration of the age of participants

The change in China's fertility policy after 2015, from restricting to encouraging childbirth, seems to have had limited effect. After a small peak in the number of births in 2016, the number of births in China continued to decline from 2017 to 2020. Occupational pressures, living costs, parenting costs, and changing attitudes have all contributed to the decline in China's fertility rate. Considering that the upper age limit for pregnancy has increased significantly since the introduction of the second child policy, I selected women aged 20 to 50 years.

Young people born in the 1980s and 1990s were mostly children without siblings who valued their own development and physical and mental freedom, and had a different outlook on marriage than their parents' generation. Compare this with the early age of marriage and the number of children born in the 1960s, in terms of parenting, the "only child" generation have a preference for quality over quantity in fertility. Influenced by the rise in education levels, the only child in the 80s and 90s has pushed back their entry into the workforce and consequently delayed the age of marriage and childbearing.

Theoretically, a decrease in the number of people getting married and having children would result in a decrease in the number of abortions.[319] However, on the contrary, the number of abortions in China has been increasing every year during this period. This means that the proportion of married women deciding to have an abortion has instead increased.

In total, 16 married women participated in this study. Table 1-4 (Participant characteristics) summarises the key features of the sample: number of abortions, year(s), number of children, method of abortion, and abortion reasons ranked by participant-reported importance. This table supports the rationale above by showing how desired family size, work-care trade-offs, economic considerations, elder support, and partner involvement variously intersected in married women's decision-making in Hainan. (A more detailed description appears in Appendix 2.)

[319] Feng, X. (2010). "**生育二胎"双独夫妇"的意愿及相关因素分析**'[The desire to have a second child: an analysis of the willingness of "two-parent couples" and related factors]. *社会科学[Social Science]*,(05):58-66+188-189.

ID	Pseudonym	Abortion times	Year of abortion	Number of children	Method of abortion	Abortion reasons (ranked by participant)—Codes from quotations
01	Chai	1	2019	1	Surgical abortion with general anaesthetic	1. Dysontogenesis + Economic reasons
02	Fanfan	1	2015	3	Abortion pills + Surgical abortion with general anaesthetic	1. Already have 2 boys; + girl preference(gender test); 2. Potential consideration from CT; 3. Work balance; • Superbirth, no fertility indicators
03	Geqian	1	2023	2	Abortion pills + Surgical abortion with general anaesthetic	1. Economic reasons; 2. "No one to help with children rearing"(Insufficient help from husband); • "no job"
04	Haoyun	1	2015	2	Surgical abortion with general anaesthetic	1. Dysontogenesis; 2. No elder support for childcare; • unsatisfied
05	Lili	2	2022	1	Abortion pills + Surgical abortion with general anaesthetic	1. Work balance; 2. Energy for childcare; • Work in different cities; • fear of production
06	Qianshou	2	2016; 2020	1	Surgical abortion with general anaesthetic	1. Dysontogenesis; 2. Economic reasons; • satisfied

07	Lingzhi	1	2011	1	Surgical abortion with general anaesthetic	1. Dysontogenesis; + “no one help”; 2. Work balance; + Economic reasons; • Influence of growing family - Boy preference
08	Rongrong	1	2022	3	Surgical abortion with local anaesthetic	1. “No one to help”; 1. already have 3 children; 2. “No job”; + Insufficient help from husband
09	Tang	1	2001	1	Surgical abortion with local anaesthetic	1. Economic reasons; 2. No elder support for childcare; • Fear of caesarean section
10	Vivi	1	2019	1	Surgical abortion with general anaesthetic	1. Poor health during pregnancy • worried about the fetus may have an underlying disease
11	Tianmei	4-5	2000-2016	3	hybrid	1. Already have 3 girls; 2. Work balance; + “no one help”; 3. Economic reasons
12	Yufei	2	2011; 2016	1	Surgical abortion with general anaesthetic	1. Low HCG in earlier weeks - dysontogenesis; • health condition Polycystic ovary syndrome
13	Wang	1	2009	1	Abortion pills + Surgical abortion with general anaesthetic	1. Insufficient help from husband; 2. Economic reasons
14	Xuan	1	2016	3	Surgical abortion with general anaesthetic	1. Boy preference(did gender test in Hongkong); + 1. pressure from familiy and clan

Table 1-4: Summary of interviewee basic information (see Appendix 2: Interview Background Information for more information)

15	Xiaoxiao	1	2020	1	Abortion pills + Surgical abortion with general anaesthetic	1. No one to help(Insufficient help from husband); 2. Economic reasons; 3. Work balance
16	Husan	1	2021	0	Surgical abortion with local anaesthetic	1. Competitive pressure among primary school teachers; 2. Economic reasons; 3. Elders are busy at works, insufficient help from other family members

4.5. Tools and Data Analysis

4.5.1. Tools

Technical Tools

During interviews, I used an external microphone and a camera connected to my laptop to capture synchronised audio and video. This setup required a quiet environment for any face-to-face session. Regarding the transcription of the text, I used the built-in memo function of Mac to convert the recording into text and copied it into the document for correction.

Recruitment Tools and Methods

I recruited adult married women with a history of abortion. I began with purposive sampling and then used snowball sampling. To protect privacy and personal identity, I avoided any prior personal relationships with interviewees, and I explained that participation was voluntary and conferred no direct material or health benefits.

I had initially planned a sample of 20-30 participants, but I completed 16 interviews. Following Langdridge, the validity and insight of sensitive research depend on the richness of cases and the researcher's analytic acuity, rather than large-N generalisation.[320] In this logic, qualitative interview studies determine adequacy by information sufficiency and saturation, not a fixed numerical target.

For sample fit, I sought a reasonably homogeneous group aligned with the research focus and, midway through fieldwork, invited participants to recommend others who matched the study criteria until saturation was reached.

Recruitment combined online and on-the-ground routes. I posted calls on WeChat, Zhihu, Douban, and Xiaohongshu, adding multiple tags (e.g., parenting knowledge, mother-infant interaction) to increase visibility among married women with children. On arrival in Hainan, I used a portable display stand and posters and printed 200 flyers. I first placed posters on community bulletin boards in Haikou and set up a small display at a community activity centre,

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[320] Langdridge, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. London: Addison Wesley Longman, pp. 109-110.

but property managers asked me to remove them, stating that the content did not align with "positive social values"; even so, I recruited two participants there. Subsequently, my intermediary guided me to urban-village areas in Haikou; with the agreement of laoba tea and small restaurant owners, I posted notices at their counters and recruited three additional participants. Others joined via snowball referrals from interviewees and family-based word-of-mouth.

When respondents contacted me via the poster details, they often used a pseudonym in email or text. I then negotiated time and place to prioritise privacy. A copy of the recruitment poster is included in the attachments. The social-media advertisement replicated the community poster (project overview, background, what participation involved, and how to contact me). Posters were placed primarily on free bulletin boards in residential compounds in Haikou.

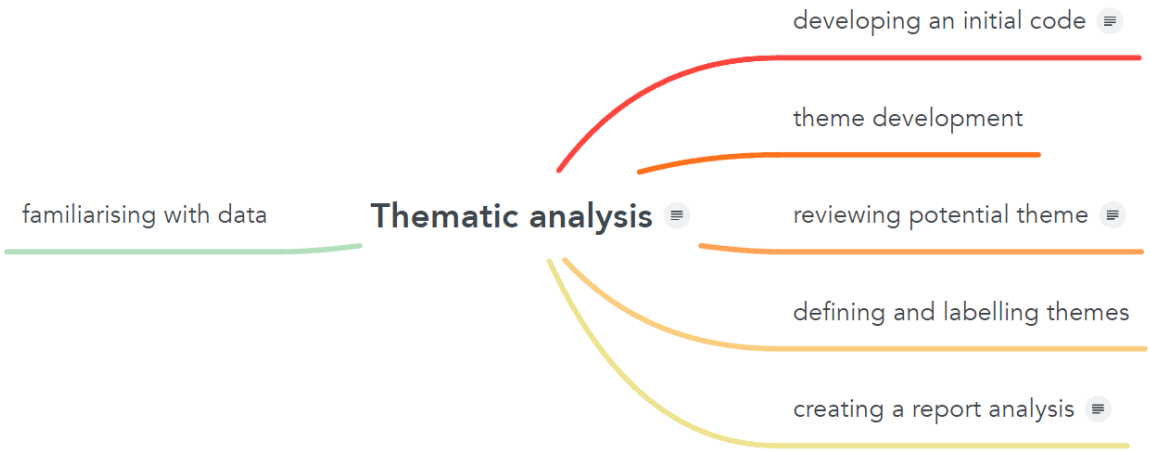
Fig 3-4: Recruitment post for the interviews (English translation and original Chinese version)

4.5.2. Thematic Analysis

Chinese married women's abortion decisions unfolded at the intersection of socio-cultural settings and policy legacies, resisting simple variable-based explanations. I therefore used thematic analysis (TA) as a flexible, problem-focused strategy to identify patterned meanings across interviews. i.e., "themes" that address the research questions rather than topic headings.[321] A theme in this study captured a recurrent way of making sense of abortion in relation to self, kinship, and institutions, not merely a frequently mentioned subject.[322] My stance was reflexive TA: active interpretation grounded in participants' words, made transparent through memoing and an audit trail.

My transcript notes comprised verbatim Chinese transcripts (with paralinguistic cues such as pauses, hesitations, and laughter) and English translations prepared for analysis. I treated how something was said as analytically meaningful alongside what was said. To preserve nuance, I retained bilingual passages when a single English gloss risked flattening moral vocabulary during analysis and discussion (more details in Chapter 5-8).

I followed the six phases outlined by Braun & Clarke - familiarisation, coding, theme search, review, definition, and reporting - translating them into concrete practices:



[321] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

[322] Smith, J. (2008). *Qualitative Psychology: A Practical Guide to Research Methods.* London, SAGE Publications Ltd, pp, 66

Fig 4-4 prepared by Huizi Xi as per Braun and Clarke (2006), Theme and code will also be shown in the discussion chapter)

1. ***Familiarisation*.** I read and re-read the transcripts and fieldnotes, noting early hunches about obligations, care, stigma, and practical constraints.

2. ***Initial coding (handwritten on paper)*.** I printed all transcripts and fieldnotes and annotated them by hand while applying colour coding. Colours flagged potential initial codes anchored in participants' own vocabulary (e.g., "no grandma to help," "boy pressure," "work not stable," "fear of labour pain").

3. ***From codes to candidate themes.*** I built a mind-gap diagram, repeatedly clustering/splitting codes and sketching tentative pathways (e.g., policy/household costs → contraception access → unintended pregnancy → decision calculus)

4. ***Theme review and refinement.*** Through repeated close readings, I tested candidate themes against the whole corpus, merged overlapping clusters, and discarded items that were topical but not patterned.

5. ***Define and name***. I wrote prose definitions for each theme, keeping participants' wording close to the surface to avoid analytic drift.[323]

6. ***Reporting and integration***. Analysis continued during writing: I integrated themes into narrative subsections for Chapter 5, "parked" several promising subthemes for future research (grey boxes in Fig. 4-4) and kept earlier versions to document how merges/splits occurred.

This process produced eight final themes, shown in Fig. 4-4 Code-Theme Map and summarised in Table 1-4:

- Social-demographic & policy context

[323] Smith, J. (2008). *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage, p. 66.

- Family & clan cultural expectations
- Lack of support from older generation
- Financial constraints (hukou-related); Relationship issues with partners
- Contraception failure & access
- Health concerns
- Personal choice & reproductive autonomy

Arrows in the figure denote interpreted sequencing/conditioning, not statistical causation.

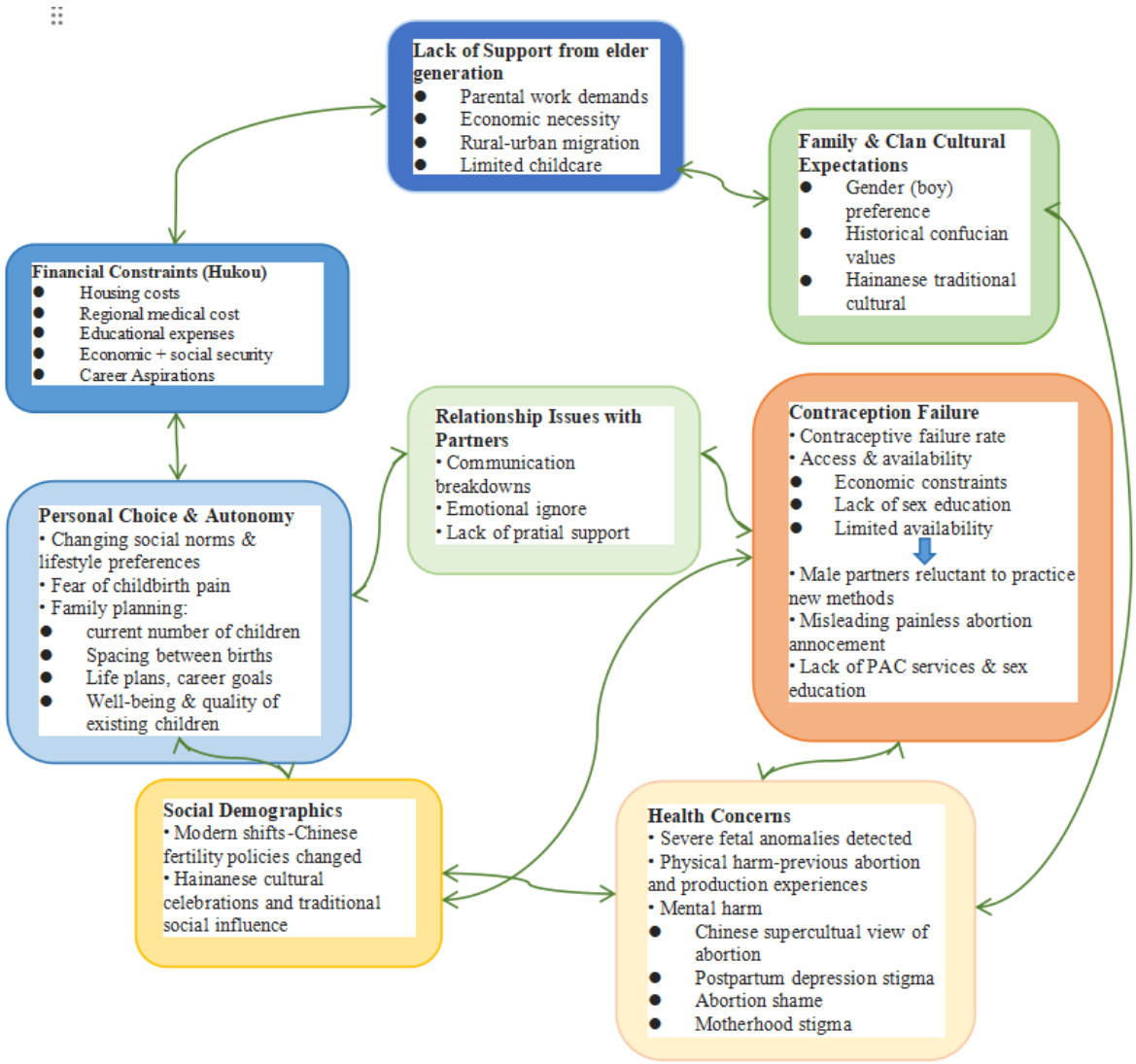


Fig. 4-4 Code-Theme Map

heme	Theme label	Operational definition	Typical codes (from data)	Role in decision pathway
	Social-demographic & policy context	Macro context shaping expectations and constraints around marriage, childbearing and daily life in Hainan.	• Modern shifts; • Chinese fertility policies changed; • Hainanese cultural celebrations; • Traditional social influence	Background context
2	Family & clan cultural expectations	Normative expectations from family/clan traditions that prescribe 'oughts' for reproduction and motherhood.	• Gender (boy) preference; • Historical Confucian values; • Hainanese traditional culture	Norms/values
3	Lack of support from older generation	Limited practical childcare help from parents/elders due to work and migration realities.	• Parental work demands; • Economic necessity; • Rural-urban migration; • Limited childcare	Support constraints
4	Financial constraints (hukou-related)	Affordability barriers and hukou-tied access shaping reproductive decisions.	• Housing costs; • Regional medical cost; • Educational expenses; • Economic & social security; • Career aspirations	Costs/access
5	Relationship issues with partners	Relational strain that weakens joint planning and emotional/practical support.	• Communication breakdowns; • Emotional neglect; • Lack of practical support	Relational pathway
6	Contraception failure & access	Barriers to effective contraception and PAC/sex education resulting in unintended pregnancies.	• Contraceptive failure rate; • Access & availability (economic constraints, lack of sex education, limited availability);	Immediate trigger / access

			• Male partner reluctance; • Misleading painless abortion advertising; • Lack of PAC & sex education	
	Health concerns	Bodily and mental-health considerations that directly inform decisions.	• Severe fetal anomalies detected; • Physical harm (previous abortion/childbirth experiences); • Mental health (postpartum depression stigma; abortion shame; motherhood stigma)	Immediate trigger
	Situated reproductive decision-making	Participants' situated reasoning around abortion, including family size, birth spacing, bodily pain or fear, economic capacity, life plans and the wellbeing of existing children. This theme captures how participants expressed practical agency without necessarily using the abstract language of autonomy.	• Changing social norms & lifestyle preferences; • Fear of childbirth pain; • Current number of children; • Spacing between births; • Life plans & career goals; • Well-being/quality of existing children	Decision calculus

Table 2-4: Final themes, operational definitions, and typical codes

From the table 2-4, the theme numbers are used only as organisational markers in the methodology chapter. In the empirical chapters, I refer to themes by their substantive names rather than by numerical labels, in order to preserve the narrative flow of participants' accounts.

Following the TA procedure, it helped me surface how background conditions (policy shifts, hukou-linked access, local culture) filtered through norms (son preference; Confucian obligations) and supports (elder care availability) into relational pathways (partner

communication, practical/emotional help), and then into event-level triggers (contraception failure; new health information). The final theme, Personal choice & reproductive autonomy, captured the decision calculus where women weighed spacing, desired family size, career plans, pain/fear, and the well-being of existing children. Rather than treating abortion as a single medical episode, the analysis articulated temporal sequences and relational negotiations that recurred across narratives.

To evidence rigour, I worked to meet standard trustworthiness criteria, including credibility, dependability, confirmability, and transferability, through procedures that are visible in my materials and reproducible in principle. I maintained a dated audit trail (handcoded printouts, evolving code lists, mind-gap sketches, theme definitions), used thick description and cross-case support in reporting, and kept variant/negative cases in play to test the boundaries of each theme.[324] This approach follows Lincoln and Guba's framework for naturalistic inquiry and its later operationalisation for TA, where a transparent decision trail and explicit criteria for retaining themes are central to credibility claims.[325]

My procedures also align with broader quality guidance in qualitative research. I used memoing and brief supervisor debriefs to surface and check my own reflections. I returned to participants' wording when naming themes to avoid analytic drift, and I made translation choices explicit when a single English word risked flattening Chinese moral vocabularies. These practices speak to Tracy's "big-tent" criteria[326] and to guidance that rigour is strengthened when verification strategies are built into the analysis rather than appended after the fact.

However, the flexibility of thematic analysis is both a strength and a vulnerability. Quality problems arise when researcher does not declare a coherent approach[327], when "themes" function

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[324] Lorelli S. N et al. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods* Volume 16: 1-13

[325] Lincoln, Y., & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage.

[326] e.g., rich rigour, sincerity, meaningful coherence

From: Tracy, S. J. (2010). Qualitative Quality: Eight "Big-Tent" Criteria for Excellent Qualitative Research. *Qualitative Inquiry.* 16(10) 837-851

[327] Braun, V. and Clarke, V. (2006)

as topic headings rather than patterned meanings, or when visual maps are read as causal proof. I explicitly chose the reflexive version of thematic analysis: themes are generated by me through close engagement with the data; my subjectivity is acknowledged and used reflexively. I did not pre-decide *which* themes would appear. I only set criteria for recognising a theme (e.g., a *patterned meaning* tied to the research questions, internally coherent, distinct from neighbouring themes, supported across multiple narratives). I worked with a semi-structured interview guide that consistently elicited core domains (e.g., contraception access, partner support, elder childcare, costs and policy context, health). This anchored the data corpus without pre-fixing the findings: within this scaffold I followed a reflexive TA approach, generating themes inductively from participants' wording, revisiting and reorganising them through memoing and a mind-gap map. I applied clear inclusion criteria[328] for themes, marked tentative cross-theme links in the figure, and recorded merges and splits in write up files with versions.

Another area of debate concerns intercoder reliability (ICR) [329]. In reflexive TA, theme development is understood as a researcher-generated, interpretive process; numerical agreement can be a category error if it encourages superficial coding or false consensus. I prioritised reflexive consistency - returns to the data, memoing, and discussion with supervisors - over formal ICR statistics, while making my analytic decisions transparent.[330] Finally, with a purposive, small sample, my claims are for analytic transferability, not statistical generalisation. I mitigated over-reach by specifying scope, grounding claims in bilingual extracts, and signalling parked subthemes that exceeded the thesis's focus. The result is a coherent alignment of aims, data, procedures and claims, which is the basis on which trustworthiness in TA should be judged.[331]

Nowell, L.S., Norris, J.M., White, D.E. and Moules, N.J. (2017) 'Thematic analysis: striving to meet the trustworthiness criteria', *International Journal of Qualitative Methods*, 16, pp. 1-13.

[328] patterned meaning linked to the research questions, internal coherence, distinct boundaries, cross-case support

[329] O'Connor, C. and Joffe, H. (2020) 'Intercoder reliability in qualitative research: debates and practical guidelines', *International Journal of Qualitative Methods*, 19, pp. 1-13

[330] Braun, V. and Clarke, V. (2019) 'Reflecting on reflexive thematic analysis', *Qualitative Research in Sport, Exercise and Health*, 11(4), pp. 589-597.

[331] Nowell, L.S., Norris, J.M., White, D.E. and Moules, N.J. (2017) at below

4.6. Ethical considerations

The topics studied using qualitative methods of in-depth interviews include those that are critical to the unique life experiences of individuals. Moreover, since abortion as a reproductive family decision involves intrusion into people's private lives, it is categorised as a sensitive or risky area of investigation. Investigating sensitive topics could trigger intense emotions in participants. In this section, I consider the vulnerability of its participants and develop a plan to provide appropriate support when needed. Ensuring that the researcher is fully aware of the appropriate boundaries of the researcher-participant relationship and the ethical issues that may arise will result in a mutually beneficial experience for both parties.

4.6.1. Privacy and Confidentiality

This study involved sensitive first-person accounts of abortion, so privacy and confidentiality were central throughout. I informed participants before recording, that participation was voluntary, that they could skip any question or stop at any time, and that time, place, language, and interpreter presence would be their choice. I also explained that in small communities deductive re-identification can never be ruled out entirely, even after de-identification.

Anonymisation and de-identification. I assigned pseudonyms and stored the identifier key separately. In transcription I removed or generalised direct identifiers (names, phone numbers, exact addresses) and indirect identifiers (rare occupations, exact ages, specific neighbourhoods, children's exact ages). Where necessary, I used composite details that preserved analytic meaning while reducing identifiability. All quoted extracts were checked for uniqueness before inclusion.

Interpreter and language privacy. Only one participant (Tang) required Hainanese-Mandarin interpretation. The interpreter (He/him) in that case was also the initial liaison, which the participant found reassuring; she remained relaxed and, with Tang's consent, his presence facilitated fuller narration. I confirmed at the start, and again during the interview, that she was comfortable continuing. For all other interviews no interpreter was used. The interpreter was briefed on confidentiality, referred to participants only by pseudonyms.

Non-coercive rapport and positionality. I was attentive to insider-outsider dynamics. As a Chinese woman who is unmarried and without children, I was an insider in gendered experience

yet an outsider to married motherhood. To minimise any perceived pressure, I stated at the outset: "*You can skip anything; we can pause or stop whenever you wish; and we will only discuss what feels important to you today.*" Participants chose the venue (e.g., a quiet room at home or a private tearoom booth) and set the pace; I returned to difficult topics only if they wished.

Face-to-face and remote safeguards; recording and transcription. In-person interviews were held in quiet, private locations with equipment placed discreetly. For remote sessions I avoided platform cloud recording and used local capture via Mac Voice Memos, which also generated on-device automatic transcripts. Meetings were password-protected/locked, and I recommended headphones on both sides. Digital audio and transcripts were then encrypted, password-protected, and stored on a restricted-access institutional drive; paper notes were shredded after processing.

Consent and data governance. Because some participants were reluctant to sign on this topic, I obtained verbal informed consent and recorded the consent script at the start of each interview. Data processing followed purpose limitation and data minimisation. Personal contact details and the ID key were destroyed by 30 September 2024; de-identified transcripts are retained securely for the University's standard period (10 years) for audit and scholarly purposes. Access to identifiable materials was limited to me (and, if required for audit, my supervisor).

Finally, I used consistent, non-stigmatising terminology (abortion and, where relevant, post-abortion care), and avoided unclear or value-laden terms. All storage, reporting, and dissemination decisions were taken to minimise identification risk while preserving the analytic value of participants' narratives.

4.6.2. Harm to Participants

Because abortion is sensitive, my first ethical priority was to reduce power imbalances and prevent participants from feeling they had to disclose more than they wished. The semi-structured, narrative format helped: I used a stable set of prompts but let participants set the pace, skip questions, change topic, or stop at any time. At the start I said, *"You can answer as much or as little as you want; we can pause or stop whenever you wish."* I also watched for non-verbal cues, including voice, pauses, posture, eye contact. For example, on two occasions a participant stayed for a long time on intimate details about sex with her husband and recent arguments. I acknowledged what she had shared, gently reframed ("*We can come back to this later if you*

want, would it help to talk about who was helping with childcare at that time?"), and moved to the next topic. This small redirection kept control with the participant while preventing over-exposure she might later regret.

At one point a participant began to blame herself ("*I was careless… it was all my fault*"). I first acknowledged the feeling - "*I hear that this feels heavy to carry*" - and then removed any evaluative frame: "*There's no judgement here and no 'right answer' I'm looking for*." I offered concrete options that returned choice to her: "*Would you like to pause, or would it feel easier to talk about what support you had around you then - family, partner, friends*?" When she nodded, I moved to a broader context prompt: "*Who was present in your life at that time, and what helped or didn't?*" This kept her in control while shifting away from self-reproach toward conditions and supports.

My positionality mattered for harm reduction. As an outsider to married motherhood and to many local, adult-life realities in Hainan and mainland China, my lived experience in these places was mainly during adolescence. The limitations were clear: I did not assume I fully understood marital dynamics, work-care trade-offs, or neighbourhood norms as a local married scholar might. Yet this stance also helped: it made me ask basic, clarifying questions rather than presuming shared knowledge, and it supported cross-disciplinary, cross-regional comparison. To avoid projecting my assumptions, I named this insider-outsider tension in interviews and returned to participants' own wording when summarising or naming themes.

Another participant asked me, "*What do you think I should have done? What do most women do?"* I declined the expert role and reframed the interview purpose: "*There isn't a 'should' here and there's no correct answer I can give. I'm here to understand what was possible for you then*." I then used a gentle, choice-based prompt to return the locus of control: "*What options felt open to you at that moment, and which felt closed?* We can talk through whichever part you want, or we can take a break." When she preferred to continue, I followed with an open, grounded question: "*If we go back to the week you first found out, what happened next?*" keeping the focus on her timeline and agency rather than on my opinion.

I anticipated that recalling abortions could be emotionally difficult. I used a proportionate oral distress protocol designed for sensitive interviews. In plain terms: if someone looked or sounded distressed, I paused, checked in, offered a break, and stopped if they asked. We could reschedule or withdraw parts of the interview if they preferred. I then signposted information for relevant

local support (e.g., counselling services or post-abortion care information lines) and wrote a short fieldnote for the audit trail. I made no medical promises and did not offer clinical advice.

Evidence from qualitative studies suggests that even when people feel upset in the moment, lasting harm is uncommon, and many participants report benefits such as altruism or feeling heard. In the Chinese context, Nie's[332] interviews with women who had undergone forced abortion similarly found greater-than-expected benefits from participation, with common motivations including altruism, appreciation, and concern for the care provided to others; most participants described the experience as valuable and not unduly distressing. Guided by that literature and the principles of autonomy and non-maleficence, I framed readiness as the participant's decision. Before starting, I used a short neutral script inviting anyone who felt significantly distressed today to postpone; I did not ask about psychiatric medication or hospitalisation. One participant, Tang, required Hainanese-Mandarin interpretation. H, a pseudonym, acted as both the initial liaison and interpreter in this case. His involvement was discussed with Tang before the interview, and I confirmed that she was comfortable with his presence and with continuing the interview. H was briefed on confidentiality, referred to participants only by pseudonyms in research records, and did not access transcripts or files beyond what was necessary for interpretation. His role is discussed in Section 4.4 because it shaped fieldwork access, language mediation and participant comfort.

To avoid prolonging distress after the interview, I offered an optional check-in within 24-48 hours only with prior consent and via the participant's preferred channel. This message was brief, no probing, and simply asked how she was and re-shared support information in case it was useful. I also kept clear boundaries between research and support. If someone raised issues beyond the study's focus, I acknowledged them, restated the study's limits, and suggested she contact trusted personal supports or the listed services if she wished. This separation protected both the integrity of the research and the participant's right to seek help on her own terms.

However, Kavanaugh and Ayres[333] point out the difficulty of assessing participants' reactions

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[332] Nie, J. (2001) *Behind the Silence: Chinese Voices on Abortion*. Lanham, MD: Rowman & Littlefield.

[333] Kavanaugh, K., & Ayres, L. (1998). "Not as bad as it could have been": Assessing and mitigating harm during research interviews on sensitive topics. *Research in Nursing & Health,* 21(1), 91-97. https://doi.org/10.1002/(SICI)1098-240X(199802)21:1<91::AID-NUR10>3.0.CO;2-C

solely by noting their verbal responses. They hinted that researchers could get a more accurate indication of distress levels by looking at field notes regarding the number of contact attempts, cancelled appointments, and characteristics of the interview and environment. Consistent with Kavanaugh and Ayres caution that verbal responses alone can understate distress, I also tracked paradata in my fieldnotes (number of contact attempts, cancellations/no-shows, venue changes, interruptions, and the privacy/noise characteristics of the setting) to track participants' reactions. Across all sixteen interviews, no adverse events occurred: participants generally remained emotionally steady; although moments of sadness, anger or shame surfaced, no interview was interrupted or terminated, and none required rescheduling due to distress. Where participants had consented to an optional 24-48-hour check-in, follow-up messages did not reveal ongoing distress requiring action beyond the standard support information that I provided.

4.6.3. Dual Role and Over-involvement

As a female observer-researcher, I recognised that rapport could blur the line between peer and researcher, creating subtle expectations that I would align with a participant's perspective. Following feminist methodology, I located myself as a real, positioned person rather than a neutral instrument, while keeping the interview from turning into an alliance or a dispute. My task was to enable careful storytelling without sliding into over-involvement or adjudication.[334]

The insider-outsider stance (as described above) made this balance both harder and clearer. This mattered when life circumstances diverged sharply. For example, when a participant who had left school in early secondary education described long-term financial insecurity and asked me how to find work locally, I lacked the lived knowledge to offer concrete guidance and had no employment experience in that labour market. I said plainly that I could not advise on jobs, restated the scope of our conversation, and only if she wished, signposted public information sources. The same stance applied to embodied experience: I had not given birth nor undergone abortion, so my grasp of pain and bodily aftermath relied on participants' metaphors, sequencing, and paralinguistic cues. I avoided claiming equivalence with their sensations and used their

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[334] Harding, S. (1987). Introduction: Is There a Feminist Method？. *in Feminism and Methodology：Social Science Issues*. Indiana University Press.

language when summarising back, to reduce the risk of overwriting what they were trying to convey.

At times participants explicitly invited me to take sides. Some sought my recognition of grievances against a husband or in-laws and framed our exchange as solidarity "as women on the same side." I acknowledged the feeling, "*I can hear how hard that was*", but did not adjudicate family conflicts. When I sensed that detail was pulling the conversation into a coalitional register, I returned focus to decision-relevant contexts (care arrangements, money, health, contraception, policy) by asking, for instance, what kinds of help were available at that time and which obligations weighed most. This approach protected participants' agency while preventing the creation of expectations I could not ethically meet.[335]

I also met invitations to step beyond the research role. When asked for personal advice ("*What should I have done?*") or to speak to a partner or a mother-in-law, I clarified scope "I can't mediate family matters", and offered neutral signposting (e.g., information lines or community counselling listings) only if wanted. I did not provide any economic compensation to participants. When I visited participants at their homes for interviews, I first asked what they would like to drink and brought the beverage (valued at no more than 20 yuan) as a customary courtesy; I documented these exchanges in my fieldnotes. Framed within feminist guidance on non-coercive rapport and the potential therapeutic benefit of being heard, this light-touch reciprocity acknowledged hospitality without creating obligation or undue influence, helping to equalise interaction while preserving analytic independence. Any follow-up contact used a project account and was limited to logistics (or the optional well-being check-in, where consented). [336]

Finally, I attended to researcher wellbeing and reflexivity so that identification, whether through gendered experience or ethical sympathy, did not shape the record. Sensitive interviews can

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[335] Murray, B. L. (2003). Qualitative research interviews: Therapeutic benefits for participants. *Journal of Psychiatric and Mental Health Nursing,* 10, 233, 236. doi: 10.1046/j.1365-2850.2003.00553.x

[336] Liamputtong, P. (2007). Researching the vulnerable: A guide to sensitive research methods. London: Sage Publications.

affect the researcher, especially where life histories partially overlap.[337] I limited interviews per week, scheduled breaks, wrote reflexive fieldnotes after sessions, and discussed emerging issues with my supervisor. When I noticed my reactions colouring interpretation, I returned to participants' exact wording, checked the code-theme fit, and documented decisions in the audit trail. These practices let rapport support data quality while keeping dual roles visible, bounded, and accountable.

4.7. Reflection

I closed Chapter 4 by reflecting on what interview accounts can and cannot justify. In this thesis I treated them as truths of meaning, patterned ways women made sense of abortion in relation to kinship, policy and embodied life, while marking the limits of factual inference and the practical constraints that shaped who could be reached and what could be said. The sections that follow consolidate these reflections and draw out their implications for the analysis that begins in Chapter 5.

4.7.1. Researcher Positionality and Personal Proximity to Abortion

My positionality was shaped by personal, social and practical proximity to abortion as a lived issue. I did not approach abortion only as an abstract policy or medical topic. Growing up in China, I became aware from a young age of women's reproductive experiences in local communities, including accounts of forced abortion, workplace pressure surrounding family planning, and sex-selective abortion under son preference. These accounts formed part of the social environment in which I first came to understand reproduction as a site of gendered pressure, state intervention and family negotiation.

My family history also shaped my sensitivity to this topic. Before the relaxation of the two-child policy, my mother experienced abortion in circumstances shaped by work, policy and family planning pressures. I do not include this as data, nor do I treat it as representative of other

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[337] McCusker, K., & Gunaydin, S. (2015). Research using qualitative, quantitative or mixed methods and choice based on the research. *Perfusion*. 30(7):537-542. doi:10.1177/0267659114559116

women's experiences. Rather, it forms part of the personal background that made me attentive to the ways reproductive decisions can be shaped by employment security, institutional rules and family responsibilities.

My later experiences in Glasgow further deepened this awareness. I had previously helped Chinese women navigate abortion services by assisting with appointments, accompanying them to hospital settings and informally interpreting or explaining procedures when requested. These experiences exposed me to the practical and emotional dimensions of abortion care outside China, including the importance of language, trust, procedural knowledge and emotional support. They also made me aware that access to abortion services does not automatically remove anxiety, isolation or uncertainty, especially for migrant women navigating unfamiliar medical systems.

These experiences shaped my research in two ways. First, they helped me approach participants' narratives with empathy and practical understanding of abortion as an embodied, emotional and relational process. Second, they created a need for reflexive caution. Because I already had personal and social knowledge of abortion-related experiences, I had to avoid assuming that participants' stories would mirror those I had previously encountered. During interviews and analysis, I therefore treated participants' accounts as situated narratives in their own right, paying attention to difference, contradiction and silence rather than using my prior knowledge as a template for interpretation.

These cultural and linguistic registers also shaped how stories travelled. Recruitment brought familiar limits. Time and budget restricted reach, and the corpus did not warrant region-level comparisons, for example whether married women's abortion rates in Hainan exceed those in other provinces. Linguistic diversity also mattered: in rural Hainan, some potential respondents spoke only local dialects or Mandarin mixed with strong Hainanese expressions. In one case, I relied on a trusted intermediary for Hainanese-Mandarin interpretation. Intermediaries helped establish trust, but they also shaped expression. I therefore treated interpreted segments cautiously and made them traceable in my fieldnotes where possible.

Village clan structures and a wider climate of caution around scams, data breaches and surveillance made some residents understandably wary of outsiders. Even eligible participants voiced privacy concerns. To avoid chilling participation, and because local committees were male-led and lacked active women's associations, I did not recruit through village committees. Instead, I entered contact through acquaintances, personal introductions and trust-based networks. This improved access but likely introduced selection effects, since those willing to speak may

differ from those who declined. I mark this as a limit on the coverage of the study while recognising that such routes were also necessary for accessing narratives about a sensitive and stigmatised topic.

Institutional avenues provided little practical support. Repeated attempts to reach Women's Federation offices produced no substantive assistance; when contact was made, staff described remits focused on disseminating party lectures rather than service provision. I read these encounters as context for who could be reached and how openly women spoke, not as data about women themselves. The experience accords with wider analyses of organisational atrophy in mass organisations under the CCP, the formal shells that are increasingly disconnected from their constituencies, which helps explain the institutional "silence" I met and why coverage remained constrained.[338]

In this sense, my positionality was not only personal but also methodological. Access depended on trust, language, local mediation and the social conditions under which women felt able to speak. These conditions shaped the corpus I was able to collect, and they also shaped the claims I could responsibly make from it.

4.7.2. Interview Dynamics, Narrative Patterns and Cultural Norms

The trust-based and semi-structured nature of the interviews shaped the kinds of narratives participants produced. As I walked through the streets of rural Hainanese village, the contradictory statements left me momentarily uncertain about how to approach this issue. On one hand, the pressure for cultural conformity and the lingering traces of traditional culture are so strong that Hainanese women like Geqian, Qianshou express conservative and conformist attitudes towards fertility, saying things like, "*Everyone else is having a second child, and I feel envious; I want to have one too."* On the other hand, some individuals deliberately choose to

[338] Shambaugh, D. (2008). *China's Communist Party: Atrophy and Adaptation*. Berkeley: University of California Press, .

forgo the right to have a second child, as expressed by respondent Ling, who says, "*Everyone has their own thoughts*."

To make sense of these tensions, I mobilised a sociological imagination linking intimate troubles to public issues. As Wright Mills [339]emphasises that the troubles individuals face in their daily lives are caused by social structural changes beyond their control. In this sense, the history that influences every individual is part of world history. The contradictory and tangled situations that Hainanese women encounter regarding reproduction, in my view, are rooted in the public issues of social structure. Therefore, I identify the intersection between their immediate experiences and macro social changes, which will allow me to reassess these hidden discomforts and anxieties.

Despite women's long-standing dual role as economic contributors and primary caregivers, their financial independence has not translated into a corresponding transformation of gender roles within the household. Men continue to dominate access to social resources and public discourse, while women's influence in reproductive decision-making remains constrained by family structures and cultural norms. For instance, in Hainan's *Laoba Chai*[340] (Dad's Tea) culture, men control social networks and resource distribution in public spaces, whereas women are largely confined to domestic responsibilities. This entrenched gendered division of labour persists even as women achieve greater economic independence, demonstrating the resilience of traditional gender norms.

During my fieldwork in Haikou, I spent time observing and photographing Laoba Chai (Dad's Tea) spaces, local tea houses historically frequented by men. These places served as everyday reminders of how gendered spaces are constructed and reproduced. While men gathered there to socialise and build networks, women were largely absent, their labour concentrated in domestic or economic provision.

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[339] Jacobs, K. & Malpas, J. 2022, "C.W. Mills' notion of the 'social milieu' and its relevance for contemporary society", *Thesis eleven*, vol. 172, no. 1, pp. 166-181.

[340] Liu, S. (2017). "市井文化的延续, , 从海南老爸茶谈起" [Exploring the Continuity of Street Culture from the Perspective of Cultural Branding, Taking Hainan's 'Dad's Tea' as an Example."]. *宗教信仰与民族文化 [Religious beliefs and national culture]* (3): 52-56

Fig 5-4. Photos by author: laoba tea experiences in Haikou during the fieldwork

Notes: Laoba Chai 老爸茶'/Dad's Tea' is a Hainanese street culture. In the early 20th century, western-style tea shops operated by relatives of overseas Chinese gradually became widespread. Originally a high-consumption activity, it eventually became more accessible to the general public, and over time, Haikou locals began to refer to it as 'Dad's Tea.'

In the Haikou dialect, the term 'laoba (Dad)' refers to middle-aged and elderly men, and thus, people gradually accepted this terminology. Looking back, the early group of people who drank 'laoba tea' were mostly young men, and this term also carried a strong male-dominated connotation. Laoba tea and its name are not only a product of male discourse construction but also reflect one aspect of the male lifestyle.

From the phrase of the tea culture, women's early socialisation and family upbringing shape their perceptions of labour and responsibility, often leading them to internalise the belief that household labour and childbearing are their natural duties. They strive to meet male expectations without questioning these norms, comparing their workloads with other women rather than with their husbands, thus failing to recognise the imbalance in domestic responsibilities. In Hainan, where women have a strong tradition of diligence and self-reliance, competition among women for the title of the most hardworking or best caregiver reinforces rather than challenges these expectations.

This experience shaped my own reflexivity as a researcher. On the one hand, it made visible how public life in Hainan is still coded as male-dominated, reinforcing women's exclusion from decision-making arenas. On the other, it highlighted the subtle ways in which power operates: women I interviewed often internalised these arrangements, comparing themselves not with men but with other women in terms of diligence and caregiving.

For me, encountering Laoba Chai underscored the importance of paying attention to everyday cultural practices when studying reproductive rights. Abortion decisions are not made in isolation but are embedded in a wider social world where women's voices are marginalised, both in public spaces and within family negotiations. Reflecting on this positionality reminded me to be cautious not only about what women explicitly said in interviews, but also about the silences, hesitations, and the social contexts shaping their narratives.

During fieldwork, I also visited the Hainan Provincial Museum, where an exhibition on G*ongqi* (公期)[341] , the lineage temple festivals, featured the veneration of *Lady Xian* (冼夫人) and *Mazu (妈祖)*. The prominence of these female ritual figures sat uneasily alongside my interview material, in which women often described constrained decision-making and deference to male elders. Rather than reading this as contradiction in need of resolution, I treated it as a double register of gender in local culture: the symbolic elevation of feminine virtue in public ritual and

[341] The Gongqi in Hainan is an annual regional religious ritual, initially intended to commemorate ancestors and seek blessings. As a communal gathering, "Gongqi" provides a rare opportunity for interaction, especially in sparsely populated areas like Hainan, serving as an excellent occasion for socialising with relatives and friends. Each village has its own deities to venerate, and a specific day is designated for this event. On the Gongqi or Junpo day, the entire village carries statues of ancestral gods in a procession, visiting every household to pray for peace and safety. Villagers perform sacrificial rituals to honour the gods and invite relatives and friends to gather for a communal meal.

In Hainan villages, marriage predominantly follows the pattern of "women marrying into men's families" (with little to no practice of "bridegroom adoption"). Most women marry into neighbouring villages at a suitable age, and many villages organise periodic events called "Return of Married Daughters," typically held every few years or consecutively over several years. During these events, women who have married outside their native village return in groups to their birthplace, engaging in gatherings, tug-of-war competitions, and other activities to strengthen social ties and relationships within their community.

Zhang, J., & Song, D. (2020). "城市信俗研究的三层次分析法，以海口府城公期为例' [Temples, communities, and cities: A three-tiered analytical method for studying urban religious practices, A case study of the Haikou city]. *百色学院学报[Journal of Baise University]*, 6, 19-

heritage display, and the everyday stratification of authority within households and kin networks. In conversation, several participants recognised the figures but framed Gongqi obligations as "what the clan does," typically organised by male elders, with women's contributions coded as care and service rather than voice. In that sense, the museum's inclusive iconography did not automatically translate into agency in the domains where abortion decisions were negotiated.

Fig 6-4. Photos of visiting the museum - Hainan Gongqi culture and Mazu worship (took by Huizi)

Methodologically, the museum visit and Laoba tea experiences helped me refine questions and triangulate narratives. After the activities, I returned to ask whether such rituals opened space for women's speech or merely reaffirmed communal norms; responses tended to the latter. I also note that museum curation is a representation of selective, aspirational cultural heritage presented with the approval of local authority, which points to how gender is publicly narrated. Folding this material into the analysis strengthened credibility (by checking interview accounts against public representations) and reflexivity (by marking how my own initial inference, "female deities might imply female status", needed to be revised in light of participants' accounts).

In sum, the gongqi display and laoba tea culture and women's private accounts map an ambivalent cultural terrain, one that elevates feminine icons in public while limiting women's voice in family governance, and this ambivalence shaped how abortion decisions were told and justified. Analytically, this triangulation of museum with interviews made the account more

credible; weighing competing interpretations against participants' narratives improved validity; and acknowledging how my own assumptions shifted in response to the data enacted reflexivity rather than presuming it.

My own position mattered for how I heard, and how women chose to tell these stories. Several participants also implicitly positioned me as "an urban citizen (*cheng li ren* 城里人)", university-affiliated, mobile, and not bound by village kinship routines. That audience perception likely shaped the form of their accounts: "others' stories" functioned not only as moral exemplars (as in the studies I cite above), but also as a safe way to speak to an outsider, aligning with prevailing norms before moving, if they wished, to first-person experience.

Because of this, I treated references to "urban people" as more than a descriptive contrast. They were also rhetorical resources calibrated to me: sometimes aspirational, sometimes defensive, sometimes a way to claim distance from son preference without challenging family directly. To reduce the risk that my presence as an "urban" researcher would pull narratives toward what they imagined I valued, I asked scene-based questions: "*You mentioned that your neighbours said you couldn't have a son. So when you returned to the village with your two daughters and a son to participate in the Gongqi, what did they say*?""and invited participant to revoice what they would say to a sister or a neighbour.

Finally, the museum episode sharpened this reflexive work. Entering the Hainan Provincial Museum as an outsider and meeting female ritual figures (*Lady Xian* and *Mazu*) alongside interviews that recounted male-centred household authority forced me to re-examine early assumptions. I used the display as a public text to refine questions (did ritual open speech space or reaffirm norms?) and to test rival explanations (female deities as empowerment vs. emblematic heritage). In doing so, I increased credibility through public representation and private accounts, preserved validity by retaining the reading that best fit women's lived negotiations, and enacted reflexivity by showing how my interpretation shifted in response to what participants said.

4.7.3. Credibility, Validity and Trustworthiness

To ensure that the interpretation I offer is both credible and valid, I needed to make my own stance visible and to show how procedures kept claims close to evidence. I began from the

recognition that no method is perfect: with a sensitive topic and the ethical limits outlined earlier, there was always a trade-off between the ideal design and what was practicable. This acknowledgement is part of my reflexive positionality, stating upfront where claims must be modest, and it underpins credibility by being explicit about constraints rather than implying coverage I did not have.

In terms of validity, I therefore scoped claims to what my material could bear. The findings are treated as analytically transferable patterns within the transcripts, not as generalisable estimates. In terms of credibility, I documented recruitment routes, institutional dead-ends, fieldwork constraints and interpretation issues in the audit trail as part of the study's conditions. Where linguistic mediation was involved, I analysed interpreted segments with additional caution, recognising that interpretation is not a neutral transfer of meaning but part of the research encounter.

In addition, I treated ethics not as an add-on but as part of my reflexive positionality. Women's reproductive decisions are made within layered dependencies involving family, kin, work, policy and healthcare. Interviews therefore risked reproducing hierarchies by placing me as the questioner with control over topic order, timing and interpretation. To counter this, I prepared plain-language materials that set out the purpose, potential uses and limits of the study; I invited questions about my background and about how excerpts might be used; and in the early stage of my research I did not ignore what fell outside my initial interview guidelines when it helped illuminate how women from different strata organised meaning. These choices helped equalise interaction without erasing my responsibility for selection, analysis and claim-making.

I remained attentive to affect and pacing so that participants did not feel obliged to perform grief or distress, nor to sanitise conflict. Rather than restating the observation protocol already described in Section 4.5.2, the reflexive point here is that I treated such moments as analytic signals about norm negotiation, not as noise to be tidied away. Pauses, hesitations, laughter, discomfort, silence and changes in tone helped show how participants navigated what could be said, what remained difficult to articulate, and how abortion was positioned within family and moral life. This stance improved validity by allowing themes to form around the ways women themselves patterned their accounts, and it supported credibility by keeping my interpretive moves close to their words.

A further issue concerned benefit asymmetry. Interview data contribute to my thesis; direct gains for participants were modest. I kept a clear boundary between research and support: I did not offer clinical advice, make promises or present myself as a service provider. However, when asked, I shared non-directive information on locally available women's health programmes, contraception and screening routes. I offered no inducements beyond the approved token of thanks and avoided any arrangement that might create obligation.

Across these choices, I recognise that my procedures shaped my unique dataset. Allowing narratives to travel beyond the interview guide, for example, can privilege certain kinds of talk, just as trust-based recruitment can shape who feels able to participate. I therefore scope claims as analytically transferable within this dataset rather than generalisable beyond it. Making these constraints and decisions visible is part of how I argue for credibility, protect validity through evidence-claim coherence, and enact reflexivity as an ongoing acknowledgement of my role in producing, not merely recording, the accounts presented in Chapters 5 to 8.

4.8. Conclusion

In summary, I set out the epistemic and ethical ground of this study and detailed how I generated and interpreted the data in this Chapter. I treated interview accounts as truths of meaning rather than transparent facts, and I operationalised this stance through a reflexive thematic analysis, an audit trail of coding decisions, and bilingual extracts that preserve participants' moral vocabulary. I also made the study's limits explicit: recruitment constraints, dialect and interpreter effects, the wariness of outsiders in clan-structured villages, and institutional "silences" that shaped who could be reached and what could be said. Ethics was integral to method: consent and confidentiality practices, a proportionate oral distress protocol, and non-coercive rapport were designed to protect participants while keeping claims close to evidence. My own position as a Chinese woman, yet an outsider to married motherhood and too much of adult rural life in Hainan, was treated as methodologically consequential rather than bracketed away.

This framework underwrites the credibility (transparent procedures and triangulation, including the museum/*Gongqi* field note), the validity (fit between data, codes, and claims; findings scoped as analytically transferable within this corpus), and the reflexivity (how my assumptions shifted

in response to participants' narratives) of what follows. The code theme map introduced and explained how the claims in Chapters 5 to 8 are built and where they must remain cautious.

Chapter 5: Personal Feeling and Experiences About Pain - Women's Stories in Abortion Events

5.1. Introduction

> Chai: *"My husband is from a rural area in Hainan, where women often **endure hardships**, taking on all household chores, farming, childcare, and earning money, while their husbands largely ignore them both economically and emotionally. Hainan women live a life of hardship."*

While *pain* is undeniably a physical experience, it also encompasses significant psychological, social, and existential dimensions.[342] According to Merleau-Ponty[343], pain is experienced within a cultural horizon, or "lifeworld," that shapes and informs our perception of pain. Simultaneously, our embodied consciousness of pain helps constitute this lifeworld. To fully understand the meaning of abortion pain for women, it is crucial to consider pain not solely as a physical process but also as a phenomenon informed by psychological and socio-cultural factors. Therefore, pain management should address not only the physical aspect through appropriate medication but also interventions aimed at alleviating feelings of shame, guilt, anxiety, and loneliness.

In the gendered dimension of reproduction, women, as the primary subjects of childbirth, have a profound and embodied experience of pain, granting them greater discursive authority over the "painful body." However, pain is not limited to childbirth alone; it is a recurring and extensive aspect of women's reproductive lives, encompassing menstruation, pregnancy, childbirth, postpartum recovery, and menopause. This broader spectrum of pain underscores the continuous physical and emotional toll on women's bodies and well-being.

The most direct and widespread form of reproductive pain endured by women arises from childbirth, an experience that men have never undergone and thus find difficult to imagine or

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[342] Nortvedt, F. (2015). Can pain be defined?. *Sykepleien Forskning*.;10(2):180-183. doi: 10.4220/Sykepleienf.2015.54463

[343] Merleau-Ponty, M. (2013). *Phenomenology of Perception*. Routledge

represent.[344] The pain of childbirth includes not only the hours or even days of labour contractions, the tearing pain of the reproductive system, or the layer-by-layer pain of a caesarean section, but also the pressure and impact exerted on the mother's internal organs as the fetus grows and develops in the womb. This leads to significant disruptions in a pregnant woman's daily activities, such as mobility, sleep, and eating. Moreover, the pain extends beyond childbirth, encompassing postpartum recovery[345], where women experience wounds from labour, breast pain from the infant's biting during breastfeeding, and the ongoing physical and emotional toll of prolonged caregiving activities such as feeding, nurturing, and educating the child. These cumulative experiences often result in bodily deformation, chronic pain, and mental health challenges, all of which highlight the deeply embodied nature of reproductive suffering.

However, contrary to the medical discourse that often treats pain as a pathology, Chinese folk narratives conceptualise childbirth pain as a natural and inevitable experience. Li[346] examines Chinese reproductive discourses, illustrating how traditional metaphors, such as "*女人的正道*" (a matter of course for women), reflect the normalisation of women's reproductive suffering and reveals a cultural indifference to women's pain and physical suffering during childbirth. Such narratives contribute to a broader societal discourse that diminishes the severity of women's pain, reinforcing the expectation that reproductive suffering is an intrinsic and unremarkable part of womanhood.

By integrating medical, embodied, and cultural perspectives, it becomes evident that the pain experienced by women throughout their reproductive lives is multifaceted and deeply embedded in both biological processes and sociocultural constructions. Recognising and addressing these varied experiences is crucial to challenging the normalisation of reproductive pain and advocating for greater awareness, empathy, and support for women's health and well-being.

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[344] Oakley, A. (1980). *Women Confined: Towards a Sociology of Childbirth*, Martin Robertson, Oxford

[345] Davis, K. (1997). *Embodied Practices: Feminist Perspectives on the Body*, SAGE, London

[346] Li, Y. (2020). "生育事件中女性的身体经验与具身实践, , 基于在甘南藏族自治州的调研" [Embodied Experiences and Practices of Women in Childbirth Events: Based on Field Research in Gannan Tibetan Autonomous Prefecture]. *社会[Society]*, (6)

This lack of empathy and recognition from men toward women's childbirth pain and suffering stems from a physiological divide as well as from the long-standing cultural embellishment or obfuscation of these experiences. An interesting observation is that hysteria is derived from the Greek *hystera*, which means womb. This connection arises because classical medicine believed that hysteria was caused by an idle uterus, and later, the idle uterus as a physiological state became associated with laziness as a moral phenomenon.[347] In other words, carrying a pregnancy was not only seen as a marker of a woman's physical completeness but also as a measure of her moral rationality. Hysteria and the Hysterization of women's bodies mean that their reproductive pain is often not taken seriously, and as something women are over-reacting about, sensitive to, and dramatising, whilst pain is also linked explicitly to being women and therefore is expected. Research has shown that in various aspects of women's reproductive lives, they are told they are overreacting but at the same time they are expected to be able to endure pain. Thus, how pain is understood is influenced by cultural beliefs about women's reproductive bodies and their prescribed social expectations.

Pain and *suffering* are often concepts that appear simultaneously, yet remain distinct, much like the relationship between the body and the mind. The former is used to explain pain, while the latter is seen as the source of suffering. Ricoeur[348] provides a clear definition of these two concepts in his analysis. While he differentiates between them, he also emphasises in subsequent explanations that purely physiological pain and purely psychological suffering are rare, as the two are often interconnected.

The term *suffering* holds particular significance in the context of Chinese culture. The phrase "吃苦" *(chī kǔ*) translates to "enduring hardship" or "suffering" and reflects a cultural value in Chinese society. This concept emphasises resilience, perseverance, and the idea that enduring challenges can lead to personal growth and success. Confucian teachings stress the importance of hard work, discipline, and moral integrity. *Chi ku* aligns with these ideals, suggesting that enduring difficulty is a path to virtue and personal development.

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[347] Turner, B.S. (2008). *The body & society: explorations in social theory*, 3rd edn, SAGE, Los Angeles, CA; London;.

[348] Svandra, P. (2012). Pain and suffering, in the footsteps of Paul Ricoeur, *Soins. Psychiatrie*, , no. 282, pp. 12

In this study, starting from the interviewees' perspectives on pain and suffering, I ultimately chose to title this section with the term pain. On one hand, this was to emphasise the various forms of discomfort experienced by women during the reproductive process. On the other hand, it was drawn from the participants' own expressions. When I use the term pain, I primarily refer to the diverse physical experiences related to reproduction, such as the pain following medical abortion or surgical termination. However, the concept of suffering in this study goes beyond the subjective experience and interpretation of these pains. It also encompasses emotions and the series of conflicts and adjustments associated with societal reproductive norms. The formation of the concept of the "self" involves a series of complex positions within linguistic systems, and the "body" is one of the most tangible aspects of this concept.[349]

In addition to the physical pain of women undergoing abortion, the interviews also collected descriptions of the physical pain and mental torment endured by women during these events. These accounts reveal at least two significant points: These accounts reveal at least two significant points. First, experiential narratives of women's childbirth pain enrich and deepen women's embodiment study, offering more nuanced and ontological dimensions. Second, this writing about internal "pain" is essentially a form of "opening up", as a mode of self-expression through which women, based on their embodied experiences, publicly engage with propositions related to subjectivity, life, and gender. This is a discursive practice akin to what Helene Cixous[350] referred to as bringing a woman closer to her original power.

In the first section of this chapter, I will begin by exploring the bodily experiences of women who undergo different types of abortion procedures, providing an account of the physical pain they endure, including instances of non-fully informed choices regarding the method of abortion. The second part of this chapter will examine how women confront societal and cultural stigmas associated with abortion and how the stigma of post-abortion depression alters and shapes their self-identity. While family relationships appear throughout participants' narratives, this chapter primarily examines abortion as an immediate decision-making process situated within women's everyday reproductive lives. The focus here is on how participants navigated timing, economic

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[349] Fan, N. (1998). *文学的维度 Dimensions of Literature*. 上海三联出版社[Shanghai: Shanghai Sanlian press]. Pp, 158

[350] Cixous, H., Cohen, K. & Cohen, P. (1976). The Laugh of the Medusa, S*igns: Journal of Women in Culture and Society*, vol. 1, no. 4, pp. 875-893.

pressure, bodily exhaustion, childcare responsibilities and marital negotiation when deciding whether to continue or terminate a pregnancy. Rather than analysing broader kinship structures in depth, the chapter concentrates on the practical and emotional conditions under which abortion became thinkable, necessary or unavoidable. The wider socio-cultural and clan-based dimensions of reproductive decision-making will be developed further in Chapter 6.

5.2. Enduring Bodily Pain During Abortion Experiences

5.2.1. Physical Harm Caused By Abortion

Pain is a well-documented adverse effect of medical abortion. Some studies[351] have found that the pain experienced during medical abortion is comparable to menstrual pain, while other research[352] indicates that approximately one-quarter of women experience severe pain. Women undergoing medical abortion frequently report higher pain intensity, a finding that aligns with the results of my study. Specifically, participants with multiple abortion experiences described distinct differences in pain between medical and surgical abortion.

Similarly to the women in Røseth's study[353], who reported severe pain during medical abortion, respondents in my study also expressed concerns about whether they had been fully informed about the abortion process. Their narratives revealed uncertainties regarding the adequacy of the information provided by hospitals and doctors. They questioned why they were not given comprehensive details about the advantages and disadvantages of each abortion method, including pain levels, which would have enabled them to make an informed choice between medical and surgical abortion.

Husan graduated two years prior to her abortion, and both she and her husband are primary school teachers. During the interview, she appeared nervous and was wearing a hat and mask. She perceived the workplace environment for primary school teachers to be highly discriminatory toward maternity, which made her reluctant to have a child shortly after entering the workforce. She viewed abortion as dishonourable and humiliating, as she felt it was her responsibility (those

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[351] Suhonen S, Tikka M, Kivinen S, Kauppila T. (2011). Pain during medical abortion: predicting factors from gynecologic history and medical staff evaluation of severity. *Contraception.* ;83(4):357-361. doi: 10.1016/j.contraception.2010.08.006

[352] Wiebe, E. (2001). Pain control in medical abortion. *Int J Gynaecol Obstet.* 74(3):275-280. doi: 10.1016/S0020-7292(01)00453-2

[353]Røseth I, Lyberg A.M, Sommerseth E, Sandvik BM, Dahl B. (2023). "Out of This World": Norwegian Women's Experiences of Medical Abortion Pain. *J Multidiscip Healthc.* Apr 4;16:889-898. doi: 10.2147/JMDH.S399209. PMID: 37038454; PMCID: PMC10082597.

who knew about it would blame her) and had encountered rumours suggesting that the child she was carrying was not her husband's.

Husan firmly stated, *"I did not want this child*," and chose to consult multiple hospitals about different abortion options and methods to minimise harm to her body.

"The doctor did not allow me to choose between medical abortion and surgery; instead, medical abortion was prescribed for me. In fact, medical abortion requires the most trust. Over time, I realised that it was more unpleasant than the painless abortion I had originally considered. Additionally, the doctor tried to ease my nerves, describing the pain of medical abortion as similar to menstrual pain. I'm not sure whether she was trying to comfort me or if pain thresholds vary among individuals. For me, uterine contractions were excruciatingly painful. I often thought that if I had known it would hurt for such a long time, I would have opted for a painless abortion."

This aligns with conclusions drawn from previous studies[354] on Norwegian women's abortion experiences. First, women undergoing medical abortion commonly reported a lack of preparedness. Despite receiving medical information about what to expect, many women felt unprepared for the intensity of the pain, which they believed had not been adequately communicated by healthcare providers. Husan's experiences reflect the menstrual pain can be debilitating and so drawing this comparison isn't necessarily comforting, but speaks to perhaps the generalisation of pain and how pain is not taken seriously.

Second, another prior study indicated that patients who underwent medical abortion reported higher levels of pain compared to those who underwent surgical abortion.[355] This finding was further confirmed in my study. Based on responses to open-ended questions and retrospective pain ratings, respondents who had experienced both medical abortion and other forms of abortion reported higher levels of pain associated with medical abortion compared to those who had only

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[354] Røseth, I., Lyberg, A.M., Sommerseth, E., Sandvik, B.M. & Dahl, B. (2023). Out of This World: Norwegian Women's Experiences of Medical Abortion Pain", *Journal of multidisciplinary healthcare*, vol. 16, pp. 889-898.

[355] Henshaw, R. C., Naji, S. A., Russell, I. T., & Templeton, A. A. (1993). Comparison of medical abortion with surgical vacuum aspiration: Women's preferences and acceptability of treatment. *BMJ*, 307(6906), 714-717.

undergone surgical abortion. Participants with multiple abortion experiences described medical abortion as the more painful method.

Lili, who underwent two abortions, one through surgical abortion under general anaesthesia and one through medical abortion, gave a simple description of her surgical abortion:

"After anaesthesia, I felt nothing. I woke up half an hour later, was observed for a short time, and then went home. The subsequent pain was like menstrual cramps, just a bit more severe."

However, her memories of the pain from medical abortion remain vivid. Participants described the pain in terms of duration.

"The process of medical abortion is excruciatingly painful, I didn't feel anything peculiar for the first hour after taking the pills, but after that, it was just a tremendous abdominal pain that I can't describe. It felt like my whole body was being stretched by something, and it tormented me so much physically.

Although I support women's right to have an abortion, at that moment I could say I was heartbroken. After that, I took a second medicine, but I still had severe abdominal pain. I don't know how long it took, I just remember that I was sweating profusely, squatting on the basin, crying and pulling my arms. The aborted fetus is not allowed to go directly to the toilet, but has to be caught in a basin, after which a certain amount of money is given to the hospital, and the doctor will check it and dispose of it in a particular way. After experiencing pain that made me forget about the world and myself, I felt a blood clot start to fall towards the outside of my body. I didn't dare to look at it, but I was sure quite a lot of blood was coming out."

Those who had undergone medical abortion experienced persistent, gradually intensifying, and intermittent pain, while surgical abortion was characterised by a reduction in pain post-procedure. Two other respondents described the experience of medical abortion as filled with sharp, stabbing pain, likening it to being cut with a knife. Xiaoxiao, who was unable to undergo surgical abortion under general anaesthesia due to a cold, followed her doctor's advice and opted for medical abortion.

"I rested overnight and went to the hospital early the next morning for a colour ultrasound. The doctor said that D&C (dilation and curettage) was needed because my embryonic tissue had not

been drained cleanly. At that time, I was exhausted physically and mentally, and I thought nothing worse would happen, I told myself 'hold on a little longer'. The process of D&C cannot be described in words. Even though I used local anaesthesia, I could still feel or even hear something stirring inside my body. Every stirring made me wish that time could go faster, even faster. I want to end this heartbreaking nightmare experience as soon as possible. Soon my consciousness began to blur under the influence of the Analgesia pump, and the doctor woke me up and told me that I had fainted from pain. Then he helped me up, rested in the lounge for about twenty minutes. I looked at the time when I got home and it was only 9:30. The entire operation in the hospital was estimated to take two hours, but I felt that this might have been the longest morning since I was born."

When compared to childbirth, Xiaoxiao even rated the pain associated with abortion as equal or worse than that associated with full-term delivery.

"Regarding pain, I used to think that dysmenorrhea would kill me before I had an abortion. Now I realise that if I grade the pain, dysmenorrhea is level 5, and this one is level 8, but it is not as painful as childbirth. So, women are really angels with broken wings in the previous life, love yourself well."

Husan: *"Ten minutes after taking the medicine at around 9 o'clock, the pain began to gradually intensify. The lower abdomen was like a rotating ten kilograms weight knife, I horribly falling into endless pain and cramping, which [I felt] was twice the usual dysmenorrhea.*

The doctor said I would just have to endure it and wait for the sac to be released. Later, I was in so much pain that I kept crying. The doctor allowed me to cover my stomach with a hot water bottle, but it didn't relieve much. After the pain lasted for an hour, I passed out from the pain, fell asleep, and woke up with another wave of pain. Moreover, I was fasting for too long and didn't bring my own food. When the hospital lunch arrived at 11 o'clock, I lay down and couldn't sit up. The nurse on duty saw that I was very weak and fed me. I was so sick that I couldn't swallow the food at all. She comforted me: 'You have to be strong'. At this moment, I was extremely exhausted physically and mentally, and tears were falling down. ...

But my fetus was too tenacious. I have been doing some running and skipping exercises in the hope that the residual tissue can be drained away, but after knowing the results in the first week,

my mood began to decline. By the second week, I had already expected that there would be residual tissue, and in the end I still couldn't escape the D&C.

The D&C was significantly more debilitating than the medical abortion, I couldn't shower for two days and even moving around was a struggle."

However, in Chinese literature [356], the reported success rates of medical abortion are relatively low compared to Western studies. There is now increasing experience with medical abortion in China during the late first and early second trimesters of pregnancy. The Shanghai multicentre randomised comparative trial on terminating pregnancies of 10-16 weeks gestation using mifepristone plus misoprostol provides important insights.

In this research, all women who underwent medical abortion (seven in total) subsequently required dilation and curettage (D&C) procedures or general anaesthesia for pain-free surgical abortions to ensure the termination was successful. When comparing this finding to Western literature on medical abortion, it is notable that the efficacy is reported to be as high as 97.5% overall, and approximately 97% for gestations between 7-9 weeks.[357] Even when efficacy decreases to 94% at 9 weeks gestation, the acceptability of the method remains high, as demonstrated by a previous randomised study.[358] Additionally, a review of 30,146 cases of abortion procedures in Ireland found that the efficacy of pregnancy termination was 99.6% for medical abortions and 99.8% for surgical abortions. However, the medical abortion group had a higher likelihood of requiring an unanticipated aspiration due to ongoing pregnancy, persistent

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[356] Feng, X., Xu, J., Xu,J., Shi, Z. (2016). "低剂量米索前列醇联合复方米非司酮对中孕期引产的临床效果研究" [Research of clinical effects of low dose of misoprostol combined with compound mifepristone tablets in treatment of induced labor in second pregnancy trimester]. *中华妇幼临床医学杂志[Chinese Journal of Obstetrics & Gynecology and Pediatrics]*. 12(06): 690-693.

Although this data is relatively dated, the use and instructions for these medications have not significantly changed, and current research continues to rely on this data as a foundational source for authoritative analysis.

[357] Ashok, P.W., Penney, G.C., Flett, G.M. et al. (1998) An effective regimen for early medical abortion: a report of 2000 consecutive cases. *Hum. Reprod.*, 13, 2962-2965.

[358] Henshaw, R.C., Naji, S.A., Russell, I.T. et al. (1993) Comparison of medical abortion with vacuum aspiration; women's preferences and acceptability of treatment. *Br. Med. J.*, 307, 714-717.

pain, or bleeding. These rates remained consistent after controlling for factors such as gravidity, parity, and body mass index.[359]

Given the extent of medical expertise required, I take a cautious approach to individual variability, recognising that regional disparities in healthcare standards may be a contributing factor. Moreover, the viability of at-home medical abortion necessitates further scrutiny across diverse contexts and healthcare settings in future research.[360] While this issue cannot be fully addressed within the scope of the current study, it offers valuable insights for future research.

5.2.2. 'Painless Abortion' Misleads Women About Multiple Risks -- Painless ≠ Harmless

This section narrates the stories of women who have experienced "painless abortions" showing that their experience of "pain" as women is replaced by medical knowledge from a male perspective. The widespread use of the term "painless abortion" not only deprives women of the right to speak about their own "pain", but also requires them to comply with gender expectations, describing this experience as irrelevant.

"Painless induced abortion" is a concept pioneered in China to replace the commonly used term "Vacuum aspiration induced abortion with general anaesthesia." The application of anaesthetics in abortion reduces the physiological pain of the woman's body at the moment when the fetus is taken, but it does not reduce the numerous physical and psychological pains of subsequent recovery. Moreover, the widely publicised "painless" character of abortion, with its emphasis on

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[359] Ireland, L.D., Gatter, M. & Chen, A.Y. (2015). Medical Compared With Surgical Abortion for Effective Pregnancy Termination in the First Trimester. *Obstetrics and gynecology* (New York. 1953), vol. 126, no. 1, pp. 22-28.

[360] Ashok, P.W., Kidd, A., Flett, G.M.M., Fitzmaurice, A., Graham, W. & Templeton, A. (2002). A randomized comparison of medical abortion and surgical vacuum aspiration at 10-13 weeks gestation. *Human reproduction* (Oxford), vol. 17, no. 1, pp. 92-98.

the short duration of the procedure, has disguised abortion as an event involving “sickness” and “healing”. This has deprived women of the space to voice the suffering of abortion.

Is “painless abortion” really “painless”? Yufei’s individual feeling from her painless abortion surgery is:

Yufei: “*I underwent a painless (general-anaesthesia) abortion. There was no pain during the procedure, but there was some post-operative pain, which was manageable, and the doctor prescribed painkillers.”*

Yufei experienced two painless abortions, but she used to work outdoors as a tour guide when she was young, leading an irregular lifestyle and taking diet pills. After getting married, she became pregnant twice, but both times the embryos did not develop properly. The doctor advised early intervention through induced abortion.

“After second painless abortion surgery, my body underwent significant changes. The second abortion might have caused uneven scraping of my uterine lining. Later, during a check-up, the doctor found uterine adhesions, likely due to untreated inflammation after the scraping. This condition made subsequent attempts to conceive very difficult. I underwent a hysteroscopic adhesion surgery under laparoscopic guidance to check the overall condition of my uterus. After the surgery, I slowly recovered, taking over a year to restore my endometrium and hormone levels with a large amount of hormone maintenance.”

The two abortions led to uterine adhesions, and it was only after long-term treatment that Yufei was able to conceive and give birth to a daughter. She is currently preparing to have a second child through IVF.

Moreover, the definition of “painless” is individualised and relative. Rongrong, upon regaining consciousness from anaesthesia, experienced persistent and significant pain during the recovery period. She expressed that she is highly sensitive to pain and feels fear and anxiety in response to it.

“I stripped off my lower body and placed my legs on a support frame like a delivery table. The nurse helped me put on a small foot muff that reached to my knees, and then tied my two legs and fixed them on the rack. My entire lower body was completely exposed to the dazzling light. When

I first entered the operating room, I was still shaking with fear because I saw rows of stainless steel surgical tools and two naked people who had just finished surgery. There was still blood on their lower bodies, probably because they had just woken up from the anaesthesia and had not been wiped clean. The doctor was yelling at her to put on her pants and then pushed her out. That scene was like a horror movie, I felt extremely vulnerable. After I was fixed on the bed, the doctor did not administer anaesthesia immediately. She first verified my information, underlying diseases and allergies, then I was given an oxygen tube and an injection tube. Then within a few minutes, I was injected with anaesthetic and fell unconscious. It was like a deep sleep, and I couldn't feel anything. When I woke up, the operation was completed. The doctor asked me to get dressed and let the nurse push me to the lounge to lie down. I checked the time and the whole process took about 15-20 minutes.

The abortion procedure is indeed 'painless', but that just means removing the embryo and evacuation is painless. But after I woke up, I started to have persistent abdominal pain, which was probably like distended pain during menstruation. It was physically bearable and the pain gradually eased. But I saw many people crying as soon as they were pushed out of the operating room. I don't know whether they were crying because of the pain in their hearts or the physical pain. A girl in the bed next to me who had surgery at the same time as me cried bitterly, "It's not me who doesn't want this child, it's my husband who doesn't. I can't raise the child by myself." Then her mother kept comforting her. Of course, I cried all the time. No matter mentally or physically, it was difficult to explain what it felt like. I could only express it with tears.

I was miserable all that time and felt that my husband didn't understand me because the pain wasn't in him. He felt I was being ***overly dramatic*** *about the pain of abortion, and I looked at my marriage over and over again between physical recovery..."*

It should be noted that, apart from personal experience, it is difficult for women to anticipate the pain of abortion. Based on the descriptions provided by the women I interviewed regarding painless abortion procedures, I find that their experiences challenge the widespread claim in Chinese research that the publicity surrounding "painless abortion" alleviates women's fear of pain and reduces their concerns about the procedure. The erasure of women's narratives of bodily "pain" has significant cultural implications. This erasure suggests that even if all women who have undergone abortion experience physical and emotional pain, this pain is rendered invisible or inconsequential, as it cannot compete with the achievement of medical goals. The term

"painless," which implies the medical triumph over "pain," transforms the female body's conscious experience into a mere medical object. As women's voices concerning "pain" are silenced, a culture emerges that views the female body as an object, reinforcing objectification and diminishing the subjective experiences of women. Some scholars regard fertility choice as an ideological competition between the power of doctors and pregnant women.[361] Medical personnel regard pregnancy as a medical issue and reproduction as a process that must be completed under the supervision of doctors.

Technological discourse constructs abortion as a painless and risk-free procedure, encouraging women to dissociate from the bodily experience of pain by numbing their physical sensations and reinforcing their fears of surgical intervention.[362] This reliance on technological ideology, coupled with consumerist narratives, reframes abortion as a mere episode within the broader reproductive process, obscuring the structural inequalities that shape women's reproductive choices.[363] Within this framework, Chinese women are positioned as *the Other*[364], existing within a patriarchal order that naturalises their reproductive responsibilities while limiting their agency. In this context, the failure of contraception is framed as a burden that women must individually bear, while the discourse of "painless abortion" functions as both an exaggeration and a technological illusion that claims to resolve reproductive concerns safely. Rather than addressing the underlying gendered inequalities that make abortion a frequent necessity, this narrative

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[361] Foucault's work on biopower and medical authority is foundational in discussions of reproductive politics, medical power, and women's bodies. He outlines how medical power operates in clinical settings and the ways in which medical professionals have authority over patients, particularly in matters of health and reproduction.

Foucault, M. (1976). *The Birth of the Clinic: An Archaeology of medical Perceptio*n. Pantheon Books.;

Also, Feminist scholars Ginsburg et al have critically examined how women's reproductive decisions are influenced by the medicalization of pregnancy and childbirth.

Ginsburg, F. D., & Rapp, R. (1995). *Conceiving the New World Order: The Global Politics of Reproduction*. University of California Press.

[362] Balsamo, A. (1996). *Technologies of the Gendered Body: Reading Cyborg Wome*n. Duke University Press.

[363] Haraway, D. (1991). *Simians, Cyborgs, and Women: The Reinvention of Nature.* Routledge.

[364] Sex and Gender in Simone de Beauvoir's *Second Sex*

diverts attention away from the embodied experiences of women, echoing historical discourses on hysteria that have long sought to medicalise and depoliticise female suffering.

As a form of abortion surgery, painless abortion uses a large number of metonyms and metaphors through media advertising to generate a sense of identity for women. Through Husan's memories, before she actually experienced the abortion, her views and impressions of painless abortion had always remained in the advertisements – "*I saw the girl's fear and uneasiness of being alone when looking for an abortion hospital. Before the girls enter the hospital, the absence of their male partner is metonymically represented by the busy phone tone, which generating that pregnancy as a* ***bad*** *consequence that women face themselves. When a girl enters the hospital for abortion, elements such as the amiable middle-aged female doctor imply the overall "trustworthy" attribute of a painless abortion."*

Husan reflected her view about the abortion measures, the recognition of advertisement implies that painless abortion is a better option (than medical abortion with D&C).

Lili detailed how she was exposed to a lot of juvenile literature and commercials regarding painless abortion in adolescent books and other media.

"In novels, female protagonists often seek abortions after an unexpected pregnancy due to misunderstandings and conflicts with male leads, often involving love triangles. Some narratives depict male leads casually dragging the female protagonist to the hospital for an abortion due to misconceptions, which are later resolved. Alternatively, in campus novels, students are portrayed as being unwilling to keep their children, with male leads pledging their love and waiting with roses while the female protagonist undergoes the procedure, caring for her afterwards. Only in romance novels is abortion depicted as a pivotal plot point, illustrating the couple's enduring commitment after overcoming various challenges. I was genuinely influenced by these novels and television dramas in my youth.

When I entered university in 2005, abortion advertisements were mixed with copycat fashion or girly magazines, and were thrust into my hands on the commercial streets of every university. "Professional painless abortion, you can go back to work after the operation", such slogans could be found everywhere in public restrooms and even on billboards at bus stops."

Roses and other tokens of devotion indicate that their love still endures when the novel heroine has an abortion in the operating room and the boyfriend shows up at the door. Advertising and the media utilise this sequence of artfully arranged symbols to persuade women[365]: having an abortion procedure helps women to conveniently terminate their pregnancy while yet being able to continue to be in love. In the portrayal of female self-satisfaction, the feminine paradigm is devalued in the service of social media propaganda, and the choice of abortion made by women is not completely autonomous. It is evident from the shifts in the respondents (Lili and Husan)' views regarding painless abortion procedure that painless abortion is symbolically represented and generates connotations consistent with consumer and patriarchal ideologies.

Moreover, what is concerning is not just the Chinese married women in this study who had painless abortions, but also the women within younger age groups. From my observations, the abundance of advertisements seems to position painless abortion in ways that risk equating it with a means of contraception. In the context of Hainan, China, specific data on the availability and accessibility of contraception and reproductive health education for Hainanese women is limited. However, a study conducted in Hainan Island in 2021 surveyed 1,067 working women with two children and found that only 8.06% expressed an intention to have a third child.[366] This low percentage may reflect the impact of family planning policies and the accessibility of contraceptive services in the region. Young women and even students are more likely to be drawn in by street ads and visit clinics without the necessary credentials for surgery if they are terrified of the agony of typical surgeries and cannot afford painless abortions in regular hospitals. Tianmei said she reported the Women's Federation after seeing an advertisement for a painless abortion displayed at the bus stop in front of her daughter's middle school, but the sign remained there after a few days. She remarked:

"After undergoing the abortion surgery, I found that it was not what the advertisement described - surgery in the morning and work in the afternoon. What's even more frightening is that

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[365] Zhang, S. (2010)."无痛人流"广告中的"女性典范"符号生成机制 ["Painless Abortion" Advertisement The Symbolic Generation Mechanism of "Female Example"]. *现代广告[Modern Advertising]* DOI:10.16017/j.cnki.xwahz.2010.24.097

[366] Qiu L, Li Y, Zhong J, Liu X, Ding J, Zhang D. (2024). Third birth intention of the working women with two existing children in Hainan Island, China: The impact of fertility costs and utility. *Heliyon*.;10(13):e33939

abortion advertisements are displayed in front of middle schools, and they are definitely not those of (regular) hospitals, but clinics. The disgusting advertisement actually shows a girl in school uniform with a smile on her face. The background behind her is not a campus, but a maternity hospital. It says next to it: Bring your student ID to enjoy a 20% discount on painless abortion!"

This raises the question of whether the introduction of painless abortion techniques genuinely alleviates women's physical pain, and whether reproductive technologies expand women's practical capacity to make and act on reproductive decisions. While these advancements provide access to safer and less painful procedures, their broader implications must be examined critically. Koch[367] argues that assessing the benefits of reproductive technologies for women requires a comprehensive understanding of the social structures in which these technologies are embedded. Similarly, Klawiter[368] contends that it is not women's bodies that limit their freedom but rather the values, norms, and institutional frameworks that define and constrain their reproductive choices. Furthermore, Lowry[369] highlights that challenging the reproductive politics of modern society requires not only scrutinising technological interventions but also addressing the underlying social relations and power dynamics that shape their implementation and interpretation.

Thus, in this thesis, such capacity is not understood simply as access to medical procedures, but as shaped by the quality of information, emotional support, bodily risk, family pressure and women's ability to refuse or accept intervention under conditions they consider bearable. While scientific advancements in reproductive health may appear to expand women's choices, they often operate within patriarchal and capitalist structures that impose constraints on bodily autonomy. These technologies, rather than serving as neutral tools for liberation, can reinforce systems of control that regulate women's reproductive capacities. Although abortion remains an essential healthcare procedure that is not inherently traumatic for all individuals, its framing and

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[367] Koch, L. (1987). Towards a Feminist Assessment of Reproductive Technology, *Acta Sociologica*, 30（2）, p. 183

[368] Klawiter,M. (1990). Using Arendt and Heidegger to Consider Feminist Thinking on Women and Reproductive. Infertility Technologies. *Hypatia*, 5（3）, pp. 83~84.

[369] Lowry,D.W. (2004). Understanding Reproduction Technologies as a Surveillance Assemblage. *Sociological Perspectives*. 47（4）, pp. 367~368.

accessibility are shaped by broader societal and political contexts. In a landscape marked by gender inequality, even well-intentioned technological developments can inadvertently contribute to the regulation of women's bodies, intensifying both physiological and psychological burdens. Therefore, a critical approach is necessary, that one that acknowledges abortion as a fundamental aspect of reproductive freedom while remaining attentive to the ways in which its medicalisation and technological evolution intersect with power structures.

Indeed, the promotion of painless abortion does not facilitate the dismantling of the patriarchal system; instead, it serves to explain, affirm, and sustain women's subordination to men.[370] The proliferation of the concept of "painless abortion" can be seen as a mechanism to divert men's attention from their partners' reproductive experiences while simultaneously lulling women into a state of complacency regarding their bodies. The hospital's role, utilising painless abortion techniques, functions as a surrogate for male partners who may be absent or unengaged. Medical personnel may help women navigate their real-life dilemmas through abortion services, yet the physical and emotional harm incurred can be irreparable.

Overall, the widespread commercialisation of abortion remains deeply rooted in the context of family planning policies: children who do not comply with policy regulations cannot be born, while for women experiencing non-marital pregnancies, formal hospitals often feel unwelcoming and impersonal. Commercial abortion providers have faced excessive criticism, yet the structural mechanisms that have driven the emergence of this industry remain largely unexamined. The proliferation of overt abortion advertisements has fuelled societal anxiety, not out of genuine concern for women's health, but because they expose the extent to which women engage in sexual activities beyond socially accepted norms. I coded these narratives under "painless ≠ harmless" and consolidated them into the "Embodied pain" theme in Fig. 4-4. Across the interviews, the marketing of "painless" abortion coexisted with limited counselling and uneven access to information. Women often weighed the immediate relief offered by anaesthesia against uncertainty about possible after-effects, revealing how medical decision-making was shaped by informational barriers, clinical authority and asymmetries between patients and providers.

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[370] Stanworth, M. (1987). *Reproductive Technologies: Gender, Motherhood and Medicine.* Cambridge: Polity Press,

5.3. Abortion Stigma: Emotional Distress and Motherhood Myths

Building on the bodily pain accounts in 5.2, this section shows how stigma and motherhood ideals shape post-abortion emotions through participants' narratives.

While technological advancements have mitigated the immediate physical pain of abortion, the psychological and emotional adjustments that follow are often overlooked. Women's physical experiences are submerged under the expectation of "painlessness," leaving them to cope with these unspeakable bodily sensations in silence, often fostering negative or resentful attitudes toward fertility-related phenomena and the individuals involved.

Additionally, social stigma and gender-related biases, such as abortion stigma, are deeply intertwined with women's experiences of pain, shaping both its perception and intensity.[371] Pain is not merely a physiological sensation but is influenced by past experiences, cultural narratives, and the information individuals receive. In reproductive contexts, certain forms of pain, such as those associated with menstruation, contraceptive use, pregnancy, and childbirth, are often normalised and even framed as purposeful or productive.[372] However, when pain is linked to stigma, guilt, or shame, emotions commonly reported by participants in my study, it can become exacerbated, contributing to heightened anxiety, social withdrawal, and reluctance to seek appropriate abortion care. These factors underscore how abortion-related pain is not only a physical experience but also an emotional and social one, shaped by broader structures of gender inequality and reproductive stigma.

This section presents women's mental distress through personal narratives of abortion. The profound pain of feeling misunderstood, the emotions of self-blame and doubt, a sense of numbness and loss of control over life, all of these are vividly reflected in their words. The emotional impact of abortion can destabilise their sense of self, causing them to question their ability to fulfil the role of a mother. This emotional strain is compounded by physical

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[371] Eisenberger, N.I., Jarcho, J.M., Lieberman, M.D., Naliboff, B.D. (2006). An experimental study of shared sensitivity to physical pain and social rejection. *Pain*. 126(1-3):132-138. doi: 10.1016/j.pain.2006.06.024

[372] Linton, S.J, & Shaw, W.S. (2011). Impact of psychological factors in the experience of pain. *Phys Ther*. ;91(5):700-711. doi: 10.2522/ptj.20100330

debilitation, discomfort, and a significant reduction in free time, leading to a profound loss of ontological security. Moreover, stigmatization from family and society post-abortion further exacerbates their identity dissonance.

5.3.1. Emotional Distress Stemming from Abortion Stigma

Abortion stigma[373] has been previously defined as a "*negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood.*" It has been conceptualised as encompassing three dimensions: perceived, internalised, and enacted stigma. Herek[374] extended this framework by emphasising that felt stigma involves a woman's assessment of others' attitudes toward abortion and her expectations of how these attitudes might manifest in actions.

In perceived stigma, an individual evaluates others' attitudes toward abortion and anticipates how these attitudes might influence behaviour. Internalised stigma, on the other hand, occurs when negative attitudes are internalised and may manifest as discrimination, abuse, hate speech, or judgment. Several studies[375] in the U.S. and globally have found that most individuals who have undergone an abortion have also experienced some form of stigma. The women's narratives in this study revealed the deep sense of shame they felt, as they anticipated negative reactions if their unintended pregnancies, abortion decisions, or abortion histories were disclosed. Many feared gossip, social isolation, and judgment.

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[373] Kumar, A., Hessini, L., & Mitchell, E. M. H. (2009). Conceptualising abortion stigma. *Culture, Health & Sexuality*, 11(6), 625-639. http://www.jstor.org/stable/27784486

[374] Herek, G. M. (2009). Sexual stigma and sexual prejudice in the United States: A conceptual framework. In D. A. Hope (Ed.), *Contemporary perspectives on lesbian, gay, and bisexual identities* (pp. 65-111). Springer Science + Business Media.

[375] F.Hanschmidt, F., Linde, K., Hilbert, A., Riedel-Heller, S. G., & Kersting, A. (2016). Abortion stigma: A systematic review. *Perspectives on Sexual and Reproductive Health, 48*(4), 169-177

For example, Wang, a participant from rural Guangxi who married a man from rural Hainan, expressed concerns that people would label her as a "*killer"* if they found out about her abortion. She feared that her peers would reject her and avoid interacting with her:

"Perhaps it's because the environment I live in is still very traditional. In the traditional Chinese moral and cosmological view, abortion is seen as an act of killing, too cruel. The elders in my village still avoid discussing abortion, and they continue to uphold the 'more children, more blessings' fertility culture. Abortion seems like a rebellion against tradition. So, I'm hesitant to tell my friends, afraid they will distance themselves from me or that my secret (the abortion) will spread. In the village, gossip spreads fast, and even though I live in the city now, I will eventually return to the village. If everyone knows, it will be hard for me to live there, as people will talk behind my back."

In contrast to Rehnström Loi's study on abortion stigma in Kenya[376], where fears were rooted in the social shame of violating gender norms and were expressed as isolation and labels such as "prostitute" or "murderer", the women in this study, particularly married women, expressed concerns about external judgments regarding their roles as wives and mothers. They worried about their reputations and feared being accused of infidelity. Husan, for example, described the anxiety she felt about her abortion being revealed:

"Even though I am married, I am still afraid of people finding out about my abortion. There might be rumours like: 'Why didn't you keep the baby after getting pregnant? Could it be because it wasn't your husband's child?' I work at a school, and I am constantly around children. Such rumours would be completely unacceptable in my line of work."

This highlights the different dimensions of abortion stigma and the ways in which it intersects with cultural and social gendered expectations of sexuality, particularly in more traditional settings.

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[376] Rehnström Loi, U., Lindgren, M., Faxelid, E., Oguttu, M., & Klingberg-Allvin, M. (2018). Decision-making preceding induced abortion: A qualitative study of women's experiences in kisumu, kenya. *Reproductive Health,* 15(1), 166-166. https://doi.org/10.1186/s12978-018-0612-6

Biggs and his colleagues[377] collected data from individuals seeking abortions across 21 U.S. states, providing a comprehensive representation of experiences from various regions of the country. Their findings revealed that perceptions of stigma were more pronounced in areas with stricter abortion regulations, particularly among populations identified as Protestant or Catholic. Additionally, married individuals reported feeling a greater sense of shame compared to their unmarried counterparts, likely due to societal pressures and expectations that married couples should have children.

In contrast to below Western studies where women's feelings of guilt following an abortion are often rooted in religious beliefs and values, the narratives in this study reveal that, despite China's historical One-Child Policy and restrictive stance on religion, religious discourse, particularly from Buddhism, Taoism, and Chinese folklore, still influences women's experiences of abortion. For instance, participants like Rongrong and Fanfan believed that once the embryo implanted in the uterus, it possessed both a body and a soul. They expressed the view that while the abortion procedure could destroy the fetus' body, its soul would remain intact, potentially haunting the mother and bringing future misfortune. This belief often led to feelings of profound guilt and fear of supernatural retribution post-abortion.

Rongrong and Fanfan described their post-abortion struggles as follows:

Rongrong*: "I felt that the moment I realised I was pregnant, the baby had a life and soul. My husband and I cried together the night we made the decision. We both agreed to terminate the pregnancy. I confessed to the baby, crying and begging for understanding. I hoped the baby could be* ***reincarnated*** *into a loving family that wanted children and asked for forgiveness. But I was also deeply afraid that the child would hate me for not keeping them. Afterward, we visited temples to pray for the baby's soul to find peace."*

Fanfan: *"When I was told that the fetus was potentially defective, I had to choose (abortion). Because on the one hand, I already have children, and it is not easy for me to go to work and take care [of children]- a bit of a flaw- It feels [to have another baby] in my life is unnecessary, I*

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[377] Biggs, M.A., Brown, K., Foster, D.G. (2020). Perceived abortion stigma and psychological well-being over five years after receiving or being denied an abortion. *PLoS One.* Jan 29;15(1):e0226417. doi: 10.1371/journal.pone.0226417. PMID: 31995559; PMCID: PMC6988908.

don't think I am like a [new parent of a child]. For the first child, I may choose to wait a few months before checking and considering whether to miscarry.

But then. . . It seems that we Chinese are a little bit like that. . . I don't know if it's superstition [laughs], but I always feel that I owe that child something. But would you believe this? It seems that I heard them say that believers in Christianity abroad would also say that abortion is not allowed. We in [China] have the theory of ghosts and gods, that is, karma and reincarnation.

In fact, I am still a little scared and worried. It is a life after all. Do you think people really have ***reincarnation****?"*

Fanfan works for a government-owned company. She gave birth to two boys with her spouse. Her menstrual cycle was erratic due to her past motherhood. The fetus was eight weeks old when she discovered she was pregnant. However, a few weeks earlier, she had brought her younger son, who had a respiratory infection, for a CT scan of his lungs. To accompany the child who was afraid of having a CT scan and was moving around, the doctor had asked her, who was not wearing protective clothing, to comfort the child and encourage him to stay still.

During the first prenatal check-up, the doctor had informed her and her husband that there was a risk the fetus would have an impairment or disability. Despite her lifelong desire for a daughter, she had considered "taking a gamble (that the child would be a healthy girl)." However, rather than making an immediate decision, she had chosen to go home and reflect on the situation. She was concerned about the child's health after birth and recognised that raising three boys would already be a significant challenge for her family.

Fanfan talked about whether to keep the fetus with other mothers when she was driving her kids to and from school during the decision-making process. A young mother had claimed to have experienced the same circumstance. B-ultrasound revealed anomalies when the fetus reached five months of age, and the young mother had made the decision to induce labour. "*Both the procedure and the healing period were quite uncomfortable. Make the decision early and suffer less*," she had counselled Fanfan. After seeing the terrified experiences of people around her, Fanfan made the abortion decisions.

Subsequently, Fanfan continued to have a strong desire for a daughter. She had undergone a fetal gender test (illegally) to confirm her later pregnancy. She is currently the mother of three children: a younger daughter and two sons.

These narratives reflect the internalization of abortion stigma, where women accept societal negative valuations of abortion.[378] Perceived abortion stigma refers to how individuals believe others will view them for seeking or having an abortion, while internalised stigma manifests as shame, guilt, or secrecy incorporated into one's self-perception. Women who have had abortions but hold anti-abortion views may experience internalised stigma. In a qualitative study conducted in the U.S., participants seeking abortions described feeling conflicted due to their own anti-abortion attitudes.[379] Similarly, studies conducted in England and Wales have demonstrated that some women seeking abortions feel they are committing a morally wrong act, leading to guilt and shame. However, in Gelman's study, the participants who resist abortion stigma often justify their decision by portraying themselves as responsible mothers who chose to focus on their existing children. These participants reconciled their anti-abortion beliefs with their personal decision by distinguishing their own circumstances from others who sought abortions.

Despite similarities with the concerns expressed by participants in Gelman's study, the women in my sample all disclosed their abortions to others. However, most shared the information selectively, confiding only in close family members or trusted friends. If they encountered negative reactions, they would stop sharing. Major et al.[380] found that while most women disclosed their pregnancy and abortion to their partners (85%), only two-thirds told friends, and

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[378] Cockrill K. & Nack A. (2013). I'm Not That Type of Person": Managing the Stigma of Having an Abortion. *Deviant Behavior* 34(12): 973-90.

[379] Gelman, A., Rosenfeld, E.A., Nikolajski, C., Freedman, L.R., Steinberg, J.R., Borrero, S. (2017). Abortion Stigma Among Low-Income Women Obtaining Abortions in Western Pennsylvania: A Qualitative Assessment. *Perspect Sex Reprod Health*. 49(1):29-36. Epub 2016/12/17. 10.1363/psrh.12014

[380] Major, B., Zubek, J. M., Cooper, M. L., Cozzarelli, C., & Richards, C. (1997). Mixed messages: Implications of social conflict and social support within close relationships for adjustment to a stressful life event. *Journal of Personality and Social Psychology, 72*(6), 1349-1363.

fewer than one-quarter informed their parents. Our participants echoed this cautious approach, weighing the risks and benefits of revealing their abortion experiences.

For instance, Husan expressed fear about how others might react: "*It's a bit scary for me now…you never know how people will judge you if they find out. You never really know what others think.*"

This internal conflict highlights the delicate balance women navigate when discussing their abortions, as social and cultural attitudes around the issue can impact both their emotional well-being and relationships with others.

5.3.2. Abortion Aftermath: Fear and Maternal Identity

In this section, 'aftermath' refers to the period following the abortion in which women navigated three intertwined experiences: embodied fear, moral self-scrutiny, and anticipated social judgement. First, participants reported fears about bodily consequences and future fertility that shaped subsequent reproductive decisions. Second, they engaged in maternal identity work, by evaluating themselves against local ideals of responsible womanhood. While the third aspect involves managing the risk of social exposure in families and workplaces, which could reframe their actions as morally suspect.

Some studies[381] indicated that the ideals of motherhood are foundational to abortion stigma. Studies in New Zealand[382] have shown that, individuals who believed women should fulfil their maternal duties exhibited more negative attitudes toward abortion. However, there is still a relative scarcity of research examining the connection between motherhood norms and abortion attitudes, particularly in the context of Chinese culture.

Chinese traditional values continue to influence societal perspectives and individual choices regarding marriage and fertility.[383] This study reveals that negative emotions expressed by the participants in their abortion narratives often began with descriptions of fear, contrasting sharply with their reflections on their pre-abortion selves, personality traits, past experiences, and identity development. This dynamic process highlights that self-development is continuous and fluid, shaped by personal experiences over time.

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[381] Kumar, A., Hessini, L., & Mitchell, E. M. (2009). Conceptualising abortion stigma. *Culture, Health & Sexuality*, 11(6), 625-639；

Norris, A., Bessett, D., Steinberg, J. R., Kavanaugh, M. L., De Zordo, S., & Becker, D. (2011). Abortion stigma: A reconceptualization of constituents, causes, and consequences. *Women's Health Issues*, 21(3), S49-S54.

[382] Huang, Y., Davies, P. G., Sibley, C. G., & Osborne, D. (2016). Benevolent sexism, attitudes toward motherhood, and reproductive rights: A multi-study longitudinal examination of abortion attitudes. *Personality and Social Psychology Bulletin*, 42(7), 970-984.

[383] Li, Y., & Jiang, Q. (2019). Women's gender role attitudes and fertility intentions of having a second child: Survey findings from Shaanxi Province of China. *Asian Population Studies*, 15(1), 66-86.

In the emotional narratives of women who have undergone abortion, identity construction among married women in China reflects the tension between their "ideal self" and "real self." Drawing on Giddens' theory of self-identity[384], which posits that identity is a reflexive and continuous process shaped by life experiences, this study highlights how women make sense of their post-abortion emotions within the broader trajectory of their personal histories. The findings suggest that many women interpret their emotional responses through the lens of their personality traits, past experiences, and family background. By recounting their earlier experiences, they contextualise their present feelings about identity, illustrating that an understanding of post-abortion identity must take into account pre-abortion narratives. The process of narrating these experiences highlights how abortion can intersect with women's evolving sense of self, reinforcing the significance of individual and social contexts in shaping their identities.

5.3.2.1. Identity Construction of Women Who Have Experienced Abortion

This research indicates that some women in the study describe their personalities and growth experiences as highly perfectionistic, often viewed by others as enviable. According to Cooley's Looking Glass Self theory[385], individuals recognise themselves through interactions and feedback from others, forming their self-concept based on external perceptions and evaluations. Phrases like "I'm like other people's child" or "everyone thinks I'm excellent" reflect how others serve as mirrors for the self. Individuals imagine how others view them and adjust their self-perception accordingly. Thus, a person's self-concept is shaped through social interactions. This perfectionism often leads to high self-expectations and self-esteem, driving them to maintain excellence and avoid mistakes, which can result in feelings of guilt and regret when facing setbacks.

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[384] Giddens, A. (1991). *Modernity and Self-Identity: Self and Society in the Late Modern Ag*e. Stanford University Press.

[385] Charles Horton Cooley's "Looking Glass Self" theory emphasizes that individuals form their self-concept through feedback and evaluation from others. Cooley, C.H. (1984). *Human nature and the social order*, Transaction Books, London; New Brunswick

For example, Tianmei starts her narrative by recalling her family and childhood experiences, elaborating on her identification with being *excellent*.

"I was born in a small coastal village. By the age of 8, I could cook, mow the lawn, raise rabbits, feed chickens, and tend to ducks, typical for a poor child taking on responsibilities early. Throughout elementary and middle school, I was a favourite student of my teachers, a model student, and the quintessential 'other people's child.' I excelled in the high school entrance exam and was accepted into a school in the provincial capital. I performed well academically and was the first student in my class to join the Communist Party, chosen by teachers to stay and teach at the school. This new environment allowed me to begin a new life; I enthusiastically dove into my work, self-studying the entire high school curriculum. The following year, I took the adult college entrance examination and entered the undergraduate phase of my studies. Later, I met my husband through a colleague and had three daughters, becoming the happy woman others see."

This narrative frequently features words like "model student," "excellent," and "happy," suggesting that "excellence" is a central component of Tianmei's self-identity. She places significant importance on being perceived as "excellent" by others, aligning her sense of self with social recognition. The phrases *other people's child* and *becoming a happy woman in others' eyes* illustrate how individuals construct their self-concept through social interactions, relying on external feedback and evaluation. However, this also raises the question of whether Tianmei perceives herself as truly happy in her own eyes or if her sense of fulfilment is primarily shaped by external validation.

Other respondents express similar sentiments. Vivi states:

"Since childhood, my experiences have made me strong, sensitive, and concerned about others' opinions. I want to make my parents proud. My family has a good financial background; my parents work for a state-owned enterprise, which allowed me to attend a good university and secure a good job. After marrying, my husband is attentive and caring, and my parents dote on me. My close friends say I am particularly sunny, confident, and graceful. I have many elders at home, and I am among the younger ones, raised with much affection. Throughout my life, I have been perceived as positive, cheerful, and optimistic. However, the impact of this abortion has left me in a state of silence."

5.3.2.2. Family of Origin influencing the abortion decision

Several respondents recalled growing up in traditional family structures that prioritised sons, leading to a lack of parental affection and emotional support. This absence of familial understanding contributed to long-term low self-esteem, fostering a deep-seated need for external validation and feelings of worthlessness.

Lili shares:

"Due to the family planning policy, my father always wanted a boy. My mother gave birth to my brother out of town and registered him under a relative's name, which led to substantial fines for my parents. I've always been introverted and matured late, but fortunately, I excelled academically and graduated from a prestigious university. To avoid my father's scolding and to spare my mother any worry, I suppressed my emotions and remained highly diligent in my studies. I never experienced a 'rebellious phase' and was always seen as a model student, well-behaved and exceptional in the eyes of others. However, I care deeply about how others perceive me and tend to be pessimistic when faced with challenges. My father holds a strong patriarchal mindset, and I never felt much love from him. As a result, I have always had low expectations of family life and maintained a rather pessimistic outlook."

These narratives illustrate how individuals suppress their emotions to meet parental expectations, reinforcing a deep-seated "need to please others" due to the absence of familial affection during childhood. According to Cooley (ibid.), the development of self-concept is deeply intertwined with social interactions, as individuals construct their identities through external feedback and evaluation. The respondents' experiences suggest that while they may achieve academic excellence and be recognised as role models by others, their self-worth remains fragile due to the lack of parental love.

This dynamic is particularly relevant to their experiences with abortion. The internalised pressure to seek approval and adhere to external expectations may influence how they process and respond to abortion-related decisions. The absence of parental support and their ingrained tendency toward self-suppression could exacerbate feelings of guilt, shame, or self-doubt following an abortion, further shaping their emotional and psychological responses. By understanding the role of family dynamics in shaping self-concept, it becomes possible to contextualise how past emotional deprivation may contribute to the emotional complexities surrounding abortion.

5.3.2.3. Identity Struggles and Emotional Distress After Abortion

Unlike physical pain, which can be openly expressed, the emotional turmoil following abortion is often difficult to articulate. Women experiencing emotional distress, whether related to abortion, motherhood, or both, frequently struggle with self-doubt, guilt, and a sense of disconnection from their previous selves.[386] Their narratives reveal deep emotional conflicts that intertwine with their identities as women and mothers, leading to cycles of uncertainty and self-denial.

Xiaoxiao, born in 1986 and a mother to a nine-year-old son, always envisioned having more children and saw herself as a traditional woman. However, her husband strongly opposed having additional children and showed little emotional support for her experiences of motherhood. Feeling overwhelmed by the responsibilities of childcare and unsupported by both her husband and extended family, Xiaoxiao described experiencing symptoms of postnatal depression.

"Only if you have experienced it yourself will you understand the bitterness of it. I remember how much we longed for a child when I was pregnant, how my mother promised to help after the baby was born, only to later withdraw her support. My husband and I had to manage everything alone. I spent my days caring for the baby, while my husband juggled work and childcare. That year, we both aged ten years. It is truly difficult when there is no one to help us."

Her distress grew deeper over time, leading to increasing feelings of helplessness and detachment from reality. She expressed doubts about her ability to care for her child and protect him, questioning whether she even had the right to voice her pain. While she acknowledged that her husband and family were more supportive than others' experiences she had read about, this only exacerbated her self-doubt and sense of inadequacy.

"I don't understand why I am on this path. Why did I have to have an abortion? I can't face myself. I can't accept myself. I can't accept that I have sinned."

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[386] Mauthner, N. S. (1999). Reassessing the relationship between motherhood and self: A feminist perspective. *Gender and Society*, 13(2), 294-315.

Xiaoxiao began isolating herself, withdrawing into her room, plagued by overwhelming feelings of failure and regret. She cried alone, uncertain of whom she could confide in. She felt trapped, an island cut off from the world. In her dreams, she envisioned a figure nailed to the ground, motionless and silent, leaving her wondering whether she was the one suffering, the one inflicting suffering, or merely a passive observer.

Xiaoxiao's narrative, like those of other participants, illustrates how abortion-related distress is deeply interwoven with broader struggles of maternal identity. The transition into motherhood, societal expectations, and internalised pressures to meet idealised maternal roles contribute to self-doubt and emotional turmoil. From the perspective of women's self-identity, negative emotions following abortion are not only linked to the physical experience but also to deeply ingrained sociocultural constructs of womanhood and motherhood.

Drawing on Cooley's theory of self-concept, which suggests that identity is shaped through social interactions, these narratives highlight how women's self-perception evolves in response to external feedback. However, identity formation is not a fixed process; rather, it is dynamic and shaped by life experiences. For women who have experienced abortion, the process of navigating self-identity is further complicated by feelings of guilt and uncertainty about their maternal roles.

Two key areas of conflict emerge from these narratives:

i. Maternal Identity vs. Professional Identity - Many women struggle to reconcile their careers with the demands of motherhood (a topic explored further in Chapter 6). High career aspirations often conflict with the long-term responsibilities of raising a child, creating a sense of tension and unfulfilled expectations.

ii. Maternal Identity vs. Self-Identity - Some women express feeling that motherhood has reshaped their sense of self in ways they did not anticipate or desire. They describe a stark contrast between their pre-motherhood selves and their current realities, struggling to integrate these experiences into their evolving identities.

Moreover, cultural stigma surrounding abortion exacerbates these struggles. Women frequently encounter implicit and explicit biases that discourage them from expressing negative emotions about abortion, particularly from husbands and family members. This lack of acknowledgment

can lead to further self-doubt, emotional suppression, and a loss of control over their sense of self.

The emotional and physical pain following abortion is profound yet often overlooked or misunderstood by those around them. Unlike physical pain, which is observable and more easily expressed, the internal suffering associated with abortion remains largely invisible. This invisibility often forces women to suppress their distress, intensifying their feelings of isolation.[387]

Many participants in this study described experiencing unexpected levels of physical pain, which served as a shocking realization about the reality of abortion. However, it was the emotional aftermath, the guilt, doubt, and inability to fully reconcile their decision, that proved even more difficult to endure. Women who already struggled with maternal identity conflicts or emotional distress before their abortion found themselves grappling with even deeper questions about self-worth and their ability to fulfil societal expectations of motherhood.

Ultimately, these findings highlight the need for greater recognition of the complex emotional impact of abortion, particularly in cultural contexts where motherhood is deeply tied to notions of female identity and self-worth. Without adequate emotional support and acknowledgment, many women continue to endure their struggles in silence, reinforcing cycles of guilt, self-doubt, and suppressed pain. The analysis draws on reflexive thematic clustering of codes on fear, identity work, and stigma management reviewed across urban, rural, and migrant cases. This temporal re-reading of abortion in light of later motherhood motivates the next subsection, which traces how maternal identity is reshaped after childbirth.

5.3.3. Abortion Stigma and Postpartum Identity Shifts

This section examines the narratives of women with postabortion and postpartum depression, interpreting their self-disclosures to explore their pain narratives and identity formation, as well as the role of mass media in constructing maternal identity.

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[387] Ngai F, Chan S, Holroyd E. (2007). Translation and validation of a Chinese version of the parenting sense of competence scale. *Nursing Research* (56), 348-354.

Depression is a mental health condition that harms women's physical and mental well-being, yet there has long been a lack of correct understanding of it. Media coverage of postpartum and postabortion depression often focuses on tragic events, exacerbating public stereotypes and stigmas associated with women suffering from this condition. Media coverage in China has highlighted several tragic incidents related to postpartum depression, which have intensified public stereotypes and stigmas surrounding women suffering from this condition. For instance, in a case reported by the South China Morning Post, a 27-year-old homemaker from Xi'an, Shaanxi province, who had been battling depression since the birth of her son five years earlier, tragically ended her life and that of her young son by jumping from the 24th floor of their high-rise building.[388] As a mental health condition, existing research primarily addresses its mechanisms, recovery treatments, and social support from a medical perspective. Previous studies[389] have focused on media and medical discourse, however, research grounded in the experiences of women who have experienced postabortion and postpartum depression is crucial for helping the public understand and confront this condition.

From the perspective of women's self-identity and maternal identity recognition, the internal states of individuals are closely related to the occurrence of postpartum depression, which significantly affects women's recognition of their maternal identity.[390] The emergence of individual depressive emotions is closely linked to self-construction[391], as individuals continually

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[388] South China Morning Post. (2017). .*Lifting the dark cloud over China's new Mothers* Available at: https://www.scmp.com/news/china/society/article/2113610/lifting-dark-cloud-postnatal-depression-hanging-over-chinas-new? (Accessed: 14 February 2025).

[389] Huang, S., Hu, Y., Fu, B., Tang, G., Chen, Z., Zhang, L., Lei, J. (2023). Help-seeking intentions for depression and associated factors among Chinese perinatal women: A cross-sectional study. *International Journal of Environmental Research and Public Health, 20*(3), 2288. doi:https://doi.org/10.3390/ijerph20032288

[390] Barr, J. A. (2008). Postpartum depression, delayed maternal adaptation, and mechanical infant caring: a phenomenological hermeneutic study. *International Journal of Nursing Studies*,45(3):362

[391] Lam, B. T. (2005). Self-construal and depression among Vietnamese-American adolescents. International Journal o f Intercultural Relations, (29): 239 -250.

construct narratives about their past and future.[392] Maintaining coherent narrative threads aids individuals in perceiving the meaning and value of life.[393]

However, during the transition to the identity of "mother," women are prone to confusion regarding self-recognition and narrative coherence, leading to severe negative emotions. Although similar depressive states can occur at other times, the characteristics of postpartum depression are rooted in the transition to the maternal role. During this transition, women undergo numerous physical and psychological changes, including evident changes due to pregnancy and childbirth, as well as shifts in their inner sense of identity. Husmillo[394] suggests that feelings of guilt and helplessness arising from a perceived inability to fulfil the maternal role are closely related to the onset of postpartum depression. Research by Abrams[395] indicates that the degree of recognition of self-identity and maternal identity during the transition significantly impacts women's mental states.

As concluded in the previous section, Rubin[396] noted in her study that the identity changes women undergo during the transitional phase of becoming mothers are closely linked to the occurrence of postpartum depression. However, from a sociological perspective, discussions of individual identity should be contextualised within specific social situations, as the concept of illness also arises from social and cultural constructions. Depression, as a mental health

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[392] Spence, D. (1982). Narrative persuasion. *Psychoanalysis and Contemporary Thought*.(6) :457 - 481.

[393] McAdams, D. (1993). *The stories we live by*. New York, NY: The Guildford Press,

[394] Husmillo, M. (2013) Maternal role attainment theory. *International Journal of Childbirth Education*,28(2):46-48.;

Fowles, E. R. (1998). The relationship between maternal role attainment and postpartum depression. *Health Care for Women Internationa*l, 19(1), 83-94.

[395] Abrams, L. S, Curran, L. (2010). Maternal identity negotiations among low-income women with symptoms of postpartum depression. *Qualitative Health Research,*

[396] Rubin, R. (1984. *Maternal identity and the maternal experience.* New York: Springer,

condition, should be understood in relation to specific societal contexts.[397] Abu-Rayya[398] similarly posits that the identity of "mother" is also based on specific social contexts. Referring to Dennis's[399] investigation into the social environmental backgrounds of women with postpartum depression, this study affirms the relationship between women's mental states after abortion and the cultural definitions of the "ideal mother," as well as their self-imposed expectations of motherhood.

In more traditional social environments, women's identities have often been singular and tied closely to their roles within the family structure, such as being mothers or wives.[400] In contrast, modern Chinese women - especially those born under the one-child policy - are navigating increasingly complex identity configurations. They are not only daughters, wives, and mothers, but also professionals and individuals pursuing personal independence. However, despite this apparent progress, many women still find themselves constrained by enduring cultural expectations around reproduction and motherhood.[401] These conflicting roles can produce internal tensions, particularly for women who undergo abortion, leading to a perceived imbalance

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[397] Gary, F. A. (2005). Stigma: Barrier to mental health care among ethnic minorities. *Issues in Mental Health Nursing*, (26): 979-999.

[398] Abu-Rayya, H. M. (2006). Ethnic self-identification and psychological well-being among adolescents with European mothers and Arab fathers in Israel. *International Journal of Intercultural Relations*, (30): 545 -556 .

[399] Dennis, C. L, Chung-Lee L. (2006). Postpartum depression help-seeking barriers and maternal treatment preferences: a qualitative systematic review. *Birth*, 33(4), 32 3-331.

[400] Barr, J. A. (2008). Postpartum depression, delayed maternal adaptation, and mechanical infant caring: a phenomenological hermeneutic study. *International Journal of Nursing Studies,* 45(3):362

[401] Chinese news as:

China News Network, (2017). " 产妇被产后抑郁折磨:曾半夜拿刀对着熟睡丈夫" [Mother suffered from postpartum depression: She once pointed a knife at her sleeping husband in the middle of the night] 2017-2-28. http://www.chinanews.com/sh/2017/02-28/8161434.shtml

China News Network. (2017). "妈妈产后抑郁发作捂死 3 个月大儿子 自首获刑 3 年" [Mother smothers 3-month-old son to death due to postpartum depression]. 2017-1-12.

http://www.chinanews.com/sh/2017/01-12/8122232.shtml

between personal aspirations and familial responsibilities. Some participants expressed sentiments such as "*everything changed after having a child"* or "*this is not the life I wanted"* (Lili), reflecting the weight of traditional reproductive ideals in shaping their post-abortion reflections.

Among the narratives collected in this study, several women spoke of experiencing overwhelming emotional distress following abortion. While participants did not always label their experiences as "depression", their descriptions point to feelings of fatigue, social withdrawal, irritability, and emotional numbness, indicators commonly associated with psychological distress. It is crucial to clarify here that post-abortion emotional distress should not be conflated with postpartum depression, although both may stem from similarly rooted social stigmas around reproduction and motherhood. In many cases, participants reported a lack of empathy or understanding from family members, often due to the broader social stigma and silence surrounding both abortion and mental health in Chinese culture.

For example, Wang described feeling emotionally unstable and "*I cannot feel myself*" after her abortion, avoiding work, frequently crying, and struggling to care for her existing child. When first asked about her emotional state, she was reticent, giving short, guarded responses. Only after I introduced the emotional help suggestions that she could ask for the PAC service and emphasised that negative feelings are both valid and common, did she begin to open up about her abortion experience. This hesitance underscores how deeply entrenched stigma can silence women's emotional realities.

"My family suggested I see a doctor, but I was very resistant. I didn't think I was mentally ill. I'm usually an outgoing person, and I had only heard of postpartum depression on the news. I would never have believed it could happen to me, but it really did.

I couldn't accept that someone as cheerful and optimistic as me could get depressed. It just didn't make sense. Because I was afraid others would think depression is a kind of madness, I didn't dare tell anyone I was depressed. At my worst, even talking to others became difficult. I would think the worst about everything and felt utterly hopeless, just like those women in the news who suffer from post abortion depression and end up jumping off buildings.

My in-laws also blamed me, and everything at home was a mess. I hadn't planned to tell my parents, but they found out. To them, I was just weak-willed and overthinking things. They

couldn't understand what I had to be anxious or worried about. Even stay-at-home moms in our neighbourhood thought I was ungrateful for my blessings. My parents tried reasoning with me, and my friends offered comfort, but nothing worked. All I could say was, 'I know the logic, but I just can't do it.'"

Indeed, from the interview with Wang, I believe it is essential to create a space where women can speak freely about their emotional well-being without fear of judgment or misinterpretation. The narratives presented here are not meant to medicalise or pathologise abortion experiences, but to demonstrate how emotional responses are often shaped by, and at times constrained by, cultural narratives of motherhood, familial expectation, and gender norms.

Based on Wang's disbelief that she could suffer from postabortion depression, it is evident that public awareness of postpartum depression is still tainted by significant stigmatization and stereotypes. Media portrayals[402] of postpartum depression often associate it with extreme cases such as "suicide" or "murder-suicide," subtly influencing how women perceive depression and related negative emotions. This framing imposes a heavy psychological burden on women with postpartum depression. Furthermore, these women frequently struggle to gain understanding from their families and, at times, even view postabortion and postpartum depression as the form of "madness" or a sign of "overthinking." In the narratives examined, terms like "madness", "overthinking", "exaggeration", and "lack of understanding" are repeatedly mentioned, highlighting the intense emotional pain these women face due to the lack of support and understanding around them.

The identity conflicts exacerbated by media consumption, combined with the idealised portrayal of motherhood in the media[403], where the image of the mother is often depicted as flawless, place

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[402] Chinese news as:

Sina Hunan. (2020). *"37 岁女博士带5 个月女儿跳楼自杀，产后抑郁" [Heartbroken! A 37-year-old female doctoral student from Changsha committed suicide by jumping off a building with her 5-month-old daughter, suspected of postpartum depression*] 2020-4-28.

http://hunan.sina.com.cn/news/2020-04-28/detailiirczymi8817894.shtml?from=hunan_ydph

[403] McGinty, E. E., Webster, D. W., & Barry, C. L. (2013). Effects of News Media Messages About Mass Shootings on Attitudes Toward Persons With Serious Mental Illness and Public Support for Gun Control Policies. *American Journal of Psychiatry*, 170(5), 494-501.

immense psychological pressure on women. Although many women have some knowledge of postpartum depression through television, newspapers, books, or the internet before giving birth, the personal narratives reveal that many still remain at a superficial level of understanding, often not grasping the deeper causes and implications of the condition. This lack of awareness contributes to a failure to recognise the possibility that they too might experience postpartum depression. Moreover, the implicit stigmatization and stereotypes present in media discussions of postpartum depression further influence women's attitudes toward the condition, leading to varying degrees of bias[404]. Even when they suspect they might be suffering from postpartum depression, the stigma attached to mental illness prevents them from acknowledging it, hindering their willingness to seek help. This negative media portrayal not only affects the women themselves but also shapes the perceptions of those around them, leading to a lack of understanding and support, further reducing their confidence in seeking professional assistance.

As Susan Sontag[405] suggests in her work *Illness as Metaphor*, illness itself carries symbolic shame, not because of the illness alone, but due to the connotations it holds, such as fear of death, moral judgment, punishment, and societal disruption. This perspective is helpful in understanding the concept of "illness" in Chinese culture as well. The various layers of shame associated with illness can be seen in language use, and postpartum depression, as a mental health condition, is no exception. The individual's role in contributing to the illness is a crucial factor, and for women who experience abortion, there exists an "ideal self", an idealised version of themselves. When there is a significant discrepancy between this "ideal self" and the "real self," which is their perception of their current state, it can lead to identity conflicts, resulting in dissonance and self-recognition difficulties. However, another key factor contributing to post-abortion identity dissonance is the influence of social and cultural values.

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[404]Zhang, W., Liu, L., Cheng, Q., Chen, Y., Xu, D., & Gong, W. (2020). The relationship between images posted by new mothers on WeChat moments and postpartum depression: Cohort study. *Journal of Medical Internet Research, 22*(11), e23575-e23575.

[405] Sontag, S. (1978). *Illness as Metaphor.* New York: Farrar, Straus and Giroux.

The previous section's case narratives reveal that women who have experienced abortion often express doubt and self-criticism.[406] In traditional Chinese culture, the term "loving mother" is most commonly used to describe mothers, with "supporting husband and educating children" considered a mother's duty, and "becoming strong for the sake of motherhood" as a basic requirement for the maternal role. In contemporary society, this idealised image of motherhood persists, with the "supermom" identity remaining dominant. Although the interviewees in this study live in urban areas, most come from rural or peripheral regions. Some of them, such as Chai, Lili, and Tianmei, moved to the city for work or education, while others, like Rongrong, followed their husbands from rural Hainan to urban villages. They experienced significant cultural conflicts related to their bodies and experiences during their abortions. Whether in traditional cultural views or modern media representations, the image of "motherhood" is often idealised, assuming that maternal instincts are inherent and that raising children is a natural skill for women[407]. This perspective overlooks the effort women must put into becoming mothers and places immense psychological pressure on new mothers. When they feel unprepared, they often blame themselves, feeling that they fall short of the ideal "perfect mother," leading to self-identity confusion. Negative thoughts like "I'm not a qualified mother" or "I don't deserve to be a mother" (as Lili expressed) reflect these feelings of inadequacy.

From Tianmei's case, it becomes evident that women deeply affected by postpartum depression often suffer from a strong sense of stigma, which lowers their self-identification as mothers and may lead them to make decisions such as opting for abortion.

Tianmei has three daughters and 4-5 abortions (she did not remember the exact number herself) after having her second child. She concludes the reasons were financial pressure and lack of energy. Tianmei complained to me that there were significant disagreements with her husband about raising the children, and he did not share in the family affairs.

The third child was born to ease the tension in the relationship with her husband. She had postnatal depression after the birth of the youngest child. Tianmei repeatedly emphasised that she

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[406] Westall, C., Liamputtong, P., & SpringerLink (Online service). (2011). *Motherhood and postnatal depression: Narratives of women and their partners*. Springer Verlag. https://doi.org/10.1007/978-94-007-1694-0

[407] Hays, S. (1996). *The Cultural Contradictions of Motherhood.* Yale University Press.

was not mentally ill and believed that there was a social stigma attached to postnatal depression. However, she believed that she was cured by taking Chinese medicine.

Tianmei*: "So far, several years have passed without a relapse, and I feel that I have completely recovered, so I dare to tell you.*

By the time I finished my recovery after the abortion, I was on the verge of a mental breakdown. I believed I had postpartum depression and requested to go to the hospital, but my husband was strongly opposed. He thought I could tough it out and that going to the hospital would mean acknowledging I had a mental illness. However, I couldn't bear it any longer. The intense pain drove me to the brink of madness, and I insisted on going to the hospital.

At first, my family and my husband thought I was crazy, and I didn't dare to tell anyone. But soon after, an overwhelming fear struck me, an unprecedented sense of impending doom and deep terror, pushing me into an extreme state of helplessness and desolation. I was scared to take the medicine, taking it only when I felt things to be unbearable, and avoiding it when I felt okay. I was afraid that taking the medicine would prove that I was psycho (Tianmei emphasised this to me many times during the interview).

I want to emphasise to you that depression is a mental illness. When I say, 'abnormal condition during postpartum depression', I don't mean running around talking like a mad person, but rather my body exhibited severe symptoms: complete exhaustion, lying in bed like someone at death's door, unable to get up, feeling cold all over, and with a pale face.

Consequently, my condition worsened, leading to hallucinations, mania, fear, inability to ride in cars, inability to take care of myself, extreme low self-esteem, feeling completely hopeless about life, a mental block as if my mind was tied up and unable to think, and a heavy stone on my chest making it hard to breathe. Many times, I felt like I didn't want to live anymore...

After getting stable prescription, I started to feel like a person again, like I could live. But for some reason, I always felt that the healing method I truly wanted wasn't just talking; I also wanted to do something physically, to feel ***normal*** *like before."*

For interviewees in this research, factors such as education level, family circumstances, and interactions with urban and rural relatives all play a role in shaping how they perceive and

interpret their suffering abortion events. It is important to note that the Hainanese women in this study do not constitute a homogenous group; differences in family backgrounds, migration trajectories, education levels, husbands' families, and their degrees of interaction with society result in variations in their temperaments. Consequently, their experiences of reproductive pain are similarly diverse. Only by starting from the women's own interpretative frameworks can we fully understand their narratives of pain during the reproductive stage.

Tianmei's experience of post-abortion psychological distress exemplifies the normative conflicts that migrant women navigate, as outlined in Zhu's[408] study on postpartum identity and depression. Her struggle reflects the collision between traditional Chinese expectations of resilience in motherhood and modern understandings of mental health. Influenced by her husband's perception that seeking medical help would signify mental illness, a stigmatised label, Tianmei initially suppressed her suffering, illustrating how deeply embedded social norms shape women's interpretations of their own pain.

The theoretical framework provided by Berger and Luckmann's [409] theory of the social construction of reality is useful here because it explains how social norms come to appear natural, objective and taken for granted. For Berger and Luckmann, everyday reality is produced through social interaction and institutionalisation: meanings created by people become externalised into social practices, objectified as "common sense", and then internalised by individuals as ways of understanding themselves and their responsibilities. Applied to reproductive experience, this framework helps me explain how ideals such as maternal endurance and family responsibility can become internalised as moral expectations rather than recognised as socially produced norms. Particularly, migration can intensify this process as women may move between different normative areas, including traditional family expectations between northern and southern China, rural and urban labour pressures. In Tianmei's case, her *pain* was not simply an individual psychological struggle; it emerged from the collision between socially constructed expectations

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[408] Zhu, R. (2015). "从女儿到母亲80后青年女性产后身份认同与产后抑郁，一项基于31位城市女性的质化研究" [From Daughter to Mother: Postpartum Identity and Depression Among Young Women Born in the 1980s, A Qualitative Study of 31 Urban Women]. *第十届中国健康传播大会 [China Health Communication Conference]*, 70-83.

[409] Berger, P. & Luckmann,T. (2016). *The social construction of reality."* Longhofer, Wesley & Daniel. Winchester, Social Theory Re-Wired. New York: Routledge.

of maternal strength and gradually acquired medical understandings through her postpartum and post-abortion distress.

Moreover, Tianmei's experience underscores how dispositions shape the interpretation of reproductive pain. Her body became a site of struggle, marked by extreme exhaustion, anxiety, and an overwhelming sense of doom. Initially, her suffering was dismissed as personal weakness rather than acknowledged as a medical condition. As she moved between traditional ideals of maternal strength and emerging discourses on mental health, her suffering intensified, leading to hallucinations, self-neglect and suicidal ideation. Once she accessed prescription treatment, she began to reclaim a sense of stability. Yet, her lingering desire for a more embodied form of healing, beyond verbal therapy, highlights the embodied nature of migrant women's suffering, reinforcing the idea that the body itself becomes a medium through which normative contradictions are negotiated.

Ultimately, Tianmei's case illustrates how abortion-related psychological distress is not merely a private struggle, but also shows how migration status and a husband's stance intersect with gendered norms to produce psychological vulnerability. In her case, repeated conflict over childcare and her husband's opposition to seeking clinical help for postpartum distress intensified shame and isolation; among women in my sample who had moved away from natal kin, the absence of everyday support further narrowed perceived options. This intersectional pattern, linking marital power, mobility, and care infrastructures, set up the section's analysis of how maternal ideals and mental-health stigma contour the abortion aftermath.

5.4. Conclusion

The findings demonstrate that while external institutions significantly shape reproductive decisions, women's own perceptions and strategic agency also play a role. Faced with both physical suffering and cultural expectations, women are not entirely passive subjects; rather, they engage in tactical discursive practices to negotiate limited autonomy.[410] However, this autonomy

[410] Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity.* New York: Routledge.

remains constrained, that women must navigate institutional and cultural frameworks to carve out spaces for redefining their social roles.

Despite the normalization of abortion as a pragmatic decision, the study reveals its profound emotional and psychological consequences. Interviews indicate that many women experience guilt, anxiety, and social stigma, despite abortion being widely accessible. The dominant discourse of "painless abortion" often misrepresents its physical and emotional impact, further exacerbating women's distress.

Professional women in China, in particular, face a stark dilemma between career advancement and motherhood. The study finds that many educated women choose abortion due to the "motherhood wage penalty," wherein childbirth leads to income reductions and career stagnation. The absence of institutional support for working mothers exacerbates this issue, making abortion a strategic, albeit constrained, choice for career-oriented women.

In this context, reproductive autonomy cannot be secured through legal and policy protections alone. It depends on the broader social conditions under which women can make reproductive decisions without disproportionate bodily, economic or relational sacrifice. Promoting reproductive justice therefore requires changes in cultural expectations of motherhood and gender roles, alongside measures that reduce women's career penalties after childbirth and strengthen social support systems, including parental leave, childcare provision and post-abortion care.

Although this chapter has focused primarily on women's embodied and emotional experiences of abortion, participants' narratives repeatedly pointed beyond the individual body. Pain, stigma, fear and recovery were shaped not only by personal experience, but also by wider expectations surrounding family responsibility, care, lineage and gendered obligation. These embodied experiences therefore cannot be fully understood in isolation from the kinship structures within which reproductive decisions were negotiated. The following chapter moves from women's personal narratives of abortion to a broader examination of how clan culture, patriarchal family structures and intergenerational authority shaped reproductive expectations and abortion decision-making in Hainan.

Chapter 6: Clan, Culture, and Abortion Choice - from Patriarchy to Partnership

6.1. Introduction

While Chapter 5 focused on abortion as an embodied and emotionally lived experience, this chapter shifts the analytical lens towards the kinship structures within which reproductive decisions were negotiated. The chapter conceptualises family and clan not merely as interpersonal relationships, but as mediating social institutions through which broader patriarchal, cultural and demographic expectations become translated into everyday reproductive pressure. In this sense, kinship operates as the connective layer between women's intimate experiences and the wider systems of gendered governance explored in the following chapters. Hence, this chapter explores the intersection of clan-based cultural norms, patriarchal structures, and emerging social dynamics that shape women's reproductive choices, specifically abortion, in rural Hainanese society. It will demonstrate how traditional clan structures and values profoundly influence women's autonomy in making abortion decisions. It examines how longstanding cultural expectations tied to male lineage, inheritance practices, and collective identity dictate reproductive behaviour within rural communities.

The analysis begins by examining how patriarchal clan obligations and ancestral expectations affect women's abortion decision-making. This section investigates how male-preference norms within clan-based systems, such as the imperative to "continue the family line," reinforce pressures on women to prioritise male offspring. Here, clan identity and ancestral obligations are presented as pervasive forces that shape expectations and perceptions surrounding reproduction, often limiting women's autonomy.

A subsequent section explores how economic contributions and familial authority within extended families influence women's reproductive choices. Financial dependencies enable elder family members to exert decision-making control, reinforcing a cultural paradigm that views motherhood as an essential and obligatory role.

The chapter then turns to the influence of patriarchal ideologies in family and partner relationships on women's reproductive choices. Male partners often wield subtle or overt influence over reproductive decisions through traditional norms that assign primary childcare

responsibilities to women, with limited involvement from male family members in daily caregiving.

In its final discussion, the chapter synthesises evidence of how deep-rooted intergenerational power dynamics and gender norms complicate women's autonomy. By situating the issue within broader sociocultural frameworks, the chapter highlights that while urbanization and modernization have slightly diminished the overt control of patriarchal systems, the influence of clan-based values endures. These findings underscore the complex interplay between evolving family structures and the persistent force of traditional patriarchal expectations in shaping reproductive autonomy. These findings underscore the complex interplay between evolving family structures and persistent patriarchal expectations in shaping the conditions under which women make reproductive decisions.

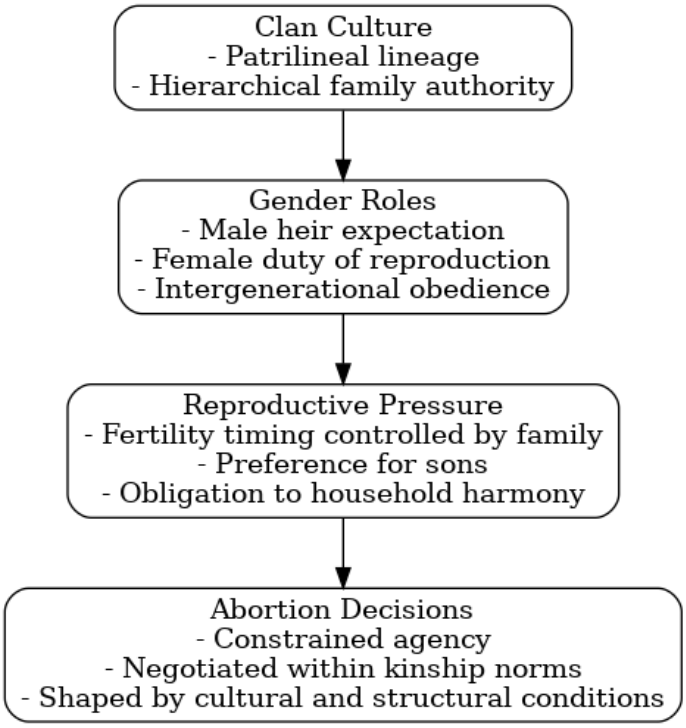

Fig 1-6 Influence of Chinese clan culture on abortion decisions

Notes: The flowchart illustrates the influence of Chinese clan culture on abortion decisions. It shows how patrilineal values and hierarchical family structures generate expectations of gender roles, which in turn create reproductive pressures that constrain women's abortion choices.

6.2. Patriarchy, Family, and Clan: Hainanese Women's Abortion Decisions

6.2.1. The Preference for Sons and Fertility Expectations in Clan Culture

Reproduction itself is culturally embedded; however, this study examines reproductive behaviours through the lens of regional culture. The focus is on identifying the cultural practices, phenomena, elements, and habits within regional cultures that influence reproductive behaviours. In the local context, concepts of reproduction are closely intertwined with ancestral worship, filial piety, and local beliefs within clan-based villages.[411]

When analysing the influence of patriarchal clan systems on female reproductive choices, particularly abortion, this section integrates traditional clan-based preferences for male offspring with the impact of clan dynamics on reproductive decisions, supported by interviews with women, to reveal how deeply clan culture shapes reproductive choices for women.

In clan societies, the preference for male children extends beyond inheritance and lineage continuity; it is seen as a moral duty. The patriarchal core of clan systems centres on the perpetuation of the male line, a cultural model driven by the concept of "continuing the family line," which embeds a strong cultural expectation for male offspring. Zhang and Ma[412] suggest that within a clan context, the concept of lineage continuation translates to a male's responsibility for sustaining the family's bloodline and inheritance. Within this cultural framework, daughters are often regarded as "outsiders," particularly after marriage, where they are relegated to a

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[411] Han, Y & Gong, K. (2023). "客家民间故事**与**赣南客家人生育观念探析, , 基于江西赣县赣江村的田野调查" [An analysis of Hakka folk tales and the fertility concepts of Hakka people in southern Jiangxi Province: Based on a field survey of Ganjiang Village in Gan County, Jiangxi Province]. *北京民俗论丛[Beijing Folklore Forum]*.(00),27-39.

[412] Zhang, C. & Ma, G. (2017). "宗族文化、男孩偏好**与**女性发展" [Clan culture, son preference and female development]. *世界经济[World Economy]*. 40 (03),122-143

"utility" role, while sons are tasked with the familial obligations of lineage continuation and bringing honour to the family.[413]

Building on this cultural logic, rational choice theory provides a useful lens for understanding how such normative expectations shape reproductive decision-making at the individual level. Yang Fan conducted a study on rural women's fertility preferences in Zhejiang, Hubei, and Hebei provinces. He identified a distinct pattern of "selective rationality" in rural women's decision-making regarding the gender of their offspring.[414]

This cultural norm - son preference - intensifies gender-selective pressures on reproduction, permeating village culture and often constraining women's autonomy in reproductive decisions. In the context of clan culture, boys are seen as integral family members, bearing the responsibility of family lineage. Consequently, under clan influence, the concept of "continuing the family line"[415] accentuates the male's role in family status, emphasising the necessity of producing at least one male child. Before marriage, daughters are often regarded as part of another family; after marriage, they take on roles of "utility" (e.g., for reproduction and labour) within their husband's family.

As discussed in Chapter 3, Bourdieu's[416] theory of "field" and "habitus" provides a productive analytical framework, revealing how reproductive behaviours are structured under clan culture as

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[413] Wang, Y. & Liu, B. (2017). "宗族的现代国家改造与村庄治理, , 以南部 G 市郊区"横村"社区治理经验为例"[Modern national transformation of clans and village governance: Taking the experience of community governance of "Hengcun" in the suburbs of G city in the south as an example]. *南京农业大学学报 (社会科学版) [Journal of Nanjing Agricultural University (Social Science Edition)]*. 17(03): 41-52.

[414] Yang, F. (2014)"农村妇女男孩偏好的"选择性理性"研究"[A Study on Rural Women's Boy Preference from the Perspective of Selective Rationality], *妇女研究论丛[Women's Studies Forum]* (06): 10

[415] Hu, J. (2025). "流动与赋权：县域农村女性的主体成长和权力实践" [Mobility and empowerment: The subject growth and power practice of rural women in counties. *中华女子学院学报[Journal of China Women's University]*. 37(03),74-82.

[416] Bourdieu, P. (2005). *The social structures of the economy*. Polity Press.

a set of gender-biased reproductive habits[417]. The reproductive "field" includes the cultural and social environment surrounding childbirth, wherein bearing male children is habitually normalised or expected. Skinner[418] notes that son preference is embedded within family systems, especially in patrilineal extended families where the desire for male descendants is normalised. This cultural embeddedness constrains women's reproductive decision-making because pregnancy and abortion are evaluated not only through individual preference, but also through expectations of lineage continuity, elder authority and family obligation.

For instance, in Hainan villages, many women, despite their personal reproductive preferences, adjust their behaviour under clan and familial pressure, sometimes resorting to sex-selective abortions. This is illustrated in the story of Xuan, who, despite her lack of personal bias towards gender selection, underwent fetal sex screening and ultimately chose abortion due to familial pressures.

Xuan is a very enthusiastic person. When she heard from my mother that I was conducting research on abortions among women in Hainan, she volunteered herself: "*Do I meet the interview criteria?"* After understanding the research purpose and methods of the project, she readily agreed and proactively scheduled an interview for two days later.

The interview took place in her "office," which was more accurately described as a room behind the reception area of a hotel. "*My husband and I run a three-star hotel. Although it's not in a bustling downtown area, it's near the train station, and the daily customer traffic brings in a decent income*", she said. She had her assistant at the front desk greet me and bring me to the office. I saw some invoices and documents on her desk and waited while she continued working, assuring me she wasn't busy despite her ongoing tasks. During the early part of the interview,

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[417] Cheng, J. & Zhang, N. (2015). "浅析重男轻女的社会现象" [A brief analysis of the social phenomenon of favoring sons over daughters]. *时代金融[Times Finance]*,(06),301-302.

Liu, Z. 2005, "场域、惯习与农民生育行为:布迪厄实践理论视角下农民生育行为" [Field, Habitus, and Peasant Fertility Behavior: Peasant Fertility Behavior from the Perspective of Bourdieu's Practice Theory], *社会[Society]*, vol. 6, pp. 125-140

[418] Skinner, H., Steinhauer, P., & Sitarenios, G. (2000). Family Assessment Measure (FAM) and Process Model of Family Functioning. *Journal of Family Therapy*, *22*(2), 190–210. https://doi.org/10.1111/1467-6427.00146

staff members occasionally knocked and entered the room. She apologised, "*Oh, in our family business, we have to handle everything personally. There's never a moment of idleness*."

Xuan told me she was working hard to earn money to send her children to elite schools and provide them with the best material conditions. She hoped her children could study abroad in the future. At the same time, she strictly managed her appearance and figure. Despite having three children (two girls and a boy), she always looked energetic. "*Nowadays, women have to be supermoms; we can't slack on body management. I do yoga every week and have consistently done postpartum recovery exercises*."

Regarding her experience of going to Hong Kong to check the gender of her fetus and choosing to abort a female fetus, she was very candid.

"When I had the abortion, my eldest daughter was around one year old, a little over a year. At that time, I went to Hong Kong for the test because I had a daughter for my first child, and I wanted a boy. So, I went to Hong Kong for a blood test to determine the gender. When I came back, I was around 8 weeks pregnant. The result showed it was a girl, so I... aborted her.

At that time, I wanted a son, but I also would have kept a daughter. However, my family pointed out my age at the time: I was only in my early twenties, about 22. They said that after an abortion, I could get pregnant again sooner and have a son, and my body would recover quickly. I didn't consider other reasons and thought that early intervention would be less harmful to my body, so I made the more common decision. Also... when I said I wanted to keep the baby, my family was silent; no one supported my decision."

As the conversation deepened, she could no longer maintain her composure. Her narrative shifted from "my own decision" to "*Honestly, the abortion was mainly due to family factors, because personally, I really wanted to keep the baby. I even told my husband that I was willing to have the baby, and I could have a son later. But the famil's comments, although not many, did get to me. I cared a lot about my family's feelings. After considering everything, I decided to have the abortion. The opinions of others influenced me a lot."*

Regarding the traditional preference for boys, Xuan said she and her husband didn't have the gender preference, but:

"My husband's family did have this idea (to abort the girl), not very strongly, but they hinted at it. We thought having a son would be better. My husband didn't make any decisions for us, but these comments felt like decisions were being made for me. They had a significant impact on me. I was influenced by them."

In the interview, Xuan emphasised that the family's hints on gender were like a decision... She was unable to stick to her decision and eventually chose to have an abortion.

"Others outside the family also had an impact. Outsiders, of course, wouldn't directly tell you what to do. 'Outsiders' here means family members. They would say things like 'It would be better if it were a boy,' or talk about the benefits of not keeping the baby, encouraging me to have an abortion. I felt quite passive about the whole thing.

I don't mind the gender of the child, but deep down, I always thought that I would eventually have a son. When I found out during the second pregnancy that it was a girl, it was just not as celebrated. People around might think, "Oh, it's another girl. You should hurry up and try for a boy." There would be comments from others. But I always wanted to have children; as long as they were mine, it was fine.

After the abortion, I got pregnant again, and my second child was also a girl. We tested the gender again, but I refused to have another abortion. I felt it was my fate. I wanted to continue having children and believed I could eventually have a boy, but I couldn't go through another abortion. Whether boy or girl, they were my babies, and I couldn't experience another abortion. I felt particularly guilty about the lost baby, so I felt that she was reincarnated and found me again as my second daughter. Perhaps because of this, I was more careful and anxious with my second daughter.

When my second daughter was about to start elementary school, I got pregnant and still did the gender test for a boy. And I have a boy finally. Now I feel very complete and happy, but my husband's family still wants me to have more children. For now, I have no plans to continue having children and haven't consulted a doctor about it. Of course, the older generation hopes for more children, especially boys."

Xuan's experience illustrates the disciplining effects of clan pressure on female reproductive behaviour; her decision to undergo an abortion was not entirely voluntary but rather influenced

by implicit clan expectations and communal "silence," leading her to compromise under multi-faceted pressure. This pressure exemplifies the impact of the reproductive "field," and her actions, repeated and reinforced, form a "reproductive habitus" under local cultural norms.

My interviews align with Zhang's findings[419], which suggest that the son preference embedded in China's traditional clan culture is a cultural root of the skewed gender ratio at birth and that regional variations in clan culture largely explain the disparities in son preference and gender ratios across different areas of China. Due to the authoritative influence of the clan within villages, individuals often act with clan development in mind. Although this influence has lessened somewhat, the imprint of clan dynamics remains evident in individual reproductive decisions. From the stories of Yufei in Chapter 5 and Xuan, it becomes apparent how villagers' reproductive behaviour distinctly reflects clan-imposed expectations within a competitive reproductive framework. This competitive spirit infuses village life with new energy, maintain its otherwise balanced gender order.

In the narrow cultural confines of village life, individuals are not only pressured by their surroundings to conform but also invest themselves in the communal "game" of village competition, an investment spanning their lifetimes.[420] This competition primarily revolves around reproduction, with immense pressure and expectations surrounding the birth of sons; indeed, reproductive competition represents a more enduring and fundamental form of rivalry. The preference for sons is intimately connected to ancestral worship, reinforcing the clan's commitment to lineage continuity.

In Hainan villages, the clan's preference for sons is especially pronounced, with local beliefs assigning religious significance to having male offspring; only men, it is believed, can carry on the family line. Cultural elements such as local beliefs and ancestral worship imbue the concept

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[419] Zhang, Z., Zhang, L., Ren, X. (2025). "宗族文化与性别比例失衡的关系：“招娣/弟”比例的中介作用" [The relationship between clan culture and gender imbalance: the mediating role of the ratio of "brothers" to "daughters"]. *中国临床心理学杂志[Chinese Journal of Clinical Psychology]*. 33(02),358-361.

[420] Chen, Y. & Li, R. (2024). "Spatial Distribution and Type Division of Traditional Villages in Zhejiang Province", *Sustainability*, vol. 16, no. 12, pp. 5262.

of lineage continuation with a profound significance, marking households without sons as failing in their duty to ancestral legacy.

Clan solidarity provides a collective resilience against risks; for instance, when an individual family encounters hardship, members of the same lineage within the clan often organise contributions to support them, a practice that has laid the foundation for educational advancement in Hainan Village. When clan activities require resources, financial or otherwise, different branches of the clan join forces to contribute.

Xuan said: "*All family matters, as well as village affairs, are basically decided by men in our family,"* adding that rituals like worshipping the gods during festivals are also male-led.

This strong male-centred tradition influences the family, with in-laws often pressing for a male child to prevent the family line from ending. In this cultural context, the family would not participate in land distribution or communal dividends without a male heir.

In Hainan villages, clan-based ritual activities follow a structured order. The ancestral hall is the centre for both worship and decision-making in Hainan villages, occupying a central geographic position and symbolising local authority and status through the collective resources dedicated to its construction.[421] Under clan influence, villagers engage in shared ancestor worship, including both individual life milestones (such as marriage, childbirth, and home-building) and regular community-wide rituals, such as the annual New Year's "ancestral worship" and the grander "genealogy revision" ceremony held every ten or thirty years.

Village social interactions are also defined by kin-based "marriage circles," represented by connections between "married-out daughters" and "village sons-in-law." The popular "married-out daughters return home" activity in Hainan reinforces ties between married-out women and their natal villages, connecting these women with relatives in other villages or cities and creating

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[421] Wang, Z. (2020). "图像符号学视阈下白鹭村王太夫人祠装饰艺术的女性特征分析" [The Female Characteristics of Decorative Art in Lady Wang's Ancestral Hall in Egret Village: A Semiotic Analysis], *江西理工大学学报[Jiangxi University of Science and Technology]*, vol. 41, pp. 96-99

a bidirectional social network.[422] In such gatherings, women who have married into other villages return in groups to another village, where they participate in activities like group meetings and tug-of-war, strengthening social bonds.

Yufei's husband, from rural Hainan, does not share the same pressure to produce a son with his northern wife. Despite her status as an outsider, Yufei regularly participates with her child in the annual clan worship and '*gongqi* public period' events in her husband's village without encountering similar expectations from her in-laws to have a male child.

"When I first got married, the elders said one child was enough, but after having my daughter, they strongly desired a second child. The older generation didn't have a specific idea of happiness when living in the city. However, during holidays back in the village, the preference for boys over girls became very apparent. Some (kinships) suggested we have another child, preferably a boy. Yet, some relatives who saw how well-mannered and well-educated our child was thought it didn't matter whether we had a boy or a girl as long as the child was good."

During her time preparing for pregnancy, she frequently visited various hospitals, where she encountered many Hainanese women who had undergone abortions due to gender selection.

"Back then, it was common for people to travel to Hong Kong to determine the sex of their baby; if it was a girl, they would opt for an abortion. After these procedures, their husbands often did not show support, subtly pressuring them to 'try again' for a boy."

Since she was regularly at the hospital, she saw many such cases, which were particularly prevalent due to the strong son preference in southern China. After the pandemic, as travel restrictions lifted, people resumed these trips to Hong Kong for fetal sex identification, including her cousin.

To Hainan villagers, having a son is not merely a means of support in old age but also a way to continue the family lineage and preserve the clan's bloodline. Continuation of the family line is seen as an obligation to ensure the clan's presence in the village rather than globally. Within a

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[422] Feng, C. (1999). *Seeking Lost Codes in the Wilderness: The Search for a Hainanese Culture*. *The China Quarterly*, 160, 1036-1056.

small village, only a select few are distinguishable as representatives of their clan. Each generation bears this responsibility, feeling they have fulfilled their duty to their ancestors only after bearing a son, thus ensuring they have not dishonoured the ancestral legacy.

After Yufei's first abortion, she shared a hospital room with a young woman who had terminated her pregnancy because it was a girl.

"That young girl, at over four months pregnant, required an induced labour to proceed. Her boyfriend's parents had insisted on a male heir as a prerequisite for marriage, viewing the birth of a son as a critical life mission for the couple. Otherwise, they felt they would face shame in the eyes of their ancestors when they eventually passed. Many of the young women undergoing abortions were from smaller cities or counties and travelled to Haikou for these procedures, often without friends or family to support them. She was shocked to see them leave the hospital alone immediately after, without even a chance to rest!"

Despite generational differences in fertility preferences, there is generally no open conflict between young people and their parents on this issue. Even though those who grew up under the one-child policy show slightly less son preference than their parents, the traditional belief in "more children, more fortune" remains deeply rooted among Hainanese women. From the interview, young people still plan their family size according to their parents' wishes, as reproductive choices in these communities are not seen as a private decision but one shaped by clan-based social expectations. In the village, the idea of bearing sons exerts pervasive pressure; while away, villagers may feel relief from this force, but they are again subject to its influence when they return.

Yufei: *"Every time I saw friends with their children and elderly parents, I envied their big families. My belief is that the more children, the better. Whether rich or poor, you can raise them. However, the cost of education now far exceeds the basic living expenses for a child. We've prepared financially for a second child, including the costs of body conditioning, IVF assistance, or artificial insemination."*

An interviewee from northern China, Chai, also emphasised the importance of having sons. However, the primary motivation in her case stemmed from the social pressures of village life. Without a son, a family risks scorn or even mistreatment in the village community.

"Like my husband, I also came from a rural background but in north of China. My parents concealed their second pregnancy to have a son (her brother), ultimately paying substantial fines. In rural life, having a son was viewed as essential: without one, even a family's home could be at risk, and the community could consume what little the family had. Without men in the household, labour was insufficient, land was distributed based on male family members, and daughters could not claim land after marriage. Decision-making was also male-dominated; without a son, families were excluded from village discussions and communal affairs."

When I asked what happened if families did not have a son despite hiding a second pregnancy, Chai responded that *"there was no solution"*. Even parents who personally favoured daughters would feel pressured to produce a son. She told me a story about a man in her village: a man with considerable resources was once holding his daughter and telling villagers how satisfied he was with his life. In response, a neighbour retorted, "*If you have everything, why don't you have a son?"*

Chai smiled and kept telling story about the men: "*What can he do, just extremely embarrassed, then he became reclusive, avoiding social interactions with other neighbours in our village."*

Chai clarified that these pressures she described were from her childhood in the 1980s-90s, and northern rural areas now face less gender-related pressure due to urban migration.

"But most young people, like me, do not return to farm when we grow up, and with the high dowries common in the north, finding wives has become difficult for families with many sons. Meanwhile, in my husband's Hainanese community, the desire for large families and especially for sons remains strong. Family planning is less strictly enforced, and gender selection is uncommon, with many households having three or four children."

From Chai's account, it becomes clear that northern rural communities feel the social pressures to have sons more acutely than their southern counterparts. In the north, having a son prevents unfavourable community judgment and alleviates the fear of an 'end' to the family line, fulfilling an intrinsic need for clan continuity. Families without sons are seen as failing to contribute to the clan's development. Though northern farmers also value lineage continuity, this notion is more socially than symbolically grounded due to the lack of clan structures, ancestral halls, and genealogical records commonly found in southern villages.

To analyse this issue from the perspective of reproductive values, I observe that, although northern rural families emphasise having sons for carrying on the family line, their motivations differ somewhat from those of farmers in Hainan. For Hainanese rural population, who live within established clan organizations, daily life derives meaning from their connection to an unbroken lineage, where individual and family worth is tied to the preservation of this ancestral chain. In this context, maintaining family continuity by having sons is perceived as a central life goal, a fundamental duty that imbues family life with purpose. I would categorise such family structures as ancestrally oriented, where value is anchored in perpetuating familial lineage and securing descendants to honour the ancestors. This ancestral outlook, which centres on continuity, shapes family relations, attitudes towards childbearing, and the collective expectations of the family and community.

The interviews conducted reveal the distinct social pressures within rural villages, where limited size and low mobility intensify competition and cultural conformity. In these communities, having sons is also viewed as a marker of success, further reinforcing gendered reproductive goals. Within this context, deviation from the norm of bearing sons can result in social sanctions or marginalization, while compliance ensures acceptance within the village's traditional structure.

However, the interviews also demonstrate variability within gender preferences, as illustrated by Chai, a northern rural woman who pursued higher education and ultimately chose to have only one daughter. Despite her husband's family's strong preference for a son, Chai prioritises economic and practical considerations in her decision-making. She describes her position as relatively egalitarian within her marriage, noting that both her and her husband's families respect their reproductive choices. She states:

"In Chinese culture, I feel that having children isn't just a matter for the couple alone; it also involves both sets of parents. This depends on each family's cultural background and financial situation. Nowadays, most couples need both partners to work to support the household expenses, so there are many considerations, like who will help take care of the children in the future. My mother is unwilling to help with childcare, and my mother-in-law often changes her mind on whether she will assist, so neither of them pressures us to have a second child or a son."

Chai's perspective suggests a shift in how some educated women narrate reproductive decision-making. Rather than framing abortion only through family obligation or traditional expectations, she also considered personal wellbeing, life plans and the practical consequences of childrearing.

Analytically, her experience illustrates a more individualised form of negotiation, although it remained shaped by family, economic and gendered constraints.

Similarly, Fanfan, originally from the north but now settled in Hainan, opted to pursue gender selection to have a daughter after already having two sons. Fanfan's experience highlights that, even within the prevailing environment of son preference, some families strongly desire a daughter. She explains:

"When people asked if I had children and I mentioned my two sons, they often responded with strange looks or comments like 'you must be in a wealthy family to raise two boys'. I could only stay silent."

Fanfan's reflections further detail the financial burdens associated with raising sons, especially regarding marriage traditions in China, where it is customary for the groom's family to provide housing. This social expectation places immense financial pressure on families with sons, often requiring multi-generational savings. Consequently, many families, like Fanfan's, recognise the appeal of having daughters to help diversify the gender distribution of offspring and alleviate some of the economic and caregiving responsibilities.

"Why is raising sons so stressful? I think it mostly comes down to housing. Housing prices are so high, and traditionally in China, it's the man's responsibility to buy a house. Many families with sons end up exhausting the savings of three generations just to help their sons get married.

Of course, some boys are quite capable and do not need their parents to buy a home or worry about their marriage, they can handle it themselves. But for the majority, parents have no choice but to help with the down payment or even buy an entire house. Even a down payment, though, can drain the life savings of the parents.

And after both sons get married and start having children, there is the tradition of giving red envelopes for each grandchild. Around here, it's expected to give about 10,000 yuan per grandchild, which really adds up if each son has several children. I am expected to help my older son's family first, then my younger son's, and you might wonder why the maternal grandmother cannot help. Because it's considered the primary duty of the paternal grandmother. If my daughter-in-law is an only child, her mother might help out too, but if she has brothers or sisters,

her mother will probably be busy taking care of their kids. So having multiple sons can really tie down your entire life."

Fanfan's family planning aligns with the findings of Skinner, who observed that families in societies such as Taiwan, South Korea, and India often desire a balance of sons and daughters. Skinner's research suggests that while son preference may be prevalent, an ideal family structure frequently includes both sons and daughters, which reduces economic pressure and enhances social cohesion within the family. His study found that families often lean toward a diversified gender composition, particularly in patrilineal settings where the value placed on children correlates with their position in birth order and gender composition. Fanfan's case embodies this diversified preference, as she decided to have a daughter after her two sons, aiming for a balanced family structure that could mitigate the burdens associated with raising multiple sons.

In Fanfan's words, her long-term financial planning reflects an awareness of the constraints that come with traditional son-centred values:

"After my two sons marry, my task is complete."

Her focus on savings, even with pension security, to avoid burdening her children in old age further reflects the pragmatic considerations that are reshaping family gender preferences in response to evolving economic and social pressures. In modern China, these complexities indicate a gradual diversification of gender preferences, especially as economic and caregiving demands continue to shape reproductive choices and family planning in rural, patrilineal societies.

6.2.2. Cultural Identity and the Emotional Impact of Abortion

Although clan culture exerts significant pressure on women's fertility, the sense of cultural identity and group belonging derived from the clan also influences women's decision-making. For instance, in the Wu clan of Duowen Village in Hainan, members reinforce their clan identity through activities such as ancestor worship and the compilation of genealogies, emphasising the

inheritance of values like “respect for education” and “family honour”.[423] The cohesion of the clan makes each generation view the birth of male children as a responsibility to their ancestors, ensuring the continuity of the family line. For Xuan, although she personally resisted abortion, she ultimately compromised due to the influence of her family, highlighting the profound effect of cultural identity on individual choices. Xuan’s husband, when confronted with family expectations, did not support her decision to retain the pregnancy, which indicates that, within the framework of clan culture, men tend to comply with family expectations, indirectly pressuring women. As a result, Xuan chose to undergo an abortion under the influence of her family, which demonstrates how women’s bodies become the instruments through which the clan’s will is executed. In this power structure, the clan views fertility as a tool for its own perpetuation, coercing women into reproductive decisions even when they are economically independent and self-aware.

Clan culture not only influences fertility through the concept of perpetuating the family line but also controls women’s reproductive decisions through the power structure within the family. In traditional clan culture, men occupy the centre of power, while women bear the responsibilities of reproduction and caregiving. In Xuan’s experience, she described that “*my husband does not oppose my approach to education, nor does he interfere,”* which at first glance seems to grant her autonomy in child-rearing decisions. However, when it comes to reproductive decisions, she still felt the pressure from the family and her husband’s silence.

“I was quite unhappy at the time because, after all, it was my body undergoing surgery, and I lost a baby. Emotionally, I felt down, but it wasn’t too severe, and I quickly came to terms with it. Looking back on that abortion, it feels a bit regrettable because our adherence to traditional views led to the loss of an innocent life. Whenever I thought about the abortion, I would cry. But as time passed and with young children to care for, I gradually moved on.

Regarding my husband’s emotional support, I think at the time... we were probably too young. ***He****... uhm...****we*** *didn’t know much about pregnancy and childbirth. After the abortion, I didn’t*

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[423] Wang, H. (2013). “宗族伦理的**当**代变迁及其对农村社**会**的影**响**” [Contemporary changes in clan ethics and their impact on rural society]. *长白**学刊**[Changbai Journal]*. No.1 2013, Issue 169

follow the postpartum confinement practice; I just resumed normal life immediately. I didn't overthink it or worry about recovery and rest after the abortion."

In my conversations with Xuan, I repeatedly felt the pain and helplessness she experienced in making a gendered reproductive decision. Despite her emotional turmoil, her reproductive choice unfolded within the constraints of a patriarchal culture that favours male children and the family planning policies of the state. What was originally intended as a medical technology to protect life and health, such as ultrasound technology, became complicit with patriarchal clan culture, thereby exacerbating her suffering. At the same time, I was struck by her vivid and rich emotional descriptions. This clear and distinct expression of both physical and emotional pain breaks the gender preference stereotype that rural people are reserved and unable to express their feelings. Here, a distinct "individual" emerges[424], and the assertion of individual interests and the full expression of personal emotions are key indicators of individual empowerment in the private sphere.

The emotional pressure embedded in clan culture often leads women to experience trauma following abortion. Xuan recounted that after the procedure, she cried repeatedly and felt regret but gradually suppressed her emotions under the pressures of clan discipline and the responsibilities imposed on her to continue the family line through male offspring. This emotional suppression reflects the contradictory nature of women's identities within clan culture: they are both the "tools" for family continuity and are expected to submit to the collective will of the clan, forced to strike a balance between their individual selves and their familial obligations.

Local beliefs, such as Mazu worship and ancestor sacrifices, further deepen the pressure on women to bear male children. For example, in Hainanese belief system, the *Sea God Brothers*[425]

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[424] Yan, Y. (2006). "私人生活的变革(一个中国村庄里的爱情家庭与亲密关系 1949-1999" [*Private Life Transformed: Love, Family, and Intimate Relationships in a Chinese Village].* 上海人民出版社[Shanghai: Shanghai Renming Press].

[425] This local belief, which originated among fishermen in the eastern coastal areas of Hainan, was later adopted by some Southeast Asian fishermen, becoming a hallmark of Hainanese culture. Fishermen not only worship the Sea God Brothers at the temple upon departing and returning from sea voyages but also visit the temple during festivals to offer incense. In Hainan, only men are permitted to perform the worship of the Sea God Brothers, as they are believed to be the ones who must demonstrate sufficient devotion to the deity. Additionally, the public festivals dedicated to the Sea God are held throughout the year, with major festivals celebrated across several villages to

(Hai Shen Xiong Di Gong) are viewed as symbols of family health and prosperity. The integration of these local beliefs with the concept of fertility further imbues reproduction with a religious dimension. Traditionally, after a family has a male child, it is customary to visit the family hall or ancestral temple to pay respects to the ancestors and inform them of the child's birth and name, symbolising both the family's fulfilment of their duties and their respect for the ancestors. Without the preference for male offspring, such local beliefs would lose their practical relevance. Despite the fact that many elderly people have already fulfilled their generational responsibilities and enjoy a relatively happy later life, they continue to participate in these religious rituals. This is the religious practice of fertility for Chinese farmers. Xuan mentioned that even after her abortion, she would remember and weep for the "innocent life lost", feeling that she had violated the clan's tradition. This emotional contradiction illustrates the dual influence of clan culture and religious beliefs on women's reproductive decisions.

For villagers, the concept of fertility is not only a matter of the present life of parents but also concerns their descendants in the afterlife. This is the significance that ancestor worship imparts to reproduction. The past, present, and future are seen as interconnected realms of individual reincarnation through the continuation of bloodlines.[426] Gender differences are closely tied to the continuation of the clan, with only males capable of passing on the family name and bloodline. Female descendants, in contrast, contribute only by ensuring the continuation of the bloodline for the family of their husband's clan. Thus, within the context of clan continuity, the male role is considered far more significant than the female role, which helps explain the male-child preference observed in reproduction.

Each generation feels a responsibility to its ancestors, which involves ensuring the birth of male heirs to perpetuate the family name. For parents in the village, having a son is considered the completion of their life's task, and they can face their ancestors with peace in the afterlife. However, in the generational transmission of this life task, elderly villagers not only strive to fulfil their own responsibilities but also push their sons to complete the same task. The elderly must oversee multiple generations in the continuation of the bloodline to be at peace with their

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mark the birth anniversaries of the clan's founding ancestors. This practice highlights the cultural expectations placed on men to fulfil religious duties associated with family continuity.

[426] Villagers believe that "one's past life is their parents' present life, and one's future life is their children's present life; therefore, caring for descendants is the same as caring for oneself."

passing. The local respect for filial piety in Hainan makes it an essential principle in daily life, not only in honouring living parents but also in paying homage to ancestors, cleaning their tombs, remembering their wishes, and ensuring the continuation of the family name.

In clan culture, the concept of fertility is not only a personal choice but also a collective responsibility, requiring each generation to fulfil its "commitment" to its ancestors. In this context, women face multiple pressures from their beliefs, families, and clans, and having male children becomes an unavoidable duty. The cultural discipline extends to childbirth and postnatal recovery, as Xuan emphasised her "*focus on postnatal recovery and image management*." This reflects the expectation in clan culture that women must shoulder the pressure of fulfilling multiple roles and identities.

"Women here (in Hainan) are very slim after giving birth, and few of us take a confinement period. Just go straight back to work to take care of their children. I didn't take a confinement period either. I started back to work managing the hotel business a few days after giving birth."

As reflected in the interview with Fanfan, the emerging discourse on fertility culture has already formed, with a significant reduction in the ideal number of children to be born. However, what struck me most was not the direct and candid expression of "not wanting more children," but rather the underlying contradictions and indecisiveness in these straightforward accounts of everyday experiences. In Fanfan's description, she is constantly caught between conflicting rules and norms: "*I do not want more boys, but in the countryside, I must have a boy*," and "*Considering the future burden of supporting children in old age, one child is clearly too few, but having more children is unaffordable."* Fanfan's responses represent just one example of the many contradictory and uncomfortable expressions I encountered during my research. The fertility experiences of farmers are constrained by the intersection of traditional and modern cultural norms, the penetration of the market economy into rural life, and the inadequacies of the national welfare system.

In conclusion, the patriarchal clan system plays a significant role in the phenomenon of abortion among rural women in China. Through the concept of lineage continuation, the male-dominated power structure, the overlay of local beliefs, and the disciplining effect of cultural inheritance, clan culture shapes women's perceptions and expectations of reproduction, thereby profoundly influencing their abortion choices. The clan's gender preference often limits women's freedom in making abortion decisions, subjecting them to the pressures of family expectations, clan

responsibilities, and social norms. As a result, abortion becomes a multi-factor reproductive choice. While this reproductive ideology has somewhat loosened in the context of modern social changes, the strong inertia of clan culture continues to make it difficult for women's abortion choices to escape the influence of traditional patriarchal structures.

6.3. Spousal Influence: Gendered Roles in Hainanese Women's Abortion Choices

6.3.1. Gendered Division of Contraceptive Responsibility

This study reveals the multifaceted causes and contexts of abortion, including the ways in which abortion decisions are closely connected to contraceptive decision-making. Where contraceptive responsibility is feminised, disagreements over timing, spacing and method choice can intensify abortion dilemmas, especially when partner support or elder childcare support is uncertain. Gender inequality in contraceptive responsibility places disproportionate physical, emotional and practical pressure on women. Men's passive attitudes toward contraception may contribute to contraceptive failure, while also leaving women to manage the bodily consequences of pregnancy prevention, abortion and recovery. These dynamics are shaped not only by individual attitudes, but also by wider gender norms that position contraception and fertility management as women's responsibility. As a result, women are often placed in a passive or reactive position, expected to absorb the risks of contraceptive failure while also negotiating the family consequences of pregnancy and abortion.

In Chinese cultural contexts, childbearing and childcare responsibilities are seen as inherent duties of women, reinforcing traditional gender roles. Abortion often becomes a necessary option for women in cases of contraceptive failure or lack of access to effective methods. Notably, married women, more than their husbands, are the primary actors in contraceptive implementation; in 2010, married women in China had a contraceptive prevalence rate of 89%[427], the highest globally. Despite the wide variety of contraceptive options available in modern society, many women still face issues such as contraceptive failure, improper use, or a lack of

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[427] Jinke Li et al., (2013). 'A Review of Contraceptive Practices among Married and Unmarried Women in China from 1982 to 2010', *The European Journal of Contraception & Reproductive Health Care* 18, no. 3 (June): 148-58.

Liu, R. (2022). *Empowerment in the Pills: Reproductive Rights and Postfeminist Rage in Modern China*. In: Gwynne, J. (eds) The Cultural Politics of Femvertising. Palgrave Studies in (Re)Presenting Gender. Palgrave Macmillan, Cham. https://doi-org.ezproxy.lib.gla.ac.uk/10.1007/978-3-030-99154-8_4

male cooperation in contraception.[428] In China, traditional gender roles and family responsibility expectations have a profound influence on women's contraceptive choices and experiences with abortion.[429]

In the current structure of Chinese society, contraceptive technology has not significantly altered traditional gender relations. On the contrary, research shows that women are frequently designated as the primary bearers of contraceptive responsibilities, further reinforcing structural gender inequalities.[430] My research also reveal this from participants interviews. For instance, in an interview, Xuan expressed her desire for her husband to take responsibility for contraception, even suggesting a vasectomy. However, her husband refused, viewing this option as incompatible with "normal" male choices, and was also unwilling to use condoms. With three children already, Xuan is now contemplating whether to opt for an intrauterine device (IUD) to avoid further unintended pregnancies:

"I would prefer if my husband took responsibility for contraception. I wanted him to get a vasectomy, but he didn't agree. He thinks it's unnecessary for men, and many people are not even aware of this option. When I suggested it, his response was, 'How could I do that? No man does that.' He also doesn't want to use condoms, so I feel helpless. Now we already have three children, and I really don't want more in the near future, so I am considering whether to get an IUD."

Xuan's experience illustrates how contraception failure and limited access to effective contraceptive measures directly contribute to abortion, and her situation is not unique. Rongrong,

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[428] Sedgh, G., et al. (2007). "Induced abortion: Estimated rates and trends worldwide." *The Lancet*.

Güner, H. (2017). "Attitudes toward Contraception in Different Cultural Contexts." *Global Health Journal*.

[429] Cui, Y., Zhang, Q., Yang, L., Ye, J., & Lv, M. (2010). "Effect of married women's beliefs about gender equity on their use of prenatal and delivery care in rural China." *International Journal of Gynecology & Obstetrics*, 111(2), 148-151

[430] Hardy, C., & Caraway, T. L. (2018). "Reproductive Technologies and Women's Agency." *Gender and Society*.

Ying, C., Li, Y., & Hui, H. (2011). "The impact of husbands' gender equity awareness on wives' reproductive health in rural areas of China." *Obstetrics & Gynecology Survey*, 66(2), 103-108.

for example, considered an IUD after her abortion but ultimately decided against it due to concerns over side effects. Although Rongrong's husband claims he would consider a vasectomy, his concerns over potential side effects highlight the general reluctance of men to take responsibility for contraception, ultimately leaving women to rely on abortion. Many respondents shared that abortion was not their first choice, but a last resort when contraception failed or was not used.

Although the IUD is a common contraceptive method, its reputation is mixed. Many respondents reported severe side effects, including discomfort and health complications, leading them to abandon this method.[431] Qianshou mentioned that she had to remove her IUD after experiencing chronic side effects and irregular bleeding, while Wang recounted multiple attempts to use the IUD but ultimately removed it each time due to persistent bleeding and physical discomfort.

"I tried both copper and plastic IUDs. I'd used them for years after an abortion, but kept needing to replace them, and I had frequent reactions that felt like my body was rejecting it. Some women have a strong reaction to the IUD and can't keep it.

Wang: *"I tried using an IUD, but I had to take it out shortly after each time because I felt so uncomfortable. My period would be irregular, with constant bleeding that never stopped. My health wouldn't recover, so I gave up on IUDs. I've tried twice or three times, and every time I had to remove it after a year or two because of nonstop bleeding. That's why I accidentally got pregnant a few times in between."*

Some respondents chose to use condoms but encountered contraception failure due to their husbands' lack of cooperation or dismissive attitudes. Rongrong, for instance, discussed contraception with her husband after an abortion, but he continued to find condoms

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[431] Fehring, R. J., et al. (2013). "Contraceptive use and the risk of unintended pregnancy." *American Journal of Obstetrics and Gynecology*.

Gong, S., Wang, H., Liu, H. (2013). "少**数**民族地**区**已婚育龄妇女现用避孕节育措施知情选择**状况**及影**响**因素分析"[Analysis of the informed choice of current contraceptive measures used by married women of childbearing age in ethnic minority areas and influencing factors]. *中**国**计划生育**学**杂志[Chinese Journal of Family Planning]*. 21(11), 724-727.

"inconvenient" and rarely purchased them despite her repeated requests, resulting in multiple instances of unprotected sex.

"I don't fully understand how condoms work or how to use them properly.

If I become pregnant again, I would probably keep the baby. An abortion would harm my body, and I don't want an IUD because I've heard it can cause severe pain. I don't mind having another baby. Many people say the first childbirth is hard and long, but I had no issues with my three kids. Each time, I went to the hospital after my water broke and delivered quickly."

Additionally, several women reported limited understanding of contraceptive options, including how to use condoms correctly or track their ovulation cycle, which further increased their likelihood of experiencing contraceptive failure. Husan, an elementary school teacher with a college education, admitted:

"I guess... I know a bit... but mostly my husband handles it. I don't fully understand."

Observations further reveal that while some women hope their husbands will take a more active role in contraception, such as considering a vasectomy, men often dismiss this responsibility due to concerns about health risks or perceived threats to "masculine dignity." This reluctance highlights the low societal expectations and tolerance for men's involvement in contraception. For instance, Geqian's husband had never considered a vasectomy and held a certain level of "macho" thinking, believing that contraception should be a woman's responsibility:

"I don't know much about men getting vasectomies; most men just don't do that, right? Hardly any men are willing. I haven't mentioned it, but I know he would definitely refuse. He has a lot of traditional thinking, listens to his family's opinions more than mine, and doesn't care as much for our children."

Overall, the respondents' narratives reflect that while many women desire more proactive contraceptive involvement from their husbands, in practice, many men show minimal concern for contraception, even finding it "inconvenient" or "unnecessary." Some respondents shared that even when their husbands understood the importance of contraception, they still chose not to use protective measures or refused to purchase condoms, resulting in unprotected sex. This pattern demonstrates that in some families, men's limited involvement in contraceptive decision-making

and implementation forces women to bear a disproportionate burden that may lead to the decision to have an abortion.

6.3.2. Partner Dynamics in Abortion Decisions: Gendered Roles and Responsibilities

The social construction of motherhood not only influences women's practices in childcare but also significantly affects their decisions regarding abortion. When faced with decisions such as whether to assume additional childcare responsibilities or whether childbirth could improve the family's situation, women's choices are shaped by a multitude of factors including social gender norms, economic conditions, and emotional support. In this context, male partners, subtly shape women's reproductive decisions and perceptions of motherhood through their attitudes towards childbearing and the division of family roles.

As some scholars[432] have noted, the family is the main unit of reproductive decision-making, serving as both the starting point and the endpoint of reproductive behaviour. Interviews conducted for this study revealed that many women born in the 1990s expressed concerns about the lack of family support, which intensified their apprehensions regarding childbearing and abortion decisions. Specifically, these concerns manifest in three areas: unequal division of household labour, a child-rearing model marked by paternal absence, and challenges in generational caregiving.

Despite the increased workforce participation of women born in the 1990s, the traditional belief in "men working outside, women managing the home" has not shifted significantly. Childcare responsibilities remain largely shouldered by women, while fathers' involvement in childcare is

[432] Wang, Y, Sun, N, (2022). "家庭支撑力如何影响女性生育决策？, , 基于对城镇职业女性生育意愿的调查" [How Does Family Support Influence Women's Fertility Decisions?, A Survey of Urban Professional Women's Fertility Intentions]. *辽宁大学学报（哲学社会科学版）[Journal of Liaoning University (Philosophy and Social Science Edition)]*, (01), pp57-69

generally minimal, leading to the "invisible father" or "paternal absence". Many women of this generation find themselves grappling with the isolation of solo parenting.

Hays'[433] work suggests that abortion decisions among migrant mothers are not just personal choices but are deeply shaped by cultural narratives of what it means to be a "good mother." These women may feel caught between the expectation to sacrifice everything for their child and the realization that their current circumstances may not allow them to provide the kind of life that intensive mothering demands.

The concept of motherhood, as articulated by the interviewees, revolves around the belief that a mother's primary duties include ensuring the well-being, education, and companionship of her children. This understanding of motherhood among migrant mothers entails providing material security, time, and emotional investment for the benefit of their children, perceived as obligatory aspects of maternal responsibility.

Qianshou: *"I believe being a mother means having my child by my side, sending them to school when the time comes, helping them study well, and growing up healthy."*

Geqian: *"In my view, as long as I am present for my child and teaching them basic politeness and sensibility, that's close to being a good mom."*

Vivi: *"The most fundamental thing about being a mother, I think, is being responsible for my child and taking care of them well."*

Tianmei: *"From the moment of pregnancy, the mother and child are one, so to speak, 'mother and child are one at heart.' When they're young, the bond is strong, something a father can't experience. That's why a mother is so important to a child; a father can't replace her."*

Several of the interviewees are migrant mothers to varying degrees, residing with their families in Haikou, a city away from their hometowns. Vivi and Tianmei are internal migrants from central China with relatively stable economic conditions, whereas Qianshou and Geqian are rural

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[433] Hays, S. (1998). *The Cultural Contradictions of Motherhood*. New Haven: Yale University Press

migrants from villages in Hainan, living in urban villages on the city's outskirts. In this context, expectations surrounding migrant motherhood play a significant role in shaping decisions about abortion. From the interviews, it became evident that most migrant women hold a deeply ingrained belief: "The role of the mother is irreplaceable; I am the child's best caregiver". For example, Interviewee Xuan (Xuan is from a village with good economic and social status, as her father was the village chief) expressed that she felt uneasy entrusting her young child to anyone else and recounted the time, effort, and expense spent on finding a suitable nanny. She stated:

"Even if I spend more money for a one-on-one nanny, there's always the risk that some oversight could harm my child. When my eldest daughter's nanny quit, I couldn't find another suitable one, which influenced my decision to consider abortion: I had no one to help me care for the children. My in-laws only prepare meals for us, but they won't help with childcare. Also, it turned out the baby wasn't a boy. Taking care of two children alone is exhausting."

This aligns with Hays' research on transnational migrant mothers, as the migrant mothers in this study also face the complex realities of migration, such as financial hardship, lack of social support networks, and uncertain legal status, which make it difficult for them to adhere to the ideal of intensive mothering. As a result, some may consider abortion despite societal or personal reservations. Underlying their mistrust in childcare services and intergenerational caregiving is the deeply ingrained belief that no one, not even mothers-in-law, other relatives, or hired caregivers, can fully replace the mother as the child's ideal caregiver. Therefore, even when migrant mothers are unable to personally care for their children due to work obligations, they strive to closely monitor substitute caregivers to ensure their children receive proper care.

Furthermore, with the increasing educational attainment and labour force participation among rural women, the pursuit of personal career goals and economic independence has gradually shaped a new understanding of motherhood among migrant mothers. This shift in perspective is particularly evident among highly educated migrant mothers interviewed in this study. While they strongly affirm the mother's role as a caregiver, they also aspire to become mothers who balance child-rearing with their own careers, aiming to avoid over-reliance on their husbands for financial support.

When discussing their roles as mothers, some interviewees demonstrated what Lan[434] describes as a "generational rupture" narrative. They deliberately emphasised a desire to parent differently from how they were raised, motivated by a sense of "lost childhood" that has led to self-awareness and critical reflection. For instance, Linzhi described how her unhappy childhood experiences and the punitive parenting style of her mother have shaped her belief that the most important thing as a mother is to avoid physical punishment.

In addition to personal life experiences, women's understanding of motherhood is also shaped by the influence of significant others and expert knowledge. For migrant mothers, their connection to their own mothers or mothers-in-law is often limited by geographic distance, reducing access to traditional family guidance in mothering practices. As a result, they frequently turn to close friends and relatives instead. This means that the attitudes and beliefs of these significant others strongly influence the way they care for and educate their children.

Linzhi: "*I discuss child-related matters with my sister and friends. They tell me that sometimes you shouldn't hit or scold a young child; otherwise, it can be psychologically damaging and leave a lasting shadow. So now, whenever my child makes a mistake, I try my best to hold back unless I truly can't control my temper."*

From a feminist perspective, motherhood is understood as a social construct rather than an innate duty, and its characteristics vary across historical and cultural contexts. The concept of "intensive motherhood," in particular, assigns mothers an irreplaceable caregiving role, demanding that they focus entirely on their children and invest significant emotional and temporal resources.[435] For many women, this notion intensifies the inseparability of the mothering role and creates tremendous pressure when making reproductive choices. Women with a high need for autonomy often feel hesitant or resistant to motherhood, viewing the extensive demands of child-rearing as a constraint on their personal well-being. In interviews, some women expressed concerns that motherhood could mean sacrificing their health, freedom, and quality of life, which led them to

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[434] Lan, P. (2014). Segmented incorporation: The second generation of rural migrants in Shanghai. *The China Quarterly* 217, 243-265

[435] Arendell, T. (2000). "Conceiving and Investigating Motherhood: The Decade's Scholarship." *Journal of Marriage and Family*, 62(4), 1192-1207

avoid childbirth. This resistance to motherhood is not only a form of self-protection but also a challenge to traditional gender roles.

However, these traditional role expectations can add complexity to decisions about abortion. For example, migrant mothers who bear substantial responsibility for childcare often face compounded economic and emotional pressures, particularly in the absence of adequate support. This dual pressure may prompt them, in certain circumstances, to choose abortion as a means of mitigating the potential burdens of future child-rearing.

Lili: *"I dislike children. I don't want to sacrifice my health, body, mental well-being, or quality of life for something I don't enjoy. I also doubt my ability to take care of them well or to constantly worry about whether they'll grow up safe and healthy. People around me who have kids have practically lost all personal freedom, and more than half are essentially single-parenting while their husbands are absent."*

The role of male partners in abortion decisions is often overlooked[436]. However, under the influence of various family structures and gender perceptions, men's roles and opinions can significantly impact women's decision-making processes and emotional experiences. Traditional social views on motherhood generally assign primary childcare responsibilities to women, which burdens them with the anticipated weight of future caregiving when considering abortion decisions. Studies indicate that, in China, mothers continue to serve as the primary caregivers for young children, with fathers typically playing a secondary, supportive role[437]. This division of responsibilities introduces an imbalance in abortion decision-making: women, due to their central role in child-rearing, often approach decisions about future pregnancies with more caution, whereas men may make decisions with less personal impact on their own lives.

My results reveal that, in the actual practice of childcare, particularly during the intensive caregiving phase for children aged 0-3, mothers spend considerably more time with their children than fathers. Fathers in these families typically assist in childcare tasks at home during their off-

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[436] Gerson, K. (1985). *Hard Choices: How Women Decide About Work, Career, and Motherhood*. Berkeley: University of California Press.

[437] Liao, J. (2013). "城市流动人口生育意愿**研**究综述" [A review of research on fertility intentions of urban migrant population]. *社**会**科**学**战线 [Social Science Front]*. (06),195-200.

hours, following the schedules set by their wives. Mark Poster[438] similarly found that, when mothers are solely responsible for meeting infants' needs, they experience guilt when a child's welfare suffers. This observation was echoed in our interviews: migrant women frequently linked the most challenging aspects of motherhood to their children's early illnesses. They shared feelings of helplessness and anxiety when taking their children for medical care alone, a situation exacerbated by their husbands' absence during these critical times.

Fanfan: "*When my child was young, he was constantly sick, often hospitalised monthly due to a weak immune system and frequent fevers that needed intravenous treatment. I would take him to the hospital on my own, carrying him while he cried through endless rounds of injections and infusions. Watching him suffer repeatedly, I felt utterly helpless. My husband was finally getting some stable work, and I didn't want to interfere with his income, so I handled everything myself as much as possible."*

Reflecting on an unintended pregnancy, she explained, "*I thought about how I would have to care for the child alone again. I simply didn't have the energy to go through the pain of solo parenting again. And if I went through with the pregnancy, no one would be available to help with my current child, whose health is still fragile. I had no choice but to opt for an abortion."*

The "institutionalization" of motherhood intertwines with gender inequality, particularly through the effects of maternal gatekeeping, which limits male involvement in childcare. This effect often leaves women bearing the primary responsibility for child-rearing without equal support from male partners.[439]

Linzhi expressed, "*Having a child showed me what they mean by 'a father's love is like a mountain', firmly planted on the couch with his phone, unbothered by the child's cries. When he does spend time with the child, it's often half-hearted: putting on a cartoon or just sitting nearby without real interaction."*

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[438] Neuman, R.P. (1979). Critical Theory of the Family by Mark Poster. The American Historical Review, 84(2): 428-429

[439] Allen, S.M. & Hawkins,A. J. (1999). Maternal Gatekeeping: Mothers' Beliefs and Behaviors That Inhibit Greater Father Involvement in Family Work. *Journal of Marriage and Family*, 61(1), 199-212

In cases of long-distance marriages, the situation is even more complex. Linzhi shared, "*My husband works in another city, so I live with my mother and child. He only comes home two or three days a month, and the interactions between him and our three-year-old son are minimal. Every time they meet, my son behaves as if he's meeting a stranger, needing time to get comfortable. If a father can't be there when a child needs him most, what is the point of having children?"*

She continued, "*When our child was one, my husband took a job transfer out of town and now returns only for major holidays. I work full-time, so my mother watches the child during the day, cooking nutritious meals and managing his care. After work, I take over, leaving no time for myself. Whenever my child is ill, I handle all hospital visits alone. It's exhausting; if I were to have a second or third child, it would all fall to me again. It's just too much*."

This unequal caregiving responsibility leaves women increasingly isolated, pushing them to weigh economic and personal burdens heavily when considering abortion. In many migrant families, women not only shoulder childcare duties but also balance work and financial independence, facing dual pressures that complicate reproductive choices.

During the abortion decision-making process, male partners often escape equivalent social expectations and rarely share in childcare responsibilities. Society generally assumes men are "naturally unsuited" for primary caregiving, a view that absolves them from direct accountability in abortion decisions tied to childcare concerns.[440] Many men offer emotional comfort rather than taking on tangible caregiving duties, intensifying the burden on women. As one participant, Chai, observed, while her partner provided emotional support, the pain and decision-making ultimately fell on her shoulders. Male reassurance frequently amounts to symbolic support, unable to truly alleviate the anxieties and pressures women face in navigating choices about abortion and parenthood.

"I feel he lacks concern for the well-being of his parents and women in general. He is influenced by traditional Hainan rural culture, which holds patriarchal views. He doesn't show enough care and compassion for my physical and mental health. Hainan culture...[sign] tends to be like this, where men are not very considerate or caring towards women. Many people believe this.

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[440] Hays, S. (1998). *The Cultural Contradictions of Motherhood.* Yale University Press.

Additionally, my husband is somewhat careless. He doesn't prioritise personal honour or the family's future.

Childbearing is a family matter. In Chinese culture, it involves not just the couple but both families. It depends on family culture, economic status, and whether there will be help with childcare. Then there's my mother-in-law, who sometimes says she's willing to take care of my daughter and me, but at other times, she refused to come to see us with excuses. It's hard to pinpoint this issue, and it also depends on how relationships are managed. My mother and I mostly took care of my daughter while my husband's family was hardly involved.

Although my husband doesn't spend much time with us, he is willing to fulfil his financial responsibilities. He gives me his monthly salary to manage. However, I believe that as a father, he should balance both financial support and spending time with the child. Ideally, a father should take care of the family and show love and care. While my husband's money is the main source of our family's expenses, Chinese women generally don't spend money carelessly. My salary, which I don't give to my husband to manage, mostly goes into our savings for family expenses, our child's future educational saving.

Higher education improves the cognitive and spiritual levels of both men and women. I believe my husband and I are completely equal, including in family status, but I end up contributing more to childcare. His job is far from home, so he comes back only occasionally on weekends and sometimes has to work overtime. When he is home, he does play and chat with the child and participates in some activities. However, due to his infrequent presence, his involvement is minimal, and he can't be there for the entire childhood.

I think...his personality lacks the patience typical of women, and he doesn't want to handle these aspects of childcare, nor does he want to plan for the child's education, clothing, and meals. He also doesn't like cooking, cleaning, or organising the home. I've asked him twice to do household chores, and he would follow my requests, but I can sense that he doesn't enjoy it and isn't happy doing these tasks. This is a point of conflict between us."

This phenomenon highlights the societal expectation that mothers bear disproportionate responsibility for childcare, reinforcing the perception that child-rearing is inherently a woman's duty. Even when women choose abortion, they often struggle to escape the associated pressures

and moral burdens. Migrant women, in particular, face dual pressures: responsibility to the family and societal and psychological expectations.

In dual-income migrant families, childcare arrangements are superficially based on maximising household efficiency; whoever is available takes on tasks. However, in reality, women continue to shoulder more of the responsibility and stress of childcare. Traditional gender norms often position women as supportive spouses to men in the workforce and as nurturing mothers. This dynamic manifests in household tasks and childcare standards: mothers often redo tasks after fathers, criticise fathers' efforts in childcare, and hold themselves to higher standards. During interviews, several migrant women expressed dissatisfaction with their husbands' involvement, citing that their husbands were "careless with the children," "lacked patience," or that "asking for help is often more trouble than doing it alone."

Chai shared her frustration: *"Most Chinese men seem to think they're doing their part with minimal effort. For instance, he treats playing with the kids as if he's interacting with pets. Even when he's home from work, he'll say, 'Go find your mom.' He believes that childcare and housework are a woman's job, but I think these responsibilities should be shared. I've mentioned this to him before. When I nag, he'll do some chores, but if I don't, he won't lift a finger*."

Another interviewee, Linzhi, had a similar experience to Chai: "*Because my parents help care for our child, we manage most of it. I handle everything from school drop-offs to bedtime routines. My husband, though, prefers a more hands-off, supervisory role. He will tell me not to spoil the child and emphasises discipline but doesn't engage actively in raising our child. His job is demanding, and he rarely gets time off. When he's home, he tries to contribute, but a few days can't compensate for his year-round absence. After my abortion, he took two weeks off to help, cooking and cleaning. But after that, he had to leave again, and there was no long-term support."*

These accounts reveal a prevalent view of childcare as inherently a woman's role. Fathers are often seen as unnecessary or unsuitable for caregiving, while mothers are assumed to be the best caregivers, more attuned to the needs of young children. This stereotype diminishes fathers' involvement in childcare, leaving mothers to shoulder both caregiving and educational duties. The maternal gatekeeping effect reflects women's own identification with socially imposed gender roles, which often leads them to prioritise family needs over their own, further entrenching traditional gender divisions in the home.

In terms of family planning, traditional beliefs still strongly influence many migrant women, who view marriage and motherhood as essential milestones in life and consider parenthood as completing their identity. Although modern views on fertility, as well as economic and educational factors, have influenced these women, they often retain traditional ideals like "more children bring blessings" and a preference for a balanced family. This was evident among the women interviewed, many of whom had two children but reconsidered their stance on further pregnancies due to the demands of childcare.

Geqian: *"With two kids, I barely have any time. My youngest is still a baby, so I carry him everywhere. He's heavy, and my back aches from holding him. When I got pregnant with my third, I just didn't feel I had it in me to go through with it, there's no one to help with the kids."*

The interviews reveal that as the number of children increases, migrant mothers face growing demands, both in terms of time and emotional strain. Many of these mothers not only experience physical exhaustion but also feelings of anxiety and helplessness. Geqian described the toll: "*I thought having a boy and a girl would be perfect, so I had a second child when my first turned three. I became a full-time mom to care for them, but the work is so draining, and I feel constantly tense. To outsiders, it seems like this is just my job as a mother, but even my husband rarely says, 'You're working hard' or 'Take a break.'"*

She added: "*My most hopeless moments come when I'm alone with the kids and have no help. The younger one needs to be held constantly, and the older one acts up, crying and fussing all day. My husband comes home late, and I'd hope he could help, but he just falls into bed. How can I even think about having a third child? Abortion was my only option*."

These accounts reveal how deeply entrenched gender expectations intensify women's challenges in childcare, often pushing them toward abortion not out of a lack of desire for more children, but due to the overwhelming personal sacrifices they already bear. Under the influence of traditional gender norms, some interviewees still view the ideal family dynamic as one where the husband is responsible for earning a living, while they remain at home to care for the children. They explain family roles with statements like "women have their duties," indicating that gender identity and norms drive them to assume full responsibility for child-rearing. In their eyes, sacrifices made for the children or for the family are seen as their natural duty, justified by a belief that everything is for the family.

At the same time, there are some differences between Hainan women and migrant women in their views on gender division of labour in the family. For example, Chai, who married a Hainanese man, is quite dissatisfied with Hainan family culture.

Chai shared: "*I sometimes feel resentful that my efforts and sacrifices in childbirth are unappreciated. After all the pain of giving birth, the child still takes the father's surname. I believe my husband should value and care for me more, recognising my role in carrying on his family line. This difference in perspective often leads to conflict. He thinks that I gave birth for myself, not for him, and doesn't feel the need to express gratitude.*

… At least my husband, being well-educated, holds fairly modern values. He doesn't discriminate based on gender and loves our children, regardless of whether they're boys or girls. He doesn't mind the issue of family name inheritance and focuses on the happiness children bring us now, rather than worrying about the surname issue.

… In my husband hometown (Hainan village), traditional attitudes often see sons as heirs and daughters as "someone else's family." In rural areas, where education levels are generally lower, these views remain strong." The respondent's husband, for example, came from a rural area in Hainan, "*where women endure significant hardship, taking on both household chores and farm work, while their husbands largely overlook them both financially and emotionally*." She described life for women in Hainan as exceptionally challenging and suffering.

Gender inequality in abortion decisions is deeply rooted in the socially assigned role of motherhood. For some women, abortion can be seen as a way to resist these norms and affirm their self-worth. However, within a patriarchal framework, male partners often limit their support to symbolic gestures of comfort rather than taking on real responsibilities. Achieving equality in reproductive choices means that abortion decisions should result from equal negotiation between partners, which would help in safeguarding women's reproductive rights by reassessing societal expectations around motherhood.

A partner's emotional response to abortion directly affects the woman's emotional recovery, the stability of the relationship, and future reproductive choices. When a partner offers understanding, support, and a positive outlook, it helps alleviate negative feelings in the woman and boosts her confidence in future family planning. Conversely, a partner's lack of empathy or negative reactions can add to her emotional burden, strain the relationship, and weaken her desire

to have more children. In moments like abortion, a partner's support and understanding are crucial not only for the woman's mental well-being but also for the family's future stability.

The case of Yufei illustrates how gender roles within the family can impact a woman's willingness to have children and reduce the need for abortion. Despite going through an abortion, Yufei's husband provided emotional comfort, which allowed her to avoid resentment toward him. This mutual support enabled Yufei, at 40, to pursue the possibility of another child through IVF.

"My husband and I married later in life, so we cherished our pregnancy. Losing the baby was heartbreaking. My husband gave me plenty of love and support, and the doctor advised us not to rush but to let my body recover first. We did a brief confinement for about two weeks. He comforted me, saying it was okay and not to worry."

Following the abortion, Yufei's husband ensured her recovery both physically and emotionally. *He not only arranged a "mini-confinement" as per the doctor's advice but also provided emotional reassurance, eliminating any potential guilt I might have felt. His care underscored a positive role in their relationship, strengthening their emotional bond and giving me a sense of security and belonging in the marriage.* This harmonious relationship fuelled her confidence in having another child and encouraged her to consider adding a new member to their family.

Yufei noted that after their child was born, her husband's role within the family shifted. He no longer limited himself to the traditional fatherly role of financial provider but actively participated in childcare, handling tasks like registering the birth and arranging insurance. This sharing of responsibilities went beyond traditional gender roles and demonstrated a modern family dynamic of shared responsibilities. Yufei's account also shows how her husband's involvement in childcare relieved her of some burdens, allowing her more time and energy to focus on her own needs.

"Since I became pregnant, my husband has taken care of everything non-stop. I didn't have to worry about the birth registration, household registration, or insurance, he handled it all. It's amazing how a man can change when he becomes a father, becoming more mature and patient. He's particularly attentive to our child, and because my work hours are irregular, he often spends more time with the child than I do. In this area, I feel he's even better than me."

In summary, gender inequality in abortion decisions stems from the social distribution of maternal roles. For some women, the choice not to give birth or to opt for abortion is a way to resist maternal norms and assert their self-worth and autonomy. Yet, in a patriarchal society, this decision often encounters resistance. Male partners in abortion decisions frequently provide only emotional comfort rather than substantive support. Only by reassessing and restructuring societal expectations of motherhood, making abortion decisions a result of equal consultation between partners, can women's reproductive choices be truly respected and protected.

6.4. Conclusion

This chapter has examined how clan culture, patriarchal family structures and spousal dynamics shaped married women's abortion decisions in Hainan. Building on Chapter 5's focus on women's embodied and emotional experiences, it has shifted the analysis towards the kinship structures within which those experiences were interpreted, negotiated and constrained. The chapter has shown that abortion decisions were not made by women as isolated individuals, but within family systems organised by lineage expectations, gender hierarchy, intergenerational authority and unequal responsibilities for care.

Section 6.2 demonstrated that son preference and the expectation to continue the family line remained important cultural forces in participants' reproductive lives. In Hainanese clan contexts, reproduction was often linked to ancestral continuity, family reputation and patrilineal belonging. These expectations did not always appear as direct commands, but they shaped the moral atmosphere in which pregnancy, childbirth and abortion were discussed. Women therefore negotiated abortion not only as a personal or medical decision, but also as a decision embedded in wider assumptions about filial duty, lineage responsibility and the value attached to male offspring.

The chapter also showed that cultural identity and emotional experience were closely connected. Participants' narratives reveal that abortion could generate sadness, guilt, ambivalence or relief, depending on how women understood their reproductive responsibilities within marriage and family. These emotions were not simply private psychological responses. They were shaped by gendered expectations of motherhood, the pressure to maintain family harmony and the moral weight attached to reproduction within clan-based culture. Lili's narrative illustrates this tension

particularly clearly. While she initially embraced motherhood through her husband's support and the fulfilment of familial expectations, her later decision to terminate a subsequent pregnancy reflected an attempt to balance reproductive responsibility with professional aspirations and personal autonomy. Her account demonstrates how abortion decisions were negotiated within competing expectations of motherhood, marriage and selfhood, rather than through purely individual preference.

Section 6.3 then examined the role of husbands and intimate partners. It showed that spousal influence operated through both direct and indirect forms of power. Men did not always explicitly decide whether an abortion should take place, but their attitudes towards contraception, childcare, income, son preference and family responsibility shaped the conditions under which women made decisions. Contraceptive responsibility often remained feminised, while men's involvement in childcare and reproductive risk was comparatively limited. This unequal distribution of responsibility meant that women frequently carried both the bodily consequences of pregnancy and abortion, and the moral burden of justifying reproductive decisions.

In conclusion, the chapter has argued that family and clan structures should not be treated as merely private or cultural background. Women's reproductive choices were not shaped by physiological conditions alone, but through the interaction of kinship expectations, gender hierarchy, economic pressures and broader social norms. Family and clan structures functioned as mediating institutions through which these wider forces became intimate reproductive obligations. Women's agency was therefore exercised within relationships of obligation rather than outside them. Some women complied with family expectations; others negotiated, delayed, reframed or resisted them. However, even these forms of agency remained shaped by the relational conditions of marriage, kinship and intergenerational authority.

This conclusion also clarifies the chapter's place within the thesis as a whole. Chapter 5 showed how abortion was lived through pain, stigma and embodied memory. Chapter 6 has shown how these experiences were situated within family and clan structures that organised reproductive responsibility. However, kinship pressure did not operate independently from broader institutional conditions. Women's negotiations with husbands, parents and in-laws were profoundly shaped by housing costs, childcare burdens, healthcare access, migration status and the long-term effects of family-planning governance. The following chapter therefore moves beyond familial mediation to examine how hukou systems, welfare inequalities, reproductive

policy and uneven institutional support structured women's reproductive possibility spaces. In doing so, the thesis shifts from the intimate governance of kinship to the broader institutional mechanisms through which reproductive inequality was reproduced and normalised in contemporary China.

Chapter 7. Hukou, Family Planning, and Societal Pressures on Women's Abortion Decisions

7.1. Introduction

The complex interplay of China's hukou system, family planning policies, healthcare access, and societal values regarding motherhood creates a multifaceted external environment that influences women's reproductive decisions, particularly abortion.

The hukou system institutionalises regional inequality, shaping women's reproductive choices by controlling access to resources such as education and healthcare. Women with rural hukou face significant barriers in securing high-quality education and medical services for their children. This structural disparity forces many rural women to limit childbearing, often opting for abortion to manage the resource constraints tied to their hukou status.

China's family planning policies historically enforced strict birth quotas, embedding a cultural norm of small family size and increasing the perceived cost of additional children. Although the two-child and three-child policies have relaxed restrictions, lingering cultural and economic pressures continue to drive abortion decisions. Additionally, societal expectations for women to fulfil intensive maternal roles amplify the burden of child-rearing, prompting many to choose abortion as a coping mechanism when balancing family and career.

The rising cost of housing, particularly in urban areas where school-district housing prices directly impact access to quality education, intensifies the economic rationale behind reproductive decisions. Women with high educational attainment and career aspirations often face a trade-off between investing in children with high-quality education and keeping less children to maintain economic stability. This economic calculus underscores the role of abortion in managing these pressures.

Disparities in healthcare access, especially for migrant and rural women, exacerbate reproductive inequities. The lack of comprehensive welfare support, such as maternity insurance and prenatal care coverage, disproportionately impacts low-income women. For many, abortion emerges as a financially rational decision in the face of inadequate medical and welfare support.

Cultural values emphasising the ideal of the “perfect mother” place immense pressure on women to provide optimal educational and developmental opportunities for their children. This cultural construct, reinforced by societal expectations, often leads women to prioritise fewer children and higher investments in each child’s well-being. Consequently, abortion becomes a strategic choice for women seeking to meet these societal standards without overextending their personal and financial capacities.

While Chapter 6 examined how family and clan structures mediated reproductive expectations within intimate relationships, this chapter shifts the analysis towards the institutional conditions that structured women’s reproductive possibility spaces. Rather than focusing primarily on kinship negotiation, the chapter analyses how hukou systems, family-planning policies, healthcare inequalities and uneven welfare provision shaped the material conditions under which abortion decisions became necessary, affordable or strategically rational. In this sense, abortion is examined not only as a familial or cultural issue, but also as a response to institutional arrangements that distributed reproductive risks and care burdens unevenly across women’s lives. Addressing these issues requires China’s systemic reforms, including equitable healthcare access, improved social welfare systems, and a re-evaluation of societal norms surrounding motherhood and reproductive rights.

7.2. The Influence of Family Planning Policies on Women's Abortion Decisions

China's family planning policies have profoundly shaped women's reproductive choices, particularly influencing decisions about abortion. Initially aimed at population control, these policies introduced strict birth quotas and substantial penalties for non-compliance, creating significant economic pressures. Over decades, the policies have reinforced a nuclear family structure centred on a single child, as families prioritise "quality over quantity" in child-rearing amidst rising educational and housing costs. For many women, abortion has become a pragmatic decision, reflecting economic calculations, cultural norms, and the lingering effects of state intervention in reproduction. This interplay highlights the enduring impact of family planning policies on personal decisions and broader societal structures.

This section delves into the critical role of medical providers in shaping abortion decision-making and method selection, focusing on patient experiences and systemic healthcare dynamics. Through case studies and comparative analyses, it explores key issues such as inadequate contraceptive counselling, inconsistent medical advice, and the tension between medical authority and patient autonomy. By examining how healthcare providers influence reproductive decisions, the section sheds light on the intersection of medical practices, patient trust, and the social and institutional frameworks that govern abortion care.

7.2.1. State Policy vs. Local Practices: Social Maintenance Fees and Abortion Decisions

In this part of the discussion, I unpack the gap between formal rules and local enforcement. Participants' decisions were shaped less by statute than by how fees, inspections, and paperwork were interpreted and applied in specific workplaces and townships.

Since its implementation, China's family planning policy has relied on high fines and strict enforcement measures as its core mechanisms to control the country's birth rate. However, in practice, particularly in regions like Hainan, where clan-based cultural values are deeply ingrained, the policy has not only sparked conflicts between local power dynamics and national

policy objectives but also had profound implications for women's reproductive choices and bodily autonomy. The fine-based system directly ties economic penalties to women's reproductive behaviours, compelling many women to opt for abortions under immense economic and social pressure in order to avoid punitive measures.[441] This phenomenon highlights the structural issues inherent in the policy's implementation. By examining the intricate relationship between the family planning policy and abortion, this section seeks to uncover these structural challenges and critically reflect on the policy's enduring impact on women's rights.

In clan-based societies, the continuation of family lineage, particularly the birth of at least one son, is regarded with almost religious fervour. The notion of "not ending the family line" is a widely shared consensus among villagers.[442] Consequently, when individuals from any family name serve as village officials, they often provide leeway in enforcing family planning policies to accommodate villagers' reproductive needs. Numerous village officials have voluntarily resigned or been dismissed due to their failure to effectively implement family planning policies. This reflects the inherent difficulties and complexities of enforcing such policies in these settings. Village officials generally believe that if they cannot serve as protectors of their clan's interests, they should refrain from actions that harm the villagers, especially in matters as sensitive as family planning.

When conflicts arise between state-mandated policies and traditional values, villagers and village officials often resort to leveraging personal resources to mitigate direct confrontation or choose forms of conflict they can bear.[443] For instance, some individuals use bribery to obtain additional birth quotas, register their children's household status, or reduce penalties. Family planning policies place immense administrative pressure on local governments while simultaneously granting them significant enforcement authority. These powers are concentrated in the hands of individual officials, and within a vertically structured governance system, the monopolization and

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[441] Pan, S. (2001). "试论人口流动与生育转变" [On Population Mobility and Fertility Transition]. *西北人口 [Northwest Population]*. Issue 2

[442] Greenhalgn, S. (1993). The peasantization of one child policy in Shanxi,Davis, D and Harrell, S., *Chinese Familiy in the Post-Mao Era*, University of California Press

[443] Luo, R. (2018). "隐匿的边界：广州红村"超生游击队"的生活史" [*Hidden boundaries: A historical study of the "over-birth guerrilla" in Hong Village, Guangzhou]*. Shandong University MA thesis.

asymmetrical distribution of information empower grassroots officials with considerable discretion in practice.

Particularly in rural areas, family planning officials are deeply embedded in networks of kinship and locality, making it difficult for them to remain unaffected by personal relationships.[444] Additionally, their salaries are aligned with the local economic conditions. In relatively impoverished regions, the benefits of accepting bribes often far outweigh their monthly earnings. Under these circumstances, family planning officials are incentivised to adopt strategies that maximise their personal benefits. This creates a permissive environment for bribery related to unauthorised births. For example, children born outside the family planning policy may remain unregistered at birth but later have their household status legalised through monetary exchanges, often when school enrolment becomes a pressing need.

For Hainanese migrants from mainland China, the political nature of the family planning policy deeply ingrained a one-child mindset. Framing reproductive issues within a political context became a key strategy to enhance the persuasiveness of family planning slogans. For instance, "*One person sterilised, glory for the whole family*" implies that enthusiasm for birth control symbolises political progressiveness, thereby elevating reproductive issues from a private matter to a component of political life. During the high-pressure enforcement period of family planning, political "advancement" directly affected life opportunities such as education, employment, and promotion. Sterilization became a marker of political loyalty. For example, Vivi, highly educated and financially well-off, comes from a large, supportive family and seeks more children with minimal involvement from her husband, expecting greater financial support. Vivi noted that her father, a government official, was among the first party cadres to voluntarily undergo sterilization, which was celebrated with ceremonial gongs, drums, and rewards. In contrast, Vivi's parents' siblings, who were not subject to work-related policy constraints, mostly had more than two children.

In comparison, Linzhi was born in Shandong, a region with strong Confucian traditions and a preference for sons, and was raised by parents who emphasized male over female children. Linzhi mentions that she grew in self-awareness only after she got married and became a mother,

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[444]Wang, J. (2006). "中国计划生育政策的人口效果评估" [Population effect evaluation of China's family planning policy]. *中国人口科学[China Population Science]* 5.(05),23-32+95.

and that if she "*had the choice*", she would have stayed married and "*not had children*". Linzhi's family experienced more pronounced consequences under the family planning policy. Her father, also a government employee, risked losing his job if caught violating the rules. To give birth to Linzhi's younger brother, his mother resigned from her teaching position and became part of the so-called "*guerrilla force of over-quota births*."[445] Although the brother was eventually born, the family had to bribe officials to register his brother's household under a single man in the village. Later, when transferring the household registration back to the city for schooling, Linzhi's father faced a fine of 50,000 yuan in the 1990s and lost promotion opportunities for three years.

Moreover, these slogans regulated reproductive behaviour, including procedures, the number of children, and intervals between births, using a politically authoritative tone. For instance, "*Certified pregnancy, licensed childbirth," "Promote one child, control two, eliminate three," and "Resolutely combat female infant abortion*"[446] exemplify this trend. Such rhetoric further constrained individual autonomy in decision-making.

As Linzhi recalled, "*I remember a slogan on the village committee wall that said, 'Small morality serves great morality; individual sacrifice serves collective benefit.' Violating policy was seen as justifiable grounds for punishment, and no one could argue against it. I was still young at the*

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[445] The term "birth control guerrillas" refers to families and individuals, especially in rural areas, who violate the family planning regulations by having more children than the law permits during the implementation of the family planning policy in China. This term describes the families who resort to various tactics to circumvent the policy, particularly by concealing their excess children or bribing officials to obtain special permissions to register these children. In order to evade government inspections and punishments, these families often resort to methods like hiding pregnancies or secretly giving birth. Afterward, they may use various means to "fake" the registration of these children. These families are referred to as "birth control guerrillas," suggesting that they, like guerrilla fighters, respond flexibly to the strict control of official policies, constantly searching for loopholes.

Chen, Y. (1991). "儿子与超生，农村人口难以控制之谜及对策" [Sons and Over-Birth: The Mystery of the Difficulty of Controlling Rural Population and Countermeasures]. *人口研究 [Population Research]*, No. 1

[446] Chen, X. (2004). "从陈村计划生育中的博弈看基层社会运作" [On the grassroots social operations from the game in Chen Village's family planning]. *社会学研究 [Sociological Studies]*, 3.

time and thought that my parents had really broken the law and would be arrested. I was scared every day and never dared to tell anyone that I had a younger brother."

These slogans tied individual reproductive choices to social governance and legal enforcement. For example, "*Refuse sterilization, expect to be caught*" framed noncompliance as a violation of social norms, empowering local governments to impose administrative penalties. Such slogans fostered the perception among ordinary citizens that sterilization was an unquestionable obligation, and punishment for noncompliance was only natural.

For families who adhere to the family planning policy, like Vivi's, these slogans may simply indicate the severity of the policy, meaning that as long as one does not violate the regulations, their life will not be significantly affected. However, for women and families who exceed the birth limits, these threatening slogans imposed a heavy psychological burden on their lives.

As Linzhi says, "*It's not just talk; some things are carried out as promised. If you're caught, they detain you, feed you, and don't beat you, but the men get taken away while the pregnant women have to hide, living in constant fear. The collective memory of the punishment for excess births includes things like 'house raids' and 'house demolitions', where they would tear down houses, take valuable possessions, and leave the family in a state of anxiety, making them feel that no matter how hard they try, it is futile. The aim is to make you feel it's not worth it, to make you realise that in order to have another child, you end up with no place to live."* This approach not only directly punishes families that violate the birth control policy but also profoundly affects their living conditions and psychological resilience.

The clan system in Hainan led to a less strict enforcement of the family planning policy, with familial relationships often influencing the intensity of its implementation. Most of the family planning officers in the grassroots are locals, deeply embedded in the local social fabric through their connections with neighbours and relatives.[447] These strong geographical, blood, and kinship ties often make them susceptible to personal obligations. As Chai explained, "*In my husband's village, the family planning enforcement isn't strict. The officers are all from our village, and they are often bothered by 'intercessors' who make them dizzy. Because of the relationships in the village, they develop a protective attitude and sometimes turn a blind eye to families with*

[447] *Ibid as 445*

excess births. Village leaders have their own considerations. Families with boys already have heirs, so not having more children is not an issue. However, if the family only has girls, and no boy, it's ultimately unacceptable, even if they have multiple girls. If they force an abortion or sterilization, the family will resent it for life, and the village will also criticise them."

By around 2010, family planning policies in Hainan were still in place, but enforcement was more lenient in urban areas. According to Tianmei, she became pregnant with her second daughter around 2010. After she started prenatal check-ups, the community began to conduct regular home visits, asking whether she had given birth and when. Even when her daughter was about a year old, the community continued to visit her home to confirm any "excess births." During each visit, Tianmei would send her daughter out with family members or to relatives' homes to avoid detection. However, after several rounds of home visits, she decided to proactively pay the fine: "*It was really annoying because the community people kept coming to check. Once, my older daughter opened the door for the family planning officers while I was in the bedroom breastfeeding my younger daughter. I had previously said I was taking care of my relative's child, but my older daughter told them I was feeding my little sister. I didn't want to keep hiding; otherwise, my little daughter wouldn't be able to get a local household registration. So, I decided to go to the community office and pay the fine myself*."

Tianmei was not sure if the fine standards were the same in all communities, but at the community family planning office she visited, she paid about 9,000 yuan in fines. Afterward, it became easier to register her younger daughter's household.

What surprised me was Tianmei's account of the loopholes in gender selection before the comprehensive two-child policy was implemented in 2015. She mentioned that under the "one-and-a-half-child policy", "*some families would undergo prenatal checks early on. If the baby was a girl, they would report it to the family planning department for registration and abortion. If it was a boy, they would proceed with the normal birth. This allowed them to claim medical insurance reimbursements. Otherwise, some types of work-related health insurance would not cover the costs or would only cover part of the expenses."*

The fines that Tianmei paid to her local community for exceeding the birth limit differed from those outlined in the *People's Daily* article.[448] According to the 2014 Hainan Provincial Population and Family Planning Regulations, the fines for exceeding the birth limit are calculated based on the per capita disposable income of urban residents or per capita net income of rural residents in the previous year. For example, the fine for having one extra child is three to four times the per capita disposable income of urban residents in the previous year, while the fine for having two or more extra children is five to six times the same amount. Additionally, fines for out-of-wedlock births or births without marriage registration are higher. The exact fine varies depending on the local government's enforcement.

Article 51 of the Hainan Province Population and Family Planning Regulations[449] states that for residents in Haikou with urban household registration who exceed the birth limit by one child, the

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[448] People's Daily Online. (2014). *"超生二胎罚款标准拟统一：看各地前后差多少" [The standard for fines for having more than two children to be unified: How different are the standards across regions? (with table)]*. Available at: http://politics.people.com.cn/n/2014/1128/c1001-26113701.html [Accessed 6 Jan. 2025].

For births that do not comply with the provisions of this regulation, the fines shall be levied based on the per capita disposable income of urban residents or the per capita net income of rural residents in the relevant municipality, county (district), or autonomous county from the previous year, according to the following multiples or percentages:

1. For exceeding the limit by one child, a fine of three to four times the income will be levied; for exceeding the limit by two or more children, a fine of five to six times the income will be levied for each child;

2. For children born out of wedlock, a fine of five to six times the income will be levied for each child;

3. For children born without marriage registration, a fine of ten to twenty percent of the income will be levied;

For children born beyond the permitted limit or out of wedlock, if the individual's actual annual income exceeds the local per capita disposable income of urban residents or the per capita net income of rural residents, in addition to the fines imposed according to the above provisions, an additional social upbringing fee will be charged at a rate between one and two times the amount exceeding the standard.

[449] 海南省人民政府 [Hainan Provincial Government], (2024). '海南省计划生育政策条例' [*Regulations on Family Planning and Fertility Policy]* . Available at:

social maintenance fee could range from 48,000 to 146,000 yuan. Although the law does not explicitly tie child registration to the payment of the social maintenance fee, in practice, most local governments require parents to pay the fee before their child can be registered. This is particularly relevant for areas where primary school enrolment is determined by household registration, making it compulsory for parents to pay the social maintenance fee before their children can enter school.

Overall, the implementation of policy (fee calculation, instalment bargaining, and selective checks) functioned as a moving constraint that steered some pregnancies toward abortion while allowing others to proceed. Prior to the full implementation of the two-child policy in 2015, the high fines imposed under the family planning policy were one of the key factors influencing women's decisions to undergo abortions. Although the introduction of the "two-child policy" alleviated some of the reproductive restrictions, the lag in the development of social support systems (such as insufficient childcare and educational resources) has kept the economic burden of exceeding the birth limit substantial. This is especially true in rural areas, where the social upbringing fees are tied to household registration, causing many families to choose abortion after exceeding the birth limit in order to reduce both economic and administrative pressures.

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https://www.hainan.gov.cn/hainan/dfxfg/202403/bef7d0118ab24458b923125da17d26f2.shtml?ddtab=true [Accessed 6 January 2025].

7.2.2. Family Planning Policies and Changing Family Structures in China

This subsection traces how policy legacies intersected with shifting household forms, including migrant marriages, skipped co-residence with elders, and dual-earner pressures. Participants have abortion experiences through different kin configurations, producing divergent calculations about timing and spacing.

The enforcement of the family planning policy not only reduced family size but also reshaped internal family relationships. The policy's core slogan, "Having only one child is good," led many families to concentrate all resources on their only child, further intensifying the economic and emotional dependency within the nuclear family. This model made it increasingly difficult for families to revert to the traditional form of larger families, as the constraints of resources, high educational costs, and changing lifestyles made the nuclear family the dominant structure in society.

With the promotion of the one-child policy[450], women in Hainan were introduced to the concepts of "sterilization" and "abortion." The one-child policy disrupted the natural legitimacy of reproduction, the introduction of contraceptive technologies led Hainan's rural women to contemplate the question of whether or not to have an abortion.

Among the five local women in Hainan I interviewed, all of whom had parents with at least four or more siblings, the average number of children they had in the 21st century was two.

Geqian, one of the respondents, stated, "*The child I aborted was a decision I made myself. We already had two children, and I didn't want to have more. Having many children is not like before; back then, you could just leave them at home without much care. In Hainan, we don't*

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[450] On December 18, 1962, the Central Committee of the Communist Party of China and the State Council issued the "关于认真提倡计划生育的指示"[Instructions on Seriously Advocating Family Planning], marking the beginning of the party and government's intervention in the national marriage and fertility behaviour.

From: Liang, Z.(2014). " 中国计划生育政策史论" [*A History of China's Family Planning Policy]*. 中国发展出版社[China Development Press], p. 338.

lack food, and having children was easy to manage. Now, though, if you have too many children, it's too much work, especially since babies need milk powder, back then, they just had rice soup. Now, even just feeding the kids requires good nutrition, and adults need to cook many different dishes every day, enough to fill a large pot. With the high cost of living in Hainan, even locals can't afford it. If there were enough food and drink, families with more resources might still want more children, but that's not the case now." This reflects the view that, under high costs of childbearing and child-rearing, abortion is increasingly seen as a pragmatic economic decision for the family.

For women who gave birth at the end of the last century, the natural legitimacy of childbirth still prevailed. "*At that time, everyone was willing to have children. Who wouldn't want to have children? It never even occurred to us not to have children*," reflects the true mindset of Rongrong. During the one child policy period, the coercive force of the family planning policy and the cultural conformity pressures of rural communities were the two key factors influencing their fertility decisions. However, this trend underwent a fundamental shift among young women who gave birth in the 21st century in Hainan. In the interviews with eight young women who gave birth in the 21st century, the decision of whether to have another child had become more rational and pragmatic. Reproductive decisions that served their own interests had become clearer and more evident, with considerations regarding retirement and old age becoming the primary motivation for deciding whether or not to have another child.

Despite varying educational levels and living environments, all respondents exhibited a growing sense of reproductive rationality. Their deliberations on the reasons for abortion revealed a strict calculation of the costs and benefits involved in childbirth. One of the respondents, Vivi, explained:

"The reason I'm now considering having another child is because of my grandmother's hospitalization. She had been in the hospital for four months, and because she had many children, our relatives took turns caring for her for those four months. Without their help, it would have been unimaginable for my mother to manage alone. Elderly people need someone to care for them 24/7. After my grandmother came back from the hospital, I decided that I needed to have another child, one child is simply too lonely."

Furthermore, the decision to undergo abortion also reflects the high emphasis placed on the quality of children within core families. Under the long-term influence of the family planning

policy, the concept of "eugenics and quality child-rearing" has deeply permeated society. Unplanned pregnancies are often seen as potentially problematic in terms of quality, which leads families to view abortion as a necessary action to avoid future burdens.[451] This selection mechanism has turned abortion into a key strategy for ensuring the overall well-being of the family. In Western research on abortion decisions, individual economic rationality has long been considered a significant factor influencing reproductive choices.[452] However, Chinese scholars[453] face difficulties when attempting to apply this theory to analyse fertility behaviour in China. Parents who devote their entire lives to saving and sacrificing for their children's future are clearly not subject to simple cost-benefit calculations in reproduction.

Tang: "*Actually, having one child is just fine. With one child, you focus on that one, and it costs so much money to raise them from childhood to adulthood. You can even save up for retirement. If you keep that money for yourself, it'll be much more convenient when you get older. You could do anything with that money, right?*"

This core family model, closely linked to cost-benefit analysis in modern economic conditions, further rationalises reproductive behaviour and makes it difficult to reverse. Education costs and marriage costs are key factors in explaining the rising costs of children. With advancements in healthcare, technology, and insurance, the security benefits children provide have diminished, making reproduction seem "economically unfeasible," and leading to a significant decline in fertility willingness. The rationality of reproduction[454], however, is often seen as incompatible with China's "family-centred" culture, because in rural societies, childbirth is typically viewed as

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[451] Tan, X. (2015). "成本-效用视角下的单独二胎生育意愿影响因素研究-基于徐州市单独家庭的调查"Factors Influencing the Willingness to Have a Second Child under the Cost-Utility Perspective, Based on the Survey of Single-Child Families in Xuzhou," *南方人口[Southern Population]*,128(02): 1-12+22

[452] More details in Baker's Economic Analysis of Fertility Rates in literature review chapter.

[453] Zhao, W., Yang, Y. and Shi, Z., (2017). "成本收益失衡、学习演化与区域低生育水平强化"[Cost-Benefit Imbalance, Evolutionary Learning, and the Reinforcement of Regional Low Fertility Levels]. *经济经纬[Economic Review]*, 34(05), pp. 109-115.

[454] Li, Y., (2009). "生育与村落文化" [*Fertility and Village Culture]*. 内蒙古大学出版社 [Hohhot: Inner Mongolia University Press], p. 35.

an act without concern for the consequences, rather than a decision driven by the principles of commodity economy.

It is important to note that China's family planning policy itself can be considered a macro-level eugenics project, advocating for the reduction of population numbers in order to improve the "quality" of the population and lay the foundation for national modernization. The slogan "one child is good" implies and assumes that the single child will be healthy, intelligent, worthy of the family's full investment, and capable of contributing to the nation in the future. The restriction on the number of children has driven families to seek the highest "quality" in their offspring. In an environment marked by scarce resources, intense competition, and the absence of public welfare, ensuring that the next generation is not "starting behind" has become a crucial concern.[455] Therefore, the accepted reason for abortion, as "health reasons", has been broadly interpreted, to the point that an unplanned pregnancy could be considered problematic. The decision is left to the discretion of the family, with the true aim not necessarily being the health of the mother and child, but rather a patriarchal family's interest in preventing the birth of a child who might be perceived as a potential intellectual or physical burden. From a collective societal perspective, such screening is seen as responsible, given that families are not prepared to provide adequate care and fair opportunities for disabled or diverse children.

In conclusion, policy did not act on isolated individuals; it travelled through kin obligations and resource pooling, making abortion a relational decision aligned with household survival logic. The delayed inertia of the family planning policy has had a profound impact on the formation of China's core family model and has introduced rational and economic considerations into women's abortion decisions. This decision-making model indicates that, in an environment where resource competition is becoming increasingly intense, reproductive behaviour is no longer a simple cultural act, but a highly complex balancing process within both family and societal systems.

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[455] Ren, Z. and An, L., 2015. "中国妇女人工流产状况及变化趋势（1990-2012 年）" [The Situation and Changing Trends of Artificial Abortion among Chinese Women from 1990 to 2012]. *中国人口·健康与计划生育[Chinese Population Health and Family Planning Journal]*, 26(2).

7.2.3. Family Planning and Hukou: Impacts on Abortion and Educational Inequality

Finally, I show how hukou status reframed pregnancy as an education decision. Anticipated costs for out-of-hukou schooling and anxiety about future mobility made abortion a strategy to protect a hoped-for 'better' child trajectory.

Highly intertwined with China's family planning policies is its household registration (hukou) system, which has exacerbated rural-urban disparities and social inequality. This system profoundly influences women's reproductive choices and quality of life, placing rural women at a significant disadvantage in childbirth and child-rearing. The institutionalised inequality embedded in the hukou system not only undermines rural women's health and economic independence but also adversely affects the educational opportunities and living standards of the next generation.

In July 2014, the State Council issued the *Opinions on Further Promoting the Reform of the Household Registration System*, introducing a unified household registration system and abolishing the dual rural-urban hukou classification. Despite these reforms, the hukou system continues to play a critical role in the allocation of educational resources, shaping the educational opportunities and quality of life for the next generation.

Children with rural hukou are often denied access to the same educational resources as urban children. Due to hukou restrictions, they face significant barriers to enrolling in high-quality urban schools. Even children born in urban areas to rural hukou parents frequently struggle to obtain urban household registration, which disadvantages them in accessing future educational and employment opportunities. As a result, rural women are forced to consider the availability of resources for their children when making fertility decisions, often choosing to have fewer children and delaying their first childbirth.

On the other hand, the hukou system profoundly affects women's employment opportunities and economic independence.[456] Women with urban hukou enjoy significant advantages in career development and access to labour markets, further widening the economic gap between urban and rural women. Rural women, disadvantaged in the labour market and earning lower incomes, have fewer resources to support child-rearing. This economic inequality significantly limits their reproductive choices, further exacerbating the intergenerational transmission of disadvantage.

It is worth noting that, even after the abolition of the rural-urban hukou distinction, *school-district housing* (学区房) continues to reinforce inequality in access to education[457]. These

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[456] Lu, W. & Zhang, L. (2015). "**学区房**问题的根源与破解路径探析" [The Root of School District Housing Problems and Analysis of Countermeasures, Decision Reference] ***教****育发展****研****究*, *Educational Development Studies*, Issues 15-16.

[457] In China, high-quality education resources are concentrated in elite schools, and disparities in their distribution have led to significantly higher housing prices in areas near such schools compared to regions without prestigious educational institutions. Under the policies of proximity-based school enrolment and the abolition of discretionary enrolment, access to high-quality educational resources has become contingent upon the purchase of school-district housing.

There is no universally agreed-upon definition of school-district housing in official or academic discourse. The research defines school-district housing as residential properties located within the catchment area of key (elite) primary or secondary schools. Purchasing such property often grants hukou registration tied to the address, thereby ensuring eligibility for proximity-based public school enrolment without the need for entrance examinations.

The link between hukou and school-district housing creates significant barriers for disadvantaged groups in accessing educational resources, perpetuating unequal opportunities for school admission and, subsequently, unequal educational experiences. Although a minority of residential properties do not require hukou for school enrolment, in most cases, enrolment in primary schools is tied to both property ownership and hukou registration. Early hukou registration becomes crucial for families purchasing homes to secure school access for their children.

In the second-hand housing market, the process of transferring property ownership and hukou registration often does not occur simultaneously. Typically, ownership transfer precedes hukou migration, meaning that sellers must first remove their household registration from the property before buyers can register their own. Otherwise, despite owning the property, buyers may find themselves unable to transfer their hukou due to the seller's failure to vacate the hukou record.

Chen, Y. & Fang, C. (2007). "社**会**分层与教育分流, , 一项对义务教育阶段"**划区**就近入**学**" 等制度安排公平性的实证研究" [Social stratification and educational diversion - an empirical study on the fairness of institutional arrangements such as "district-based enrolment" in the compulsory education stage]. *江苏社****会****科****学*** *Jiangsu Social Sciences*

systemic barriers disproportionately disadvantage marginalised groups in the competition for educational resources, resulting in unequal access to school admission and subsequent inequalities in the educational process. High-quality higher education resources are similarly concentrated in specific regions. Under the current education system, obtaining a hukou in regions with better educational resources not only grants access to superior primary and secondary public education but also confers an advantage in the competition for higher education opportunities. Over time, the hukou system has institutionalised the division of interests and rights in basic education, embedding regional educational resource advantages into local hukou identity. This has created a mutually reinforcing relationship between hukou and regional educational disparities.

The fertility intentions of high-income families and educated women are significantly influenced by the cost of education. In China, the close linkage between housing and school resources, coupled with the high expectations of post-1990s women for their children and the increasing competition in education, has made proximity to educational resources especially important for this demographic. This dynamic has also further driven up housing prices.

According to survey findings, most post-1990s women fall within a mid-income range, with a majority earning moderate incomes. Women at this economic level tend to prioritise the "quality(su zhi 素质)" rather than the "quantity" of their children. Urban professional women, who have received higher education, are particularly focused on their children's education. Given the current unequal distribution of educational resources, ensuring access to high-quality education for their children often requires investments starting as early as preschool education.

In China, preschool education is not regarded as an essential component of child welfare, and public kindergartens are the first choice for many parents. However, the severe shortage of public kindergarten slots has created widespread "admission difficulties." While private kindergartens are available, their quality varies greatly, and those with better facilities, advanced teaching philosophies, and highly qualified staff charge prohibitively high fees, making them unaffordable for many families with average incomes.

For instance, Tianmei advocates for having multiple children, believing that good financial conditions, defined as owning property, having a commuter car, and being able to provide extracurricular activities for children, should support this decision. However, she is not particularly concerned with sending her children to private schools or achieving the highest levels of education for them. She observes, "*Nowadays, everyone wants the best for their children. Even just getting into a decent public kindergarten involves networking, and networking requires money, doesn't it? Private kindergartens, on the other hand, vary greatly in quality. Those with excellent facilities, advanced teaching philosophies, and strong faculty are extremely expensive, which average-income families cannot afford*."

Another respondent, who works for a small company with modest wages, echoed these challenges: "*My husband's income is decent, but we don't have many connections. Both of us work, so our daughter attends a private kindergarten near our home for convenience. The tuition is not cheap. I feel like raising just one child is already exhausting. When I had an unplanned pregnancy, I didn't even think about keeping the baby because I knew the cost of just kindergarten alone would be a huge problem*."

The interviews highlight the intertwined effects of housing prices and educational resources on abortion decisions. Several women admitted that the high cost of housing and restrictions associated with school-district housing compelled them to either delay childbirth or reduce the number of children they planned to have.

For example, Husan, a migrant worker in the city whose family resides in a county town, shared her perspective: "*A good school-district house now costs 30,000 yuan per square meter. With my salary, it would take me forever to afford a larger house. Without a house, if I have kids, we'll just drift around like vagabonds. So, I decided not to have any kids. The economic pressure is just too much. Maybe I'll have fewer kids or delay having them until my situation improves*."

When family income is low, or housing conditions are poor, migrant women tend to prefer fewer children and often delay their first childbirth. Only when they or their families are able to purchase housing do they consider having children. During the compulsory education phase, many families spend exorbitant amounts on school-district housing to secure better educational opportunities for their children.

7.2.4. The Intergenerational Effect of Human Capital and Its Impact on Abortion Choices

The intergenerational effect of human capital motivates women with higher education levels to place greater emphasis on their children's education.[458] At present, disparities in the distribution of educational resources between urban and rural areas remain significant, with high-quality educational resources and schools predominantly concentrated in urban areas. Unlike the past several decades, when the education system focused primarily on academic performance, modern families increasingly prioritise the holistic development of children in terms of morality, intellect, physical fitness, and aesthetics. Educated women, in particular, tend to view their children's education as a long-term investment.

As beneficiaries of high human capital, educated women deeply understand the potential returns of education and are equipped with advanced educational philosophies and parenting methods. They are therefore more willing to invest heavily in improving their children's learning conditions and educational environments. This inclination becomes increasingly pronounced in higher-tier cities, where competition for educational resources is most intense.

At the same time, the high cost of urban living places significant financial pressure on childbearing families, particularly in terms of housing and education expenses. For families with one child, a two-bedroom apartment may suffice; however, if they plan to have two or more children, the demand for larger living spaces inevitably increases. This creates substantial constraints for families with limited financial resources or insufficient purchasing power, suppressing the fertility intentions of professional women.

Qianshou (a vocational school graduate in her early thirties) shared: "*Housing prices are the best contraceptive. With prices this high, who dares to have two or three kids? Raising one child already consumes a tremendous amount of energy and money. Over the past two years, the pandemic has destabilised our finances. When my baby was born, I had no income during maternity leave, and we still had to pay over 3,000 yuan a month in mortgage payments. We*

[458] Chen,B., Zhang, S., Shen, G. (2021). "义务教育能提高代际流动性吗?" [Can Compulsory Education Improve Intergenerational Mobility?]. *金融研究 [Financial Research],* Issue 6: 76-94

relied solely on my husband's income to get by. And the major expenses for raising a child are still ahead of us. We'll only consider a second child when our economic situation improves."

From a direct cost perspective, there is little difference between the upbringing costs of boys and girls from birth to adulthood. However, during marriage negotiations, traditional cultural norms often require the groom's family to bear a heavier financial burden, including the primary cost of purchasing a house. In recent years, housing has become a central source of economic pressure for families. On the one hand, young couples generally prefer to live independently after marriage rather than cohabit with parents. On the other hand, some professional women, upon retirement, also prefer independent living and are reluctant to reside with their children.

Chai stated: "*I would rather have a daughter because I may not be able to afford to buy a house for my child. My husband and I currently pay a 4,000-yuan monthly mortgage. Once this mortgage is paid off, we might have to shoulder the burden of another mortgage to help our son buy a house. I pursued my education and career to improve my own quality of life, not to keep struggling financially after retirement."*

The economic pressures imposed by high housing costs are particularly pronounced for childbearing individuals in the post-1990 generation. Housing costs indirectly raise the costs of child-rearing. Raising children is no longer just about providing basic care, it also necessitates improved living conditions.

Qianshou shared her experience: "*I work at a laundry shop and earn about 40,000 yuan a year. My husband is a delivery worker, and together, we earn about 100,000 yuan annually. We have a six-year-old son, and most of our income is spent on his entertainment and education. Since I didn't receive much education myself, I don't want my child to end up like me, so we invest heavily in his education. But we haven't bought a house yet, so we haven't been able to provide him with a good living environment. I feel guilty about that. Still, my husband and I want to have another child to keep the first one company. One child feels too lonely. Now that the government has relaxed the three-child policy, we'll have another when we can afford a house and when our financial burden lightens*."

This phenomenon aligns with the findings of Liu and Chen, who concluded that housing prices significantly suppress fertility intentions.[459] In the context of traditional Chinese marriage norms, couples without home ownership are more inclined to purchase a house before having children. Families that already own a home often consider upgrading to a larger residence when planning for a new child.

According to the National Bureau of Statistics of China's 2020 data on household consumption expenditures, housing accounted for 26% of per capita consumption expenditure, second only to food at 32%. Education ranked third, constituting 10% of expenditure.[460] As one of the most important family assets, housing holds deep significance in the traditional Chinese concept of "home culture."

Moreover, highly educated women, due to their higher expectations for educational quality, tend to invest more in their children's education. For these women, having a second child would not only require covering the substantial education costs of the first child but also entail additional expenses for the second child. This creates an evident financial strain, especially for families that migrate to large cities where the cost of raising two children is considerably higher.

The interviews also revealed that current school-district housing policies exacerbate economic pressures and educational inequalities. For example, some migrant families must pay into the local social insurance system before their children can gain school admission, incurring additional expenses without immediately benefiting from social welfare. These policies disproportionately affect different groups, often forcing lower-educated individuals to alter their insurance behaviour to secure educational opportunities for their children. At the same time,

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[459] Liu, J. & Chen, J. (2022). "劳动力市场不确定性、人力资本内化与生育意愿, , 基于三期中国家庭综合社会调查数据(CGSS)" [Labor Market Uncertainty, Human Capital Internalization, and Fertility Intentions, Based on CGSS Data from Three Phases]. *中国地质大学学报(社会科学版) [Journal of China University of Geosciences (Social Sciences Edition)]*, Issue 1: 85-98

[460] 国家统计局[National Bureau of Statistics], *"2020 年居民收入和消费支出" [2020 Household Income and Consumption Expenditures]*.
http://www.stats.gov.cn/tjsj/zxfb/202101/t20210118_1812425.html.

children from low-income families are more likely to lose access to high-quality urban education as a result.[461] These factors contribute to further disparities within the migrant population.

Overall, these narratives show how hukou status and class position intersect with gender to delimit reproductive possibilities. By tying childcare and schooling to registration status, hukou made reproductive planning inseparable from place-based opportunity, amplifying urban-rural divergence in abortion rationales. Across 7.2.1 to 7.2.3, policy constraints operated through three channels: locally variable enforcement, kin-structured resource calculations, and hukou-conditioned opportunity horizons. These channels did not dictate outcomes, but they narrowed the menu of viable options, funnelling some participants toward abortion at particular moments. The next section follows these constraints into clinical and welfare settings to show how system design, rather than individual clinician intent, shaped counselling quality, method choice, and post-abortion care.

[461] Wang, Y. & Lu, N. (2019). "**随迁**子女积分入**学**政策**研**究, , 基于珠三角、长三角地**区** 11 **个**城市的分析"[Study on the point-based admission policy for migrant children: An analysis based on 11 cities in the Pearl River Delta and Yangtze River Delta regions]. *江苏社**会**科**学**[Jiangsu Social Sciences]*. (01),69-79

7.3. China's Healthcare and Welfare Systems: Effects on Women's Reproductive Choices

In this section, I examine how healthcare and welfare system design conditioned women's choices and recovery. Rather than attributing outcomes to individual clinicians, I trace structural features like time-pressured consultations, fragmented responsibilities across departments, cost opacity, and limited post-abortion care (PAC), that patterned participants' experiences. Emblematic interview cases illustrate how inconsistent counselling and system gaps shaped decision-making.

The development of healthcare and welfare systems in China has had a profound impact on women's reproductive practices, including access to and experiences of abortion. In Hainan, which once lagged behind mainland China in terms of medicalised childbirth, reproductive healthcare has steadily become more medicalised. Nevertheless, while this transformation is evident at the societal level, individual variations in reproductive healthcare access and abortion practices remain significant. Against the backdrop of increasing medicalization of abortion, this study seeks to explore how women in Hainan perceive their bodily experiences and navigate abortion-related decisions.

A major structural barrier to equitable reproductive healthcare in China is the hukou (household registration) system, which restricts access to healthcare for internal migrant populations. Originally, the Urban Employee Basic Medical Insurance (UEBMI) targeted urban residents with formal employment contracts, while rural residents could participate in the New Rural Cooperative Medical Scheme (NRCMS). [462]Although the NRCMS was initially more suitable for

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[462] Wang D.W., Guo P.P., Ma J.N., Li B.B., Li D. (2015) "女性流动人口计划生育基本公共服务均等化调查，中国公共卫" [Equality of public family-planning service for female floating population], *中国公共卫生[China Public Health]* 31(12): 151-4.

Urban residents without formal employment were covered by Urban Resident Basic Medical Insurance (URBMI). However, internal migrant populations, especially rural-to-urban migrant workers, were often excluded from all of these schemes. Although recent reforms have allowed internal migrants who have signed formal labour contracts with urban employers to participate in UEBMI, this only benefits a small portion of the migrant population. The majority of migrants remain excluded due to unstable employment and lack of formal contracts. Similarly, URBMI continues to target only registered urban residents, further marginalising migrants.

migrant populations, many migrants choose not to enrol due to the difficulty of obtaining reimbursements when they seek care in urban areas. As a result, a significant portion of internal migrants, especially rural migrant workers, fall into a coverage gap, lacking both urban medical insurance and rural health protection. This exclusion creates a critical blind spot in healthcare coverage for this highly mobile population.

The healthcare structural exclusion has direct consequences for women's reproductive health and abortion access. Since abortion services are typically not covered by medical insurance, the economic burden falls heavily on women from economically vulnerable groups, particularly internal migrants.[463] Studies have shown that the costs of abortion services can significantly limit access for low-income women.[464] The financial burden is compounded by the lack of publicly available reproductive health services for the floating population, such as contraception counselling, birth control guidance, free prenatal examinations, and maternity care reimbursements, which are more readily available to women with local household registration.

Furthermore, policies and support services related to childbirth remain passive and lag behind the needs of both rural and migrant women. While urban women generally benefit from better maternity insurance and comprehensive welfare support, rural women and internal migrant women often lack such protections, resulting in higher economic pressure during childbirth and childcare.[465] Without adequate financial support, many rural women may reduce prenatal check-ups or forgo certain reproductive services altogether, increasing health risks for both mothers and infants. This disparity in access to reproductive healthcare exacerbates existing inequalities,

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[463] Duan, C.R., Lü, L.D. & Zou, X.J., (2013). "当前我国流动人口面临的主要问题和对策, , 基于 2010 年第六次全国人口普查数据的分析" [Major Challenges for China's Floating Population and Policy Suggestions: An Analysis of the 2010 Population Census Data]. *人口研究[Population Research]*, 37(2), pp. 17-24.

[464] Ely G.E., Hales T.W., Jackson D.L., Maguin G., Hamilton G. (2017) 'Where Are They from and How Far Must They Go? Examining Location and Travel Distance in U.S. Abortion Fund Patients', *International Journal of Sexual Health* 29(4): 313-24.

[465] Feng, K. & Zhong, D.L. (2013). "完善基本公共服务体系促进户籍制度改革" [Improving the basic public service system to promote hukou system reform]. *中共中央党校学报[Journal of the Party School of the Central Committee of the Communist Party of China]*, 17(1), pp. 93-97.

placing rural and migrant women at a distinct disadvantage when it comes to reproductive decision-making and overall maternal well-being.

Urban women in China typically enjoy better maternity insurance and welfare benefits, whereas rural women often lack substantial public support from the government in covering healthcare expenses. This disparity results in greater economic pressure on rural women during childbirth. Consequently, the economic burden associated with childbirth and childcare is significantly heavier for rural women, many of whom may reduce prenatal check-ups or forgo essential reproductive services due to financial constraints.

According to Tang, a rural woman interviewed for this study, the cost of prenatal check-ups alone during pregnancy can amount to at least 5,000 yuan. If complications arise during delivery requiring a Caesarean section, the total expense can exceed 10,000 yuan, whereas the cost of a natural birth is comparatively lower. Tang recalled her first pregnancy in 2000, during which she lacked medical insurance: "*A caesarean section cost me more than 10,000 yuan, at that time, more than I could earn in an entire year. It was too expensive, but I had no choice because I couldn't give birth naturally due to health issues.*" Later, when she became unintentionally pregnant again, doctors advised her that she would once more require a caesarean section. However, faced with the high costs of delivery and postpartum recovery, Tang felt unable to afford having another child. She further explained that the financial burden extended beyond childbirth: "*Baby formula cost over 100 yuan per can, and I didn't have the money to support a child.*"

Compounding her financial difficulties, Tang's partner at the time had moved in with another woman and fathered a child with her, providing no financial support for Tang's second pregnancy. Given the lack of economic resources and external support, Tang perceived abortion as a more financially rational option compared to childbirth.

When asked why she did not purchase medical insurance, Tang explained: "*I was constantly moving between different cities in Hainan and Guangdong for work. Each job lasted about six months because I had to go back home to farm and take care of my elderly parents. I worked for small construction units, mainly cooking for the workers. Even if I had insurance, getting reimbursement for medical expenses in a different region would have been difficult. Besides, insurance premiums were expensive, and I didn't think it was worth it. My employers weren't formal businesses, so they didn't provide us with insurance either.*"

Tang's experience reflects the broader systemic challenges faced by internal migrant workers in China. Due to the lack of mutual recognition of insurance contribution periods across regions, migrant workers can only participate in medical insurance intermittently.[466] When they move to a new region and enrol in local medical insurance, their previous contribution period is reset, creating gaps in their insurance coverage. Unlike local employees, they cannot accumulate contribution years to benefit from higher compensation rates or qualify for retirement medical benefits. This lack of continuity in insurance coverage deters many migrant workers from participating in social insurance schemes.

Furthermore, the large informal employment sector in China exacerbates the exclusion of many workers from social insurance.[467] Studies have shown that informal workers often operate outside the regulatory framework of labour and tax authorities, with their incomes paid in cash rather than through formal banking systems, making it difficult to enforce social insurance contributions[468]. Informal employment spans various occupations, including street vendors, domestic workers, and temporary labourers, many of whom, like Tang, have unstable incomes and no formal organizational support. Without financial capacity or motivation to participate in social insurance schemes, these workers remain uninsured.

In the absence of maternity benefits and insurance, the economic cost of childbirth becomes a key factor in reproductive decision-making. For uninsured women in precarious financial situations, abortion may appear to be a more viable option, given their limited economic means. Tang's case illustrates how systemic exclusion from social insurance and welfare benefits pushes economically vulnerable women toward abortion, underscoring the need for more inclusive healthcare policies and targeted support for informal sector workers and internal migrants.

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[466] Dong, Y.F., Liu, C.J. & Hu, M. (2012). "行为经济学视角的农民工隐性户籍墙分析"[Hidden Household Wall of Peasant Workers: An Analysis from Behavioral Economics Perspective]. *中国人口,资源与环境[China Population, Resources and Environment]*, 22(3), pp. 43-47.

[467] Gu, S.Z., Li, R. & Cao, Y.B., (2014). "中国农民工市民化的二维路径选择, , 以户籍改革为视角" [The two-dimensional path choice of urbanization for migrant workers in China: A perspective of hukou reform]. *中国人口科学[China Population Science]*. 164(5), pp. 2-10 + 126

[468] Van Ginneken, W. (1999). Social security for the informal sector: A new challenge for the developing countries. *International Social Security Review*, 52(1), 49-69.

These challenges are not confined to migrant populations; working women also encounter systemic and financial obstacles. Although working women benefit from employment-based medical insurance, which offers higher reimbursement rates compared to non-employed women, the scope of maternity and medical insurance remains limited. A significant portion of prenatal care expenses must be covered out-of-pocket, as medical insurance primarily reimburses hospital delivery costs. While maternity benefits and paid leave aim to offset the direct costs of childbirth, they are insufficient to address the broader economic burden associated with pregnancy, childbirth, and child-rearing. As Qianshou remarked:

"Although there is some reimbursement, the restrictions are too severe. This expense is excluded, that one is not covered, these are all related to having a child. Why can't they be reimbursed? Isn't prenatal care part of preparing for childbirth? Only the day of delivery is considered childbirth? I don't understand." This case underscores women's dissatisfaction with the narrow scope of medical insurance coverage and highlights the inadequacy of maternity insurance in meeting their practical needs.

In summation, the interplay between China's healthcare system and the hukou system has created significant disparities in access to reproductive healthcare, particularly for internal migrant and rural women. These disparities not only increase the financial burden associated with childbirth and abortion but also restrict access to essential reproductive services, underscoring the urgent need for more inclusive and equitable healthcare policies. Addressing these gaps requires a comprehensive approach by policymakers to reform welfare programs and expand access to reproductive health services for vulnerable populations. Without such reforms, unintended pregnancies and the associated economic pressures will continue to burden marginalised women, perpetuating cycles of inequality.

7.3.1. Medical Provider Influence on Abortion Decision-Making and Abortion Methods

A case study from this research highlights the limited contraceptive options available to women within the constraints of accessible contraceptive methods and prevailing social norms. Moreover, brief contraceptive counselling proved insufficient in addressing the specific

challenges faced by women. Rongrong, one of the participants, described her experience during a family planning consultation, where a doctor recommended an intrauterine device (IUD) that ultimately led to an ectopic pregnancy. Trusting the doctor as an authority figure, she accepted the recommendation without being informed of potential side effects.

Rongrong recounted her difficulties following the ectopic pregnancy:

"The IUD wasn't properly placed, and I ended up having an ectopic pregnancy. Despite that, the doctors didn't suggest short-term contraceptive pills. I consulted three different doctors, including one from the Provincial Traditional Chinese Medicine Hospital, and they all recommended the Mirena IUD. I was very resistant to using another IUD, especially because Mirena wasn't covered by medical insurance. The cost of the Mirena IUD was 1,500 yuan, and an additional 300 yuan was needed for local anaesthesia and oral medication. It was too expensive, so I hesitated and ultimately decided not to get it."

Rongrong's experience aligns with findings from a post-abortion family planning study conducted in Hubei Province.[469] The study involved in-depth interviews with several women who had undergone abortions due to contraceptive failure and revealed that the limited counselling services provided by hospitals did not effectively address barriers to the proper use of contraceptive methods. These findings suggest that despite the availability of modern contraceptive technologies, systemic issues, such as inadequate counselling, financial constraints, and social norms, continue to limit women's ability to make informed reproductive choices.

In an urban hospital setting, Husan (born in 1996, an elementary school teacher from an urban area, who graduated two years ago and got pregnant six months after getting married, but chose to have an abortion due to work and other reasons) reported receiving rapid, conflicting advice about method choice across two consultations. In her account, discussions emphasised speed and bed availability while offering little comparative information about pain trajectories, recovery time, or follow-up.

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[469] Zhang, Y., Chen, M., Lu, J., Hao, M., Zhang, C., Sun, M., Li, X. & Chang, F. (2015). Factors impacting the use of antenatal care and hospital child delivery services: a case study of rural residents in the Enshi Autonomous Prefecture, Hubei Province, China, *The International journal of health planning and management*, vol. 30, no. 4, pp. 330-345.

Husan's experience mirrors findings from Sommerseth[470], who studied women's experiences with abortion services in Norway. Their study revealed that many Norwegian women perceived the abortion care process as impersonal and mechanical, likening it to an "assembly line", which as same as Husan's words. Women often felt they were treated as burdens rather than as legitimate patients. Furthermore, a significant number of Norwegian respondents expressed dissatisfaction with the level of information provided by healthcare personnel, particularly concerning the intensity of pain and the nature of the abortion procedure.

During Husan's consultations about abortion procedures and the expected level of pain, she received differing recommendations from doctors across multiple hospitals. Each doctor provided a distinct perspective on the best method for terminating the pregnancy, leaving her feeling uncertain about the process.

At Hospital 1, a highly qualified expert, Doctor A, explained:
"*It depends on you personally. I can only tell you the pros and cons of the two abortion methods. Painless abortion surgery is done in one go, clean and thorough. Medical abortion does not require general anaesthesia, and the success rate is about 70%. However, if there is any remaining tissue, a D&C is required. The harm from a D&C is similar to that of painless abortion*."

Doctor A's assistant, Doctor B, took a more emotional approach. Addressing Husan's partner, he said:
"*Which method is less harmful? Be nice to her, pay attention to her emotions, and support her, that's more important than anything else*."
He also expressed frustration toward Husan's partner, raising his voice at him.

At Hospital 2, Doctor C largely echoed Doctor A's opinions. Husan noted: "*I think he must be relatively junior. Since I had already consulted Doctor A, he essentially repeated what Doctor A had said."*

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[470] Sommerseth, E., Sandvik, B.M., Dahl, B., Røseth, I., Lyberg, A. (2022). Women's experiences with the health service provision for medical abortions in Norway. *Sykepleien Forskning.* ;89883:e89883. doi: 10.4220/Sykepleienf.2022.89883

At Hospital 3, Doctor D took a different approach, questioning her abortion decision:
"*Why can't you have children? Think about what is most important. Work is just a job, your health matters most."*

Some doctors emphasised the safety and efficiency of medical abortion, while others recommended surgical options due to the shorter recovery time. However, none of the consultations provided Husan with clear and consistent information on pain management or emotional support, which only added to her anxiety.

This inconsistency in medical advice highlights not only the variability in professional practice but also the lack of standardised counselling protocols for abortion care. Consequently, Husan's experience illustrates the broader issue of how differing medical approaches can undermine patients' trust and autonomy when making critical reproductive health decisions.

This pattern aligns with structural pressures rather than personal neglect: brief appointment slots, throughput targets, and siloed roles limited clinicians' capacity to deliver consistent, comparative counselling. In such conditions, "choice" tilted toward whichever method fit scheduling and resource constraints, not necessarily the woman's embodied preferences or home-care realities.

Each narrator presents their perspective on abortion through a distinct lens, with explanations for the reasons behind abortion often taking on a strategic nature. Husan's account of her consultation highlights how the hospital's approach to handling abortion requests rendered her identity as a patient ambiguous, while simultaneously affirming her role as a mother. Although this case does not fully capture the extent of medical intervention in reproductive processes, it underscores the complex and often unclear relationships among medical institutions, family members, the diseased body, and the reproductive body when women's agency and bodily experiences are marginalised. This ambiguity reflects the mediating role of the body, as noted by Lorentzen[471], who argues that the body functions as a site where power dynamics and resistance are negotiated in medical interactions.

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[471] Lorentzen, J.M. (2008). I Know My Own Body': Power and Resistance in Women's Experiences of Medical Interactions. *Body & society,* vol. 14, no. 3, pp. 49-79.

As a distinctive lens through which to understand the interplay between embodied subjectivity and social structures[472], the body and embodied experiences serve as intermediaries of various social constructs. In the reproductive process, women's experiences are shaped by the ongoing interaction between bodily sensations, medical diagnoses, and evolving role identities.

Rongrong and Husan's experiences in China and the findings from Norway reflect a common theme: inadequate counselling and limited sensitivity in reproductive healthcare services. Both cases demonstrate how healthcare providers' failure to offer personalised and comprehensive information can exacerbate women's distress during critical reproductive decisions. The parallels between these contexts, despite their distinct healthcare systems, highlight the universal need for more empathetic and informed reproductive health services that genuinely prioritise women's well-being.

During the implementation of China's current medical security system, medical providers play the dual role of providing medical services and promoting medical consumption.[473] The industrialization and marketization of medical and health services allow medical institutions to use their advantages in information resources to change patients' preferences for their own benefit, which is very likely to induce patient demand, promote consumption, and provide excessive medical services.[474]

In the past, it used to be prevalent in China to "trust acquaintances" and go to whichever doctor is known to be reliable; however, nowadays, patients tend to put their trust in big hospitals.

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[472] Shilling, C. (2011). *The Body and Social Theory (3rd ed.)*. London: Sage Publications.

[473] Lin, G. (1997). "國家與醫療專業權力：臺灣醫療保險體系費用支付制度的社會學分析" [*The state and medical professional power: A sociological analysis of the payment system of Taiwan's medical insurance system]. 臺灣社會學研究[Taiwan Sociological Research].* 1, 77-136

[474] Liu, Ruiming, Xiao, Junhui, Chen, Qin, et al. (2015). "医患权力的来源、内涵与特征, , 互动视角下医患权力的运作形态" [The source, connotation and characteristics of the rights (power) of doctors and patients - the operation form of doctor-patient rights (power) from the perspective of interaction]. *中国医院管理[Chinese Hospital Management]*, 35(10):11 -12.

Geqian said, "Go to the big hospitals, of course, [that's the only way for the] public to rest assured that the hospitals have good doctors, good equipment."

And once the choice was made to be in a sizeable general hospital, the behaviour experienced by the patient changed accordingly.

One participant, Wang, said "…*that doctor was not very responsible, I waited for the operation according to the agreed time, but the doctor turned out to be late, causing me to bleed out all of a sudden. Even after I was resuscitated, that doctor was not yet on duty. I had been told that being in the public hospital was reassuring, but it turned out to be quite harmful to me both physically and psychologically. I recovered for a long time and was weak for a very long time."*

Another participant Qian said: "*When my first fetus stopped growing, I felt that it might be caused by my own body, so I blamed myself, thinking maybe I didn't pay too much attention to what happened. Later ectopic pregnancy…[sigh]…Several times… It's all because of my own reasons, and I don't quite understand why this happens. The doctor did not give me a specific answer. Most of the time I'm just overthinking about it."*

With the continuous accumulation of medical resources, certain hospitals are more capable of considering multiple health assessments and providing more solutions for patients.[475] For example, Husan states:

"The doctor told me that medical abortion is cheaper, but the success rate is only about 80 to 90%. He said that uterine curettage after a failed medical abortion will cause more damage to the uterus, so he asked me to think carefully before making a choice."

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[475] Yao, Z., Zhao, H., Lu, S. (2017). "**医**疗领域的暴力维权及其治理, , 基于 2002 ~ 2015 年媒体报道的**内**容分析" [Violent rights defence and its governance in healthcare - a content analysis based on media reports from 2002 to 2015]. *社**会**建设[Social Construction]*. 4(01):49-63, 30.

Zhou, X.et al. (2022). "临床遗传咨询继续教育模式**研**究" [The investigation of continuing education pattern in clinical genetic counselling]. *中**国**优生**与**遗传杂志【Chinese Journal of Birth Health & Heredity】*. Vol 5

Yet some of them were sceptical about the diagnosis of the fetus at that time. Whereas it is normal for the fetal heart to be present between 5 and 8 weeks, some doctors mentioned in the interviews advised the interviewees to undergo an abortion when the fetal heart was not detected at 5 weeks.

Haoyun: "*At that time, when I heard the doctor told me to consider abortion when there was no fetal heartbeat at 5 weeks, I felt very sorry and then cried. I still miss this child.*

At that time, I did not go to another hospital for re-examination, I went there for [pregnancy check-up], and then he [the doctor] said that no fetal buds were seen... I went directly to that hospital for surgery. Later, when I was pregnant with my first child, I was still worried that the doctor said there was no fetal heartbeat. As a result, the doctor said that the fetal bud had not been seen yet. Then I was also worried at that time, I was still reluctant to have children, I didn't want to have an abortion so early. I still have one last hope for the health of the baby. Unfortunately, [re-examination] later showed that the embryonic development was normal. So that (miscarried) baby of mine could also be late developing and I should find another hospital to look at it or wait a while. We didn't know anything at the time, we just listened to the doctor."

The aforementioned exchanges demonstrate that the patient lacks a thorough understanding of both the abortion procedure and embryonic development, and that the doctor is heavily involved in the diagnosis and course of treatment. In the case of abortion consultations, what patients want is usually more detailed answers and likely risk information. In terms of respondents' knowledge and information about medication and surgical abortion alone, most of the doctor's behaviours regarding the assessment phase of the abortion procedure and information about the possible outcome did not meet the patient's expectations.[476] The above-mentioned situations only occur during the patient's abortion consultation stage. However, due to the risks of informed consent during the abortion surgery stage, the issue is no longer just the individual choice of the woman having an abortion, but sometimes it is more likely to be the choice of the family. The neglect of

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[476] Quill,T. E. Brody, H. P. (1996). physician Recommendations and Patient Autonomy: Finding a Balance between Physician Power and Patient Choice. *Ann Intern Med*,125(9):763-769.

Xu,X., Lu R.R. (2008). "暴力**与**不信任, , 转型中**国**的**医**疗暴力**研**究：2000 ~ 2006" [Violence and Distrust - Research on Medical Violence in Transforming China: 2000-2006]. *法制**与**社**会**发展[Legal System and Social Development]*, (1): 82-101.

the patient's own choice or family choice caused by this double choice is sometimes passed on to the doctors, causing another push for patients to be dissatisfied with doctors' behavioural problems.

In the late 1970s, the medical service system was deeply reformed, and the government significantly reduced financial support for public medical institutions.[477] When medical services and drug sales became the main sources of hospital financial revenue, hidden dangers of doctor-patient conflicts were laid bare. When there is an unreasonable gap between technology and ability and economic income, when the restraint mechanism is not strict enough and their own economic interests are not properly protected, some doctors may seek economic benefits from their patients through their right to practice medicine and prescribe medicine. When the ethics of maximising the interests of patients and their own economic interests cannot be unified, doctors will inevitably have professional role conflicts.[478]

According to Fredison, while the state or other powers may influence or even control the terms of a profession's work, such as how its work is organised and how its services are paid, the profession's control over the content of its work is unlikely to be affected. Doctors' behaviour is influenced by state control. The degree of state control has a relatively high impact on doctors' behaviour, particularly in China's public hospitals. This provides theoretical support for the article's attempt to discover a link between doctor behaviour and policy integration of the new medical reform.

At the same time, in addition to being profit-oriented, doctors' behaviour is also professionally oriented. Cheng[479] pointed out the relationship between knowledge and doctors' power. Users of medical resources and medical professionals are both multi-layered subjects. In the medical

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[477] Liu, R.M. Lei, G.G. Xiao, J.H. (2017). "我国医生角色认同危机与出路" [The Role of Chinese Doctors on Recognization and Identity Crisis]. *西安电子科技大学学报（社会科学版）[Journal of Xidian University(Social Science Edition)]* Vol.27 No.3

[478] Yao, Z. (2015). "近代以来中国医生职业与国家关系的演变，一种职业社会学的解释" [The evolution of the relationship between the Chinese medical profession and the state since modern times, an explanation from professional sociology]. *社会学研究 [Sociological Research]*, (3): 46-68.

[479] Cheng, L. (2002). "醫「用」關係的知識與權力" [Knowledge and Power in Professional-User Relationship]. *台湾社会学[Taiwanese Sociology]* Vol 3

power relationship, there is a question of how to empower themselves in the medical field. Doctors' medical behaviour is primarily developed within the Chinese medical education system. In addition, the beliefs and attitudes of the doctor's local culture towards disease treatment, the mainstream clinical treatment style in society, and the organizational environment in which doctors work, etc., may also affect doctors' clinical decision-making behaviour.[480] Personal traits (including the doctor's background, ethics, and views) influenced the behaviour of the four doctors in this phase of the story surrounding Husan's abortion consultation. As a result, when making therapeutic judgements, medical professionals will consider both their own and their patients' well-being. Which party's interests will ultimately be favoured is dependent on a variety of elements, including the doctor's personal professional ethics and the success of the operation, and cannot be generalised.[481] Professional sociology, on the other hand, states that doctors retain clinical autonomy when performing their own diagnosis and treatment. The core of the doctor's profession necessitates a high level of clinical autonomy also demonstrates the possibility of doctors' clinical behaviour being abused.

In the end, considering that the interviewees in this study were patients instead of doctors, I cannot claim the role of doctors in the medical system is oppressive in terms of abortion decision-making and techniques. What I may accomplish is define the state of doctor influence in abortion decision-making based on the interviewees' feedback. More modifications in reproductive medical care and the doctor-patient relationship warrant further investigation in future studies.

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[480] Sweeney K. (2006). Personal knowledge: Doctors are much more than simple conduits for clinical evidence.

*Bmj British Medical Journa*l, 332(7534):129-130.

[481] Sun, Y. (2015). "社**会**认知理论视角下**医**生职业行为研究的制约和突破" [Constraints and Breakthroughs in the Study of Doctors' Professional Behavior from the Perspective of Social Cognitive Theory]. *中**国医**院管理 [Chinese Hospital Management]*, 35(12): 100-102.

7.3.2. Gaps in Post-Abortion Care (PAC) and Responsibility Diffusion

This section investigates the challenges and limitations faced by medical professionals in delivering post-abortion care (PAC) services in China. Through interviews and case examination, it reveals gaps in healthcare delivery, with particular attention to the role of policy, systemic inefficiencies, and medical professionals' responsibilities in PAC implementation. It examines how the transformation of family planning policies has shaped abortion trends and highlights the need for better integration of PAC services into public healthcare. Additionally, this research emphasises the unmet expectations of women seeking PAC, including psychological support and financial considerations, and sheds light on disparities faced by migrant women under China's household registration (hukou) system.

In the process of solving the problems caused by the transformation of family planning policies and solving the problems caused by family planning in the past, the Chinese government has shaped the trend of abortion events by intervening in liberalising birth restrictions and medical reform. This has been ignored in previous studies. Therefore, it is necessary to pay attention to the dynamic means of power intervention in action, so as to promote the understanding of state intervention strategies in fertility. Among them, the dynamic changes in abortion events are part of the transformation of the Family Planning Office, which used to force abortions, into post abortion care service (PAC) organisers who want to reduce instances of multiple abortions among women.

The seriousness and attention of medical personnel to abortion will also alert women who have had abortions to the value of contraception, which has implications for the prevention of more than one abortion.[482] In general, medical professionals use a unified nursing strategy in induced abortion care, giving basic care during outpatient consultation hours and vocally imparting surgical precautions and routine contraceptive knowledge to patients. PAC services are provided through the national network of family planning clinics, which are independent of the health care system. The integration of PAC services into abortion clinics in public hospitals is a new

[482] The public welfare project 'PAC' currently covers 688 medical institutions across China. From: http://health.people.com.cn/GB/26466/409244/409878/

concept.[483] Medical personnel who are aware of their responsibility make efforts to decrease women's physical and psychological harm from abortion through their behaviour.

In some instances, the PAC service was implemented in a manner the patients considered adequate by the medical staff. Lili heard a careful explanation of the hazards and risks of abortion before the abortion procedure and during the post-operative recovery period.

Lili: "*Maternal and Child Health Hospital has it (PAC). There was that sign hanging in their consulting room, and the doctor who consulted at that time also added my WeChat. On WeChat, he asked me how I was recovering. After the surgical abortion, it seemed that I had to go back in 15 days for a follow-up B-ultrasound. Then he also reminded me that he also explained the consultation process very well*."

Informed consent for abortion and the PAC service could promote a positive recognition of abortion and enable women to reconsider whether or not to continue with abortion and also serve as a warning to prevent more than one abortion. Lili said that after receiving the docto''s explanation, she is planning to use an IUD, which she believes to be a more effective means of contraception, in the future. This is also consistent with the findings of Wu[484] et al.'s study on the benefits of PAC. Implementing pregnancy information training among outpatient abortion patients can greatly increase their contraceptive knowledge. Improving patients' active contraceptive awareness and contraceptive education is essential for preventing unwanted pregnancies. From the data collection, I observed that the women, as patients undergoing induced abortion, often appeared to have relatively limited contraceptive awareness. This suggests that targeted health education and pregnancy-related knowledge training may be valuable, which deserves more targeted discussion and research in future studies.

Through the survey, it was found that doctors at the health assessment and PAC service stage mainly focus on assessing the physical condition of the patient, and there is limited assessment of

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[483] Wang, H., Liu, Y. & Xiong, R. 2020, "Factors associated with seeking post-abortion care among women in Guangzhou, China", *BMC women's health*, vol. 20, no. 1, pp. 1-120.

[484] Wu, H. et al. (2018). "妊娠知识培训对门诊人工流产患者避孕和再意外妊娠的影响" [Impact of pregnancy knowledge training on contraception and unexpected pregnancies in clinical abortions]. *现代医院[Modern Hospitals]*, No 5.,18(05),707-709.

the patient's psychological and family's financial condition. In the PAC service, women expect medical practitioners to perform the role of not only a "healer" but also a "comforter". After abortion events, women who have had abortions prefer a wider range of assessment behaviours from the doctor. These include:

"Attention to the physical condition."--Xiaoxiao

"Concerns about the psychological condition."--Chai

" Whether further investigations are required."--Haoyun

"Whether they can afford to pay for such treatment."--Tang

During the interviews, it was observed that doctors in general hospitals do not pay much attention to the patient's psychology at the health assessment stage, but do ask about common medications that are directly related to the prescribing behaviour, etc. The results of the interviews indicate that some of the medical practitioners have not fulfilled their duties in providing PAC services adequately. Individual health practitioners' conversations about the requirements for PAC services were simplistic and over-the-top. Inefficient bureaucracy and suspect institutional organization led some interviewees to describe that they had not received PAC services or even understood what PAC services were. The practitioners were seemingly fulfilling the duties of PAC services, yet the results did not enable women who had had abortions to fully and correctly understand the harm of abortion and the need for contraception.

Only a few general hospitals or obstetrics and gynaecology hospitals are qualified to set up family planning specialty outpatient clinics under the existing policy, which adds particular PAC content to the accreditation standards of tertiary-A obstetrics and gynaecology hospitals. The number of women who can get PAC abortion procedures is limited.[485]

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[485] Ministry of Health of the People's Republic of China. (2011). "三级妇产医院评审标准" [*Accreditation standards for tertiary obstetrics and gynecology hospitals]*[EB/OL]..http://wsb.moh.gov.cn/mo-/5 aa5ffe8ae74489898b66c hylfwjgs s3578/201206/55243 /file129b377150.pdf.

Further, I found out from the interviews that certain hospitals operate PAC services for commercial purposes, and that some private hospitals confuse PAC services with fee-for-service in order to attract customers to purchase post-abortion recovery programs and health check-ups.

Vivi: "*Since my first child was delivered in a public hospital, and the abortion was performed in a private one, I don't know what you are talking about when you mention this post-abortion care, but there was a recovery plan after my abortion. Because the doctor came up and said that this project is different, how much is this... how much is that, etc. But under the premise of charging, if you buy this package, he will come to you for free and call you regularly or pay a return visit. But they are all charged. There may be free PAC services in public schools, but I have no contact and don't know. I feel that private hospitals may be for economic benefits, and its PAC service is mainly for marketing purposes*.

They (the hospitals) only focus on your physical recovery, and maybe also target you psychologically. Because we refused the hospital's post-abortion recovery package, the nurse on the line also called me for 10 minutes to understand my physical condition."

However, a lack of responsibility awareness in the work of medical personnel was found in this study, especially in the post-abortion care service and sex health education. Some of the medical professionals failed to fulfil their responsibilities in delivering the PAC service. A considerable number of respondents who consulted in public hospitals said they did not receive PAC services and did not know what it meant. After inspecting the hospitals where they perform abortions, I found that there are PAC services in professional maternal and child health care hospitals, but there are none in tertiary hospitals or public hospitals.

In the interviews, one respondent, Chai said that in public hospitals, due to the high flow of people, the medical staff could not understand and grasp the needs of patients in a timely manner and provide PAC services.

Chai: *"I did not receive the PAC service. The hospital where I performed the abortion did not conduct this return visit. He (the doctor) just prescribed me some medicines and a list of medications after the operation and then did not conduct any return visits."*

Apart from professional doctors, the local maternal and child health department also lacks PAC and protection of women's rights. In terms of national policy, I noticed that the institutions that

implement PAC services were organised and transformed from the Family Planning Office that implemented family planning in the past.[486] After the integration of the health and family planning departments, the family planning technical service system is facing adjustments. During the actual integration process, the relevant PAC service implementation agencies did not fully consider the differences in staffing, funding nature, and majors of the original units, resulting in an indiscriminate merger of human resources.[487] The nature of the financial allocations of the original maternal and child health care institutions and the family planning service institutions were different, and the wages and benefits of the staff after the merger were affected. Although some counties and cities have implemented a policy of full salary guarantee for primary medical and health institutions, the salary amount of most staff is very different from the past.

This research has demonstrated that migrant populations face significant barriers in accessing reproductive health services, such as PAC. Wang et al.[488] found that migrant women are significantly less likely to utilise PAC services compared to local residents. This disparity stems from the structure of China's medical insurance system, which is closely tied to household registration. Migrants often face lower reimbursement rates for medical expenses, including PAC

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[486] In September 2011, four units including the China Women's Development Foundation, the Family Planning Branch of the Chinese Medical Association, the National Institute of Science and Technology of the National Health and Family Planning Commission, and the People's Daily jointly launched the PAC. The project aims to set and implement PAC quality service standards nationwide, provide standardised services, and establish a number of PAC quality service demonstration hospitals to promote the full implementation of PAC. In 2018, the new institutional reform plan of the State Council was announced. The "National Health and Family Planning Commission" was no longer retained and the "National Health Commission" was established. For the first time, "Family Planning" was cancelled from the name of the department of the State Council, and the work functions were changed from "adhering to the basic national policy of family planning" to "improving the family planning policy", family planning work has changed from focusing on restrictive management to focusing on service management.

[487] Guo, L. (2017). "关于计划生育服务机构与妇幼保健机构资源优化整合模式研究".[Research on resource optimization and integration model of family planning service agencies and maternal and child health care institutions]. *人口与计划生育[Population and Family Planning]*, (8): 12-14.

[488] Wang, X., Gao, X., Wang, X., & Chen, C. (2021). "北京市石景山地区人工流产情况及避孕失败相关因素分析" [Induced Abortion and Related Factors of Contraceptive Failure in Shijingshan District, Beijing]. *中国计划生育学杂志 [Chinese Journal of Family Planning]*, 29(04): 667-670.

services, in their city of residence. Additionally, migrant populations tend to have lower education levels, unstable incomes, and are excluded from municipal welfare systems. Although the interviews conducted in this study did not directly confirm this phenomenon, the incompatibility between rural work practices and the reproductive health knowledge structure of rural women may partially explain the inefficient utilization of reproductive health services.

The findings of this study underscore significant shortcomings in the provision of PAC services in China, driven by inefficiencies in policy design, inadequate training of medical personnel, and systemic barriers such as the hukou system. Interpretation draws on reflexive TA codes for counselling quality, method trade-offs, and PAC, reviewed across urban, rural, and migrant cases, Migrant women and other vulnerable groups face pronounced challenges in accessing PAC services due to limited medical insurance coverage and fragmented healthcare structures. Moreover, the integration of PAC services into public healthcare remains inconsistent, with commercialization in private hospitals often undermining the intended welfare-focused purpose of PAC.

7.4. Conclusion

This chapter has traced how state institutions, including family-planning rules, hukou administration, and healthcare design, reshape married women's reproductive "possibility space" in Hainan. Rather than treating abortion as an isolated moral decision, the analysis shows how policy implementation, registration status, and clinical pathway design narrow which options feel feasible at particular moments in women's lives.

Section 7.2 demonstrated three recurrent channels through which family-planning policy and hukou influence abortion choices. First, locally variable enforcement, especially around social maintenance fees and documentation, operated as a moving constraint, with township, workplace, and cadre practices often mattering more than statute on paper. Second, these rules travelled through household structures (co-residence patterns, elder support, dual-earner pressures), so decisions reflected kin-structured resource calculations rather than purely individual preferences. Third, by tying childcare and schooling access to hukou, registration status turned pregnancy into an education and mobility decision, amplifying urban-rural divergence in the rationales for terminating or continuing a pregnancy. Together, these mechanisms show how gender, class and hukou intersect to restrict reproductive possibilities.

Section 7.3 shifted the discussion to service design. Using Husan and Wang as emblematic cases, it illustrated how short consultations, throughput pressures, fragmented responsibilities across departments, cost opacity, and thinly integrated PAC shape method counselling, follow-up, and recovery burdens. In Husan's consultations, advice on method choice was rapid and inconsistent, with little comparative information about pain trajectories or recovery, resulting in an outcome consistent with systemic time/resource constraints rather than individual neglect. Tang's discharge without clear warning signs or contraception support further pointed to responsibility diffusion across outpatient, inpatient, and community nodes when PAC is not routinised or resourced. These patterns channel agency by privileging speed over compassion in counselling and shifting recovery work to families, especially where kin support or workplace flexibility is limited.

Importantly, the chapter does not claim that clinicians are uniformly oppressive. My analysis explicitly brackets such assertions given that my evidence is patient-side. What it can do is characterise the institutional conditions under which clinician influence is exercised, and show how women's accounts cluster around recurring pressures and gaps.

The institutional constraints mapped here are refracted through everyday gendered expectations. Although these arrangements shaped women's reproductive possibilities materially, policy and welfare structures alone could not fully determine how women understood or narrated abortion. Participants interpreted institutional pressures through culturally embedded ideas about motherhood, sacrifice, femininity and social responsibility. The following chapter therefore moves from institutional governance to gender discourse and cultural meaning. It examines how family authority, spousal and grandparental roles, and urban-rural inequalities were interpreted through changing ideals of womanhood and motherhood, and why urban professionals and rural migrants navigated similar constraints through different repertoires of secrecy, timing and flexible resistance.

Chapter 8. Gender Discourse, Urban-Rural Gaps, and Women's Abortion Decisions in Hainan

8.1. Introduction

While Chapter 7 examined how institutional inequalities structured women's reproductive possibility spaces, this chapter shifts attention towards the cultural and discursive meanings through which these constraints were interpreted and negotiated in everyday life. Rather than analysing family authority or institutional pressure in themselves, the chapter focuses on how women understood abortion through changing ideas about femininity, motherhood, responsibility and selfhood. It argues that similar structural constraints did not produce identical reproductive experiences. Instead, urban professional women, rural women and migrant women navigated reproductive pressures through different moral vocabularies, emotional strategies and forms of flexible resistance shaped by their social position and cultural environment.The chapter discusses significant disparities in abortion access and reproductive choices across social classes and geographic locations. Women with rural hukou face institutional barriers, such as restricted healthcare access and inadequate childcare support, making abortion less a matter of personal agency and more an economically constrained decision. In contrast, urban professional women, despite benefiting from better healthcare access, experience intense career and financial pressures that heavily influence their reproductive decisions.

Rather than developing a single participant's account as a sustained case study, this chapter examines recurring narrative patterns across participants' accounts. It analyses how women articulate bodily exhaustion, anxiety, economic pressure, and maternal responsibility when negotiating abortion decisions within family and society. These articulations are significant because they reveal how women make sense of reproductive pressure through the language of bodily experience and responsible motherhood. However, entrenched gendered divisions of labour and social norms prevent these expressions from translating into actual resistance. Women may voice their exhaustion and distress, yet they remain bound by the social obligations of motherhood and marriage. This phenomenon, which can be described as a form of "articulated

rationality",[489] underscores the dual oppression women face in reproductive decision-making: on the one hand, they are shaped by societal ideals of the "good mother"; on the other, their bodily experiences and emotional expressions are disciplined by prevailing norms of "appropriate femininity".[490]

This chapter therefore examines abortion decision-making as a process of gendered negotiation, in which women's bodily narratives expose constraint while also demonstrating situated forms of agency. And I will highlight how reproductive decisions are mediated by both familial expectations and state policies. In rural areas, clan-based traditions continue to reinforce son preference and patrilineal obligations, exerting additional pressure on women's reproductive choices.[491] Simultaneously, the state's emphasis on population control and economic modernization has turned reproduction into a strategic calculation rather than a purely personal decision. This intersection of familial traditions and state policies underscores the broader structural constraints within which reproductive decisions are made.

8.2. Family Authority, Economic Dependence, and Gendered Power in Hainan's Abortion Choices

In the traditional gender division of labour, characterised by "men working outside and women managing the household," women are confined to the primary responsibilities of caregiving and child-rearing, while men establish their authority in the family through economic labour.[492] With the changing social environment in Hainan, the phenomenon of women as the primary labour

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[489] Fraser, N. (1989) *Unruly Practices: Power, Discourse and Gender in Contemporary Social Theory.* University of Minnesota Press.

[490] Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity.* Routledge.

[491] Liu, J. (2007) . "中国人口和计划生育政策模式的制度创新与战略转型" [Institutional Innovation and Strategic Transformation of China's National Population and Family Planning Policy Model]. *学习与实践, [Learning and Practice]*, 12.

[492] Wang, P., & Wu, Y. (2009). "社会经济地位、性别不平等与性别角色观念" [Socioeconomic Status, Gender Inequality, and Gender Role Attitudes]. *社会学评论 [Sociological Review]* (2).

force has gradually emerged. However, their economic status and the value of their labour have not been correspondingly elevated in cultural or discursive terms. The gender dynamics of "women farming and men as scholars" have not only failed to secure greater freedom for women, but have also fostered another form of gender oppression, ultimately evolving into Hainan's unique expression of patriarchal "male supremacy".[493] The deep impact of this gender power structure is evident not only in the balancing dilemmas women face in managing multiple roles within the family and society, but also permeates the fields of reproductive choices and abortion decisions. Regarding abortion, women's choices are constrained not only by family economic conditions but also by the limitations imposed by traditional patriarchal culture and societal expectations, resulting in their reproductive rights being predominantly controlled by men or the collective family. This chapter explores these complex dynamics through case analysis, providing an important perspective for understanding the gender discourse power of women in Hainan.

As more migrants from mainland regions come to Hainan in search of a livelihood, Hainan's residents face significant challenges in their living environment. Traditionally known for their leisurely lifestyle and pursuit of self-sufficiency, Hainan's people find themselves at a disadvantage when confronted with the capabilities and competitiveness of incoming populations. Additionally, the long-standing tradition in Hainan of "men enjoying leisure and male superiority" has placed men in a situation where they are "forced" into unemployment or unsatisfactory employment. When outsiders take away their job opportunities, many locals complain about being forced to lose "their bread." Rongrong states: "*Now there are so many mainlanders coming to Hainan, the cost of living is higher, housing prices are up, things are expensive, and we locals can't even afford to buy a house. The pressure is huge. Men drink 'Dad's Tea'*[494] *to relieve stress. Tea isn't expensive, and when they don't feel like working, they go for tea. We Hainan people are used to a leisurely life, it's not our habit to always be fighting for success*."

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[493] Huang, Shuyao. (2014). "从性别视角看海南古代"妇耕男读"现象"[A gender perspective on the phenomenon of "women working as farmers and men studying" in ancient Hainan]. *海南师范大学学报（社会科学版）[Journal of Hainan Normal University (Social Science Edition*)], 27(5)：119-123.

[494]Seen more details in LR chapter 3

The limited educational opportunities and uneven development in the Hainan region[495] have contributed to a distinct labour dynamic in which women comprise a significant portion of the active workforce. While many of these women are employed in low-wage, precarious, and informal sectors, their overall employment rate is considerably higher than that of local men. This contrast can partly be attributed to the gendered segmentation of the labour market, as well as to socio-cultural factors. Some men, facing difficulties adapting to intensified employment competition and influenced by the region's more relaxed "island lifestyle," tend to withdraw, either voluntarily or involuntarily, from the labour market.

For example, several participants described men in their communities spending their days engaging in leisure activities such as "drinking tea", relying on intermittent income from informal jobs and supplementary support from women's earnings through casual or service-sector labour. In this context, women's labour is not a reflection of individual empowerment alone, but rather a structural necessity shaped by broader regional inequalities, economic transitions, and shifting familial expectations.

The case presented by Tang offers a typical portrayal of the labour conditions of rural women. Tang's partner primarily relies on illegal gambling activities in Haikou for economic support, and multiple wives of a patriarch collectively manage and maintain the household. However, Tang's own labour burden significantly exceeds that of her partners: she spends half of the year engaged in low-skilled physical labour (such as brick moving and cargo handling) outside, and upon returning to the rural area, she takes on heavy domestic chores, livestock care, agricultural work, and intergenerational caregiving responsibilities. This high-intensity division of labour contrasts sharply with the lifestyle of her partners, highlighting the severe gender inequality in labour burdens.

From the perspective of social gender theory, George Murdock's cross-cultural research[496] points out that there are significant differences in how societies define "male" and "female" behaviours.

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[495] Fu, H., & Ji, H. (2015). "海南地域文化的历史构成、发展与特性" [Historical Composition, Development, and Characteristics of Hainan Regional Culture]. *海南师范大学学报（社会科学版） [Journal of Hainan Normal University, Social Sciences Edition]*, (04) 96-106.

[496] Murdock, G. P. 1949. *Social Structure.* New York: The Free Press;

In rural Hainan, where the family functions as a productive unit, this distinction is particularly pronounced. Women are expected not only to bear and raise children but also to participate in economic production activities, such as working in the fields or engaging in piecework, while men typically cease their involvement in household duties after completing economic labour. This rigid gender division of labour leads to the widespread societal acceptance and generational transmission of the "male leisure, female labour" phenomenon.

Tang's narrative further reveals the cultural logic behind this gendered division of labour: male labour, such as casual work or street vending, is often viewed as "abnormal" or "against tradition." Therefore, these tasks are commonly labelled as "feminine" and become the primary domain of women's work. As Tang remarks, "*Men go to drink Dad-tea because after they finish work, they don't have to do anything else. Only women sell betel nuts, peanuts, and snacks."* This socio-cultural framework not only regulates the types of labour assigned to men and women but also imbues women's bodies and labour with moral attributes. From a young age, women are taught to be "diligent" and "do more," maximising their labour time while compressing their leisure time, which makes it difficult for them to enjoy the same level of rest and freedom as men.

The Hainan local proverb "A diligent mother makes a diligent daughter, while a lazy father makes a lazy son" (*niang qin nv bu lan, die lan er hao xian* 娘勤女不懒，爹懒儿好闲) further reflects the influence of intergenerational education on the concept of gender division of labour. Girls naturally align with their mothers in labour roles, developing a work ethic centred on diligence and hard work as core values for women.[497] This cultural model is passed down through generations, perpetuating the notion of "female labour, male leisure" and profoundly influencing women's labour and identity.

Hainanese men generally expect their wives to work, but under the condition that the work is not too public. This attitude toward women's labour reflects men's expectations regarding the distribution of labour and family responsibilities, namely, that by having women share in the

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Murdock, G. P. 1973. *Ethnographic Atlas: A Summary.* Pittsburgh: University of Pittsburgh Press

[497] Situ, S, and Xu, G. (2014). "**海南文化特質、類型和歷史地位初探**' [The Characteristics and Historical Status of Hainan Culture]. *琼州学院学报[Qiongzhou University Journal],* 21(1): 93-98

labour, men can reduce their own pressure and responsibilities, indicating a tendency toward "obligatory labour".[498] The so-called "obligatory labour" does not refer to completely unpaid labour, but rather to the expectation that women will voluntarily take on as much work as possible, allowing men to enjoy more leisure time. This phenomenon reflects the traditional views of some Hainanese men, who regard women as supplementary members of the family and expect them to act according to male wishes. It also suggests a tacit acceptance and shifting of responsibility, as men allow women to contribute economically to the family, even taking on visible roles outside the home.

As Chai stated, "It is a habit to let women work, especially among the older generation who still hold strong gender-biased beliefs, even though some people are unwilling to admit it." This belief is deeply ingrained in Hainan's traditional culture and manifests in many households as a typical gender division of labour, with men controlling the "outside" and economic power, while women are responsible for domestic duties. This division is not only reflected in the unequal distribution of labour opportunities and income but also in the family power structure, reinforcing the dominant role of men within the family.[499]

For example, in the case of equal work, men typically earn higher wages than women, and they also have more work opportunities. This reinforces men's role as the main economic pillar of the family, giving them greater influence over family decisions and resource distribution. However, even when the income gap narrows, men continue to view women's domestic labour as an expected duty within the family division of labour, considering it as part of women's necessary work time rather than an additional recognition of their labour burden. As Haoyun remarked, "In the cities, men may earn more than women due to side income, but housework is still mostly done by women. Over time, this division of labour has become a common phenomenon." This reflects the unequal value placed on economic labour versus care labour within gender divisions: men tend to view women's care labour as strenuous yet simple, while their own economic labour

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[498] Song, M., & Xing, Y. (2024). "数字时代的田螺姑娘：家务数字化与女性劳动隐形化研究" [The "Snail Girl" in the Digital Age: Digitalized Housework and the Invisibilization of Women's Labour]. *中国青年研究 [China Youth Study]*,(02): 67-76. https://doi.org/10.19633/j.cnki.11-2579/d.2024.0019.

[499] Kazandjian, R., Kolovich, L., Newiak, M., & Kochhar, K. (2016). *Gender Equality and Economic Diversification.* IMF Working Papers, 16: 140

is considered more important and valuable, which in turn reinforces gendered differences in family status.

What is more, the labour experiences of Hainanese women are not limited to the household but also extend to their social roles. Despite engaging in casual or formal labour in the market while simultaneously taking on domestic responsibilities, women demonstrate strong vitality and resourcefulness, which challenges traditional gender role stereotypes. For example, Chai mentioned that Hainanese women often maximise family savings even with limited income, a practice known as "death[500]-(fixed) money management." However, the limited nature of male labour income and the growing economic pressure on women often push them into economic hardship. This is especially true in rural areas where flexible employment opportunities are scarce, leaving women to prioritise family obligations over achieving economic independence.

Yet, despite their long-term engagement in formal or casual labour, women acquire labour skills to earn a living and generate income. Nevertheless, they still remain in a subordinate position when it comes to gender consciousness. As Rongrong stated, "*For a long time, men in Hainan never really strive for much. They naturally believe that women should listen to them, and women also willingly accept it, everyone just takes it as a given, and this mindset becomes ingrained. But Hainan's preference for boys over girls is one thing, and women's industriousness in earning money is another. There are many things men cannot or do not want to do, so when it comes to work capabilities, women are often 'better' than men*."

As Rongrong stated, Hainanese men's economic dominance further impacts family decision-making and women's autonomy, especially in crucial matters like abortion. Since men control the family's financial resources, women's ability to make independent decisions is limited, and their economic dependency reduces their voice both in the family and society. For instance, Hainanese men as husbands, upon returning home, focus only on their leisure activities (such as playing on their phones or gambling) and show little interest in family education or childcare. This widowed-style parenting phenomenon not only leaves women physically exhausted but also places immense psychological pressure on them, exacerbating their burdens within the family.

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[500] Chai use the word- 'death'-to show the absolute importance of fixed money through specific language.

Despite the fact that in some cases women's economic contributions may exceed those of men, their roles and labour within the family continue to be regarded as a taken-for-granted duty.

"*Hainan's tradition is that men are the ones who control the 'big money', which indicates that the overall position of men is higher. If a woman earns more than her husband or has a more respectable job, and the income gap is significant, generally speaking, the man will respect her more, and many decisions will be made jointly. This is not what outsiders refer to as 'being afraid of the wife.' Deep down, they don't fear the woman, it's just that they rely more on her for expenses. So, if the income difference is not large, the man will still feel superior*." (Rongrong).

This shows that even if women attain a certain degree of economic independence through their labour, traditional patriarchal culture continues to exert a profound influence on their identity and the assessment of the value of their labour.

Overall, from the perspectives of gender sociology and cultural theory, the gender division of labour characterised by the "man as the breadwinner and woman as the homemaker" reflects structural inequality between economic labour and caregiving labour. The importance of economic labour is significantly overemphasised, while caregiving labour is undervalued or even rendered invisible. Although Hainanese women demonstrate strong social adaptability and economic contributions through their labour, the value of their work is still confined to domestic roles, making it difficult for them to fully escape the constraints of patriarchal culture.

By building on Murdock's[501] cross-cultural study of gender roles as a theoretical framework and combining case analysis within the context of Hainan's social history and modern societal changes, this research reveals how traditional patriarchal norms are reinforced in Hainanese culture. The "obligatory labour" nature of women's work, along with the tacit expectations surrounding domestic labour, perpetuate gender inequality within the family. This gender division is not only a continuation of cultural traditions but also intricately linked to economic structures and societal expectations, leading women to bear multiple roles within both the family and society.

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[501] Murdock, G. P. (1967). Ethnographic Atlas: A Summary. *Ethnology*, **6**(2), 109-236.

These dynamics of authority and dependence take concrete shape through spousal and grandparental roles; the next section specifies how these relations steer method choice, disclosure, and timing.

8.3. The Role of Husbands and Grandparents in Shaping Abortion Decisions

The financial and social obligations within extended families further complicate reproductive autonomy. Financial contributions from the family or clan can extend into decision-making authority over women's choices, including abortion. Elders, who hold significant decision-making power in the family hierarchy, often exert strong influence over women's reproductive roles, reflecting a broader societal expectation that frames motherhood as an essential aspect of female identity. This reinforces a cultural ideal that views motherhood as an almost obligatory pursuit, regardless of personal desires.

In discussions surrounding abortion decisions, the power structures within families and the division of gender roles play a complex and significant role. As noted in the literature review, with the gradual decline of patriarchal family systems and the spread of Western liberal thought, contemporary Chinese women have gained increased autonomy within the family.[502] However, this freedom is not entirely equivalent to gender equality, especially when it comes to critical decisions regarding reproduction and abortion. Within these decisions, significant intergenerational and gender-based imbalances in power persist.

In traditional patriarchal systems, male authority is often perpetuated through the clan-based family structure, where decision-making authority over family matters, including childbearing and gender preferences, is typically controlled by men.[503] The modern nuclear family is

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[502] Whyte, M. K. (2010). The family in rural China: A review of recent scholarship. *Journal of Asian Studies*, 69(4), 1047-1072.

[503] Eichenbaum, L., & Iwasaki, K. (2012). Reproductive rights and family authority in East Asia: Women's autonomy and male dominance in reproductive decisions. *Asia Pacific Journal of Social Work and Development*, 22(1), 55-69.

increasingly replacing the extended clan family structure, thereby diminishing the overt influence of certain patriarchal cultural norms.[504] However, this does not indicate a fundamental shift in male power within the family. Although younger women have gained some authority in the household, this power shift mainly results from changes in intergenerational dynamics, where young women's increased authority often stems from relative independence from older female family members (such as mothers-in-law) rather than achieving equal power dynamics with their husbands.[505] Therefore, while women's roles have expanded in some daily matters, patriarchal and intergenerational cultural influences remain strong when it comes to reproductive decisions, such as abortion.

In "grandparent co-parenting" models, mothers often assume the dual roles of "worker," "wife," and "parent," bearing immense pressure. In many traditional cultural contexts, grandparents' involvement in child-rearing matters often infiltrates the mother's educational and emotional roles, leading to the mother's self-doubt regarding her own decisions.[506] When faced with abortion decisions, a mother might waver due to the influence of grandparents' opinions, even accommodating their views, reflecting deep-rooted patriarchal traditions that prioritise the wisdom of elders. This influence not only heightens the mother's psychological pressure but also further reinforces constraints on women's autonomy within the family.

Simultaneously, grandparents further assert their influence over family matters through economic participation. As grandparents sometimes provide financial support (such as contributing to house down payments or covering children's educational expenses), their economic contribution is seen as a source of authority within the family. According to the "cultural norms-resource" theory,

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[504] Zhang, X., & Li, J. (2019). "现代化**与**老年人家庭地位的变化, , 以代际同住家庭的经济决策权为例" [Modernization and Changes in Elderly Family Status, A Case Study on Economic Decision-Making Rights in Intergenerational Co-Residing Families] *人口**与**经济 [Population and Economy]*, (4): 94-106.

[505] Yan, Y., & Yang, W.(2017). " 社**会个**体主义：中**国**式亲密**关**系, , 北方农村的代际亲密**与**向下家庭主义" [Social Individualism: Chinese-Style Intimate Relationships, Intergenerational Intimacy and Downward Familyism in Northern Rural China]. *探索**与争**鸣 [Exploration and Controversy]*, (7): 4-15.

[506] Conroy, A. A., Ruark, A. and Tan, J. Y. (2019) 'Re-conceptualising gender and power relations for sexual and reproductive health: contrasting narratives of tradition, unity, and rights', *Culture, Health & Sexuality*, 22(sup1), pp. 48-64. doi: 10.1080/13691058.2019.1666428.

individuals with higher economic status within the family often possess greater decision-making power, which may lead mothers to compromise and be less likely to assert their opinions on major decisions such as abortion, especially when personal bodily autonomy is at stake. This "money equates to authority" model establishes an intergenerational cultural power dynamic rooted in family economic dependence, often placing women in a passive position when it comes to critical family decisions.

Some interviewees mentioned that the house they currently live in was bought with help from their grandparents for the down payment, and many households financial decisions require advice or support from grandparents. In fact, grandparents' economic involvement plays a key role in constructing the younger family unit.

Wang: *"Our family situation is such that my mother-in-law helped us buy the house and paid the down payment. From preschool to elementary school, many of the expenses are covered by my mother-in-law. Because she contributed money, there are still things we need to listen to her about."*

Cohen[507] once made a famous observation, stating that Chinese families are composed of three elements: property, family collectivity, and economy. In cases where grandparents provide financial assistance, their authority within the family is relatively higher, and mothers tend to compromise to avoid conflicts with grandparents' views. This economic power disparity between grandparents and mothers also affects the construction of maternal roles, with mothers permitting grandparents to "overstep" in child-rearing matters. Traditional "parent-centred" rules continue to exert significant influence on family life. Among the 16 interviewees, 10 participants lived in multi-generational households. The formation of such households can be seen as a product of the one-child policy. In rural families with only one son, most households choose to live together with the son's family after marriage, forming a multi-generational household. However, in families with two or more sons, "splitting the family" after marriage remains common, like in Xuan's husband's family.

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[507] Cohen, M.L. (1992). *Family management and family division in contemporary rural China*. The Australian Journal of Chinese Affairs, 27, pp. 1-43.

In intergenerational caregiving families, female grandparents (grandmothers) typically play a more central role than male grandparents (grandfathers), unless the grandfather has a significant income and serves as the primary financial provider. Grandmothers often gain authority through their extensive experience in childcare. For example, as Vivi explains:

"My parents have many siblings, so I have lots of aunts, and they've always helped me care for my child. My husband basically has no role in this, and we don't really need him around. Whether he makes money or not doesn't matter. My mother and aunts eagerly take over childcare duties, and my husband has almost no say in the household. Since the child turned one month old, he's been traveling constantly for work."

From Vivi's experience, it is evident that female grandparents in such family structures hold a crucial position in caregiving. In fact, the presence or absence of a grandmother often determines whether intergenerational caregiving becomes feasible. This point is further substantiated by Chai's case: after marriage, Chai formed a nuclear family with her husband and child, primarily because her husband's mother was elderly, in poor health, and unable to care for the child. Financial constraints also prevented the formation of an extended caregiving family.

Chai explains her situation:

"If my mother-in-law were healthier, bringing her to the city to live with us would make things much easier. She could help with childcare, cook meals, and we could go to work and earn an income. That would be much less tiring for me. But my father-in-law is busy and lacks the ability to help. He has to tend to the land back home and can't handle housework. Given our current situation, we can't afford to have another child. Our financial situation won't allow it. My salary is low and saved entirely for the child. My husband's income supports the three of us, and it's too much pressure. If I don't terminate the pregnancy, I'll be unable to work and would have to stay home to care for the children full-time. If only we had someone to help watch the kids, then I could go back to work."

Moreover, another source of pride for grandmothers lies in the attainment of the family's economic objectives, particularly the achievement of purchasing property in urban areas. The realisation of this goal signifies the success of the intergenerational caregiving strategy and, as discussed in Chapter 3, symbolises that the family is approaching another milestone, the marriage of a son or grandson. For grandmothers, the aspirations of "raising a successful son" (*wang zi*

cheng long 望子成龙) and "continuing the family lineage" (*chuan zong jie dai* 传宗接代) remain fundamental dimensions of their value system and serve as crucial means of fulfilling their sense of self-worth.

This paradoxical position of grandmothers, characterised by both a sense of loss and pride, reflects two broader societal shifts. On the one hand, it highlights the erosion of grandparental authority and the weakening of traditional fertility and filial piety norms due to the impact of individualisation. On the other hand, it underscores the persistence of traditional values, particularly the emphasis on patrilineal continuity, which remains a key pillar supporting the structure of intergenerational caregiving families. Furthermore, while urbanisation was expected to expand individual choices within the domestic sphere, state regulations, such as the household registration system (hukou), an inadequate welfare framework, and soaring property prices, have, paradoxically, reinforced traditional family structures. In essence, the resurgence of intergenerational caregiving families reflects the endurance of the stem family model in contemporary society. In intergenerational caregiving households, the marital relationship increasingly becomes the family's core, often superseding the traditional father-son dynamic.

Consequently, a daughter-in-law's position in relation to her mother-in-law is elevated, a shift particularly noticeable in Hainan's evolving postpartum care practices. Traditionally, "sitting the month (postpartum confinement)" after childbirth was an intimate, female-centred practice largely unaddressed by men. However, in 21st-century Hainan, husbands' involvement in postpartum care has markedly increased. Among 16 women interviewed, husband participation was notably higher than elder generations, with varying degrees of involvement but generally becoming the preferred choice. This shift underscores the rising importance of the marital relationship within the family structure and infuses postpartum care with nuclear family characteristics, despite enduring influences of generational lineage expectations.

Geqian's experience illustrates this:

"During my entire sitting-month, I wasn't allowed to leave the house, do laundry, or cook. My husband did everything, and occasionally my mother-in-law helped, though she mainly just washed the baby's clothes. She's from a rural part of Hainan and can't even use a rice cooker or operate a washing machine. I do wish my husband could spend more time with us, as I feel more

comfortable with him looking after me than with my mother-in-law. It feels awkward to expect her to care for me when she's my elder, it seems it should be the other way around."

The perception that "husbands can and should participate in postpartum care" has gained traction among women in Hainan, and husbands are increasingly present in this care. However, the degree of involvement often depends on the family's economic arrangement and overall strategy. This emerging role of husbands in postpartum care also highlights the expanding influence of women within the family unit, a factor that facilitates gender equality in employment opportunities - faster recovery to enable re-entering the job market following the postpartum period.

Despite these gains, in urban villages within Hainan, awareness among women regarding their rights to participate in the workforce remains in the early stages. Many women face the challenges of raising children alone and experience pressure to secure work outside the home.

Geqian elaborates further:

"After giving birth, my husband stayed home for around 18 days before returning to work. He mainly took care of cleaning... I do wish he could spend a little more time with the baby, but his work is exhausting, and he just isn't very inclined toward childcare. I'd like to go out and work, but with only a middle school education, I can't find much. I ended up getting a part-time job as a cleaner at my child's preschool, hoping to earn a little extra. Diapers and formula are so expensive now."

This increased expectation of men's involvement in childcare contrasts with the traditional role divisions in Chinese family structures. While husbands' participation in childcare has improved, it often faces friction with established gender norms and generational expectations. The persistence of a patriarchal family structure, even as women gain greater say within the family, can mean that such roles may often be more symbolic than substantive.

Furthermore, the diminished role of fatherhood and the constraints of intergenerational cultural expectations also impact abortion decisions within families. Many fathers assume the role of economic provider while maintaining an "avoidant" approach toward childcare and family matters, leaving mothers without spousal support when faced with interference from grandparents. Consequently, women often must manage internal family conflicts alone, in the

absence of male support. Although abortion is a significant decision affecting a mother's body, the absence of a partner's involvement places greater, often isolating, pressure on women to make these decisions independently. This gendered division of roles reflects a continuity of traditional paternal "provider" duties and underscores the deeply entrenched influence of gender norms within the family.

Geqian explains her husband's view:

"My husband mainly sees himself as responsible for working and providing financially. He feels it is somewhat inappropriate for a breadwinning man to get involved in family minutiae. His focus is on work, and he doesn't like the term stay-at-home dad. He says his own father wasn't really involved in his upbringing either."

Guo's research[508] indicates that fathers engaged in childcare often experience conflicts with societal expectations of masculinity. In intergenerational caregiving, the construction and practice of fatherhood are still shaped by societal gender structures and ideologies that restrict and fracture individual agency. Male family members often adhere to socially accepted masculine norms, defining themselves as breadwinners rather than primary caregivers, a pattern passed down from previous generations. Grandfathers often hold similar gendered views when raising their sons, which leads to a vague or ambiguous paternal role in handling generational caregiving conflicts, placing mothers in the position of independently navigating these intergenerational tensions. This results in a role conflict for mothers, who find themselves negotiating between the grandparents' expectations and their own ideals of motherhood.

Furthermore, while some women have gained a voice within a patriarchal framework, the deeper causes of this change warrant attention. For instance, Xuan describes her abortion decision "*As long as it's my decision, it's fine*," expressing a belief that her husband, family, and others respect her as an autonomous individual with control over her life. She manages her family's finances and daily affairs while caring for three children, having only recently completed breastfeeding.

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[508] Guo, G. (2019). "丧偶式育儿话语中的母职困境与性别焦虑" [Maternal Dilemma and Gender Anxiety in the Discourse of 'Widowed Child-Rearing']. *北京社会科学[Social Sciences of Beijing]*. 0(10): 117-128 https://doi.org/10.13262/j.bjsshkxy.bjshkx.191012

Discussing her husband's role in their children's upbringing, Xuan shared:

"He is not heavily involved, but he doesn't oppose my parenting methods and won't interfere. We may have disagreements about certain things, but they're brief, and he listens to me. It doesn't impact our family. The primary responsibility for raising the children is mine. He respects me, and since I handle most of it, he doesn't typically get involved. I haven't really considered whether our roles are equal, but I do feel respected within our family."

Xuan's reflections illustrate the gendered division of labour within the family, where childcare and domestic responsibilities are primarily assigned to women. Although she perceives her husband's deference as a form of respect, this dynamic also reveals entrenched gendered expectations, where women bear the primary burden of care while men adopt a more peripheral role. This asymmetry not only shapes individual autonomy but also reinforces broader societal norms that frame women's contributions as both natural and obligatory. Her uncertainty regarding whether their roles are 'equal' suggests how deeply embedded these norms are, making gendered expectations appear as personal choices rather than structural impositions.

Despite defining herself as a *'career woman*' and positioning her professional identity as distinct from her family roles, Xuan exhibits self-doubt when reflecting on her decision to have a son. She ultimately explains:

"These things need to be discussed with the family, but in the end, it was my decision. No one can force me to abort directly." However, this apparent independence is more akin to the role of a 'representative,' a status bestowed by patriarchal power rather than a true transcendence of it. Beneath this "formal power," women often reinforce the patriarchal structure, stabilising male authority.

While Xuan asserts her autonomy, her words also reflect the subtler, more pervasive influence of familial expectations. Even in the absence of explicit coercion, family influence operates through implicit pressures, emotional obligations, and deeply ingrained cultural values. Her assertion of individual choice does not occur in isolation but within a network of relationships where decisions, particularly regarding reproduction and caregiving, are shaped by collective expectations.

Moreover, Xuan's self-perceived agency can be understood within the framework of patriarchal power, where women may be granted decision-making roles but within predefined boundaries. Her ability to make the final decision on childbirth does not signify a break from patriarchal authority; rather, it reflects a form of delegated power, where she acts as a 'representative' rather than an independent agent. Beneath this "formal power," women often become enforcers of the very structures that limit them, stabilising male authority rather than subverting it. In this way, the illusion of autonomy coexists with deeply embedded patriarchal norms, demonstrating how gendered responsibilities and familial influence continue to shape women's perceptions of equality and agency.

Although Xuan helps her husband manage the hotel and formally holds the position of manager, she must still report to her husband and seek his approval for major decisions. Economic resources and real power remain firmly in male hands. This familial structure resembles a hierarchical corporation in which women may hold visible managerial roles, but strategic authority, such as control over assets, long-term direction, and profit distribution, remains with male elders, much like a board of directors. Mothers-in-law or elder sisters-in-law may act as intermediaries or enforcers, but they ultimately speak on behalf of male authority figures like the husband or father-in-law. Men retain the final say, delegating only limited and specific responsibilities to female "representatives."

Additionally, despite superficial changes, the patriarchal inheritance model and patrilocal marital system persist in traditional smallholder family structures, leaving the gendered power structure in place. Despite the extensive emotional labour and caregiving obligations undertaken by mothers, the dilemma surrounding abortion decisions reflects a deeply embedded *uterine family* concept in the culture, where women attain influence through childbearing.[509] The powerful image of the maternal role is constrained by the hidden traditional value of 'status through sons', which perpetuates a generational preference for boys. This preference implicitly reinforces the patriarchal order, particularly its focus on lineage continuation.

Overall, abortion decisions reflect the complex interplay of intergenerational power dynamics and gender roles within Chinese families. This process is shaped by cultural values, economic dependencies between generations, gendered power distributions, and broader societal gender

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[509] Wolf, M. (1972). *Women and the Family in Rural Taiwan*, Stanford University Press

expectations. These narratives frame abortion as sequencing, not refusal. Negotiations with husbands and grandparents often secured short-term childcare or deferred second births until performance reviews passed, which link to the theme - Financial constraints (hukou-related) and the relationship issues with partners. While patriarchal family structures may have weakened, they continue to exert a profound and enduring influence on women's decision-making rights in critical matters. These roles operated across the dataset but not uniformly. The comparative section that follows shows how urban professionals and rural migrant women encounter the same kin expectations and policy pressures with different resources, producing divergent pathways.

8.4. Motherhood, Social Pressures, and Abortion Decisions in Contemporary China

Motherhood and abortion decisions are intricately intertwined, revealing the multiple pressures and trade-offs that women face in their reproductive choices. In both rural and urban settings, the conflict between the role of motherhood and individual identity manifests as a choice between family responsibilities and career development, with abortion often serving as a tool for women to balance these two demands. Despite differences in cultural backgrounds and self-perceptions between rural and urban women, they are all constrained by the psychological pressures and societal expectations of motherhood. Behind abortion decisions lies a rethinking of motherhood and a response to the harsh realities of society.

This discussion also raises the question of politicisation. Most participants did not describe their abortion experiences through explicitly political, feminist or rights-based language. They rarely used terms such as reproductive justice, bodily autonomy or gender inequality. Instead, they more often spoke through the language of family responsibility, economic pressure, bodily exhaustion, childcare burden and having "no better option". However, the absence of explicit political vocabulary does not mean the absence of political significance. Some narratives contained forms of implicit or everyday politicisation, as women reflected on the unequal distribution of contraceptive responsibility, childcare, emotional recovery and family decision-making. Others framed their experiences as private family matters or bodily events, which can be understood as a form of depoliticisation through which structural pressures are absorbed into personal responsibility. Politicisation in this study was therefore uneven, partial and situated. It appeared

less as formal activism than as women's practical recognition that abortion decisions were shaped by forces beyond individual preference.

The widespread existence of the "motherhood penalty" exacerbates this conflict. After childbirth, women typically face income reductions, fewer promotional opportunities, and other forms of workplace discrimination. In an economically unstable environment, abortion becomes a reluctant choice to avoid these risks. The instability of employment further complicates the issue. For women working in informal contracts or flexible jobs with insufficient social security, abortion becomes a critical strategy to maintain career development. This reality not only forces women to reconsider the significance of motherhood but also challenges traditional gender norms, highlighting the profound tension between the role of motherhood and modern workplace environments. Following the implementation of the three-child policy, urban professional women, caught between family expectations for childbearing and the penalties of motherhood, often find themselves trapped in a dilemma of wanting to have more children but not daring to do so. Abortion, in this context, becomes a strategic choice for managing reproductive anxiety.[510]

In rural areas, women's decisions regarding abortion are more heavily influenced by factors such as pension concerns, economic conditions, and cultural expectations.[511] The cultural preference for having male children often dominates reproductive behaviour; however, after fulfilling this traditional desire, many rural women choose to limit their fertility rationally. When resources are scarce, abortion becomes an essential tool for these women to cope with economic pressures and imbalanced family structures. With the increasing proportion of migrant workers' families, the abortion practices of mobile women reflect the intersection of multiple identities and social roles.[512] These women not only balance their roles as workers, wives, and mothers but also

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[510] Chen, X. (2017). "影响城市女性二孩生育意愿的社会福利因素之考察" [A Study on the Social Welfare Factors Influencing the Fertility Will of Urban Women]. *妇女研究论丛 [Women's Studies Review]*, (1): 30-39.

[511] Gu, S., Li, R., & Cao, Y. (2014). "中国农民工市民化的二维路径选择, , 以户籍改革为视角" [The Two-Dimensional Path Choices for the Urbanization of Chinese Migrant Workers: A Perspective from Hukou Reform]. *中国人口科学 [Chinese Population Science]*, (5): 2-10+126

[512] Guan, X., (2014). "中国流动人口问题的实质及相关政策分析". [The Essence of China's Migrant Population Issues and Policy Analysis]. *国家行政学院学报 [Journal of the National Academy of Administration]*, (5), pp. 70-76.

attempt to reshape motherhood in a modernised family environment by utilising community-based childcare support and adjusting marital role divisions. This practice not only reflects the continuation of traditional motherhood culture but also illustrates the reconstruction of self-identity and the redefinition of motherhood by migrant women. Indeed, this does not mean that their experiences were less political. Rather, it shows that political awareness can be expressed through pragmatic moral reasoning rather than explicit ideological language.

In urban middle-class families, the significance of abortion is closely linked to the highly refined and professionalised practice of motherhood. Motherhood gradually expands from basic caregiving responsibilities to optimising educational resources and enhancing children's future competitiveness. Scholars point out that under the "child-centric" culture, mothers are assigned multiple roles, such as the "scientific mom" or "supermom".[513] In this context, abortion is seen as a means to maintain high-standard motherhood practices, representing a rational choice made by women to meet societal expectations of being the "all-round mom." The marketization of education further deepens the tendency toward the professionalization of motherhood, with women not only being mothers but also managers of their children's education and drivers of educational competition.

Understanding politicisation in this uneven and situated way strengthens the thesis's broader argument that abortion decision-making among married women in Hainan cannot be understood through a simple binary of free choice and coercion. Despite the significant differences in abortion practices and motherhood identities between rural and urban women, both groups share commonalities under the fundamental constraints of motherhood pressure and societal expectations. The issue of motherhood in rural labouring families is not isolated but forms part of a system of mutual reference with the motherhood practices of urban middle-class families. Understanding this system requires integration into China's specific cultural and ethical framework, rather than simply applying Western feminist or gender theory. Although rural women are profoundly influenced by traditional motherhood concepts, they have also developed

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[513] Guan, J., & Guo, Q. (2019). 阻**断**贫困代际再生产: 母亲的中介桥梁及政策的心理**学**思考 [Cutting Off the Intergenerational Reproduction of Poverty: The Mother's Mediating Role and Policy Reflections from a Psychological Perspective]. *西北师大**学**报(社**会**科**学**版) [Journal of Northwest Normal University (Social Sciences Edition)]*, 56(01): 98-104.

self-awareness in the modernization process.[514] Within the social recognition of being a "good mother," rural women often pursue a "quasi-middle-class" approach to motherhood practice.[515] However, under multiple social disadvantages, it is difficult for them to achieve these high standards, and abortion becomes an important choice for reducing reproductive pressures.

Hence, women's narratives reveal both constraint and critique, but these are often expressed through silence or compromise rather than through explicit political claims. Abortion becomes a site where the personal and political meet, even when participants themselves do not name it as such.

8.4.1. Urban Women's Abortion Choices: From Child-Centred Motherhood to Self-Value

In the Chinese context, studies on motherhood have been influenced by feminist thought, focusing more on critiques of the "perfect mother" discourse and the motherhood dilemmas faced by urban middle-class women.[516] However, discussions on motherhood in Chinese society are often confined to the private sphere, primarily framed within family responsibilities and individual choices, manifesting as a binary opposition between "child-centred" and "self-centred" perspectives for women. This limitation obscures the public and structural nature of motherhood issues. Particularly in urban settings, the issue of motherhood is not only closely linked to

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[514] Guo, M & Cai, Z.(2024). "流动育龄女性的生育时间成本感知与生育意愿." [The perceived fertility time cost and fertility intention of migrant women of childbearing age]. *浙江工商大学学报[Journal of Zhejiang Gongshang University]*,(05),129-142.doi:10.14134/j.cnki.cn33-1337/c.2024.05.012.

[515] Jin, Y. and Yang, D., 2015. "'拼妈时代的来临：家庭主义的盛行与母职的重构"[Mom-Competition: The Prevalence of "Parentalism" and the Reconstruction of Motherhood]. *南京社会科学[Nanjing Social Sciences]*, (2), pp. 61-67.

[516] Fan, C. & Liu, C., (2014). "半流动家庭研究述评"[Study on the Parental Roles of Semi-Migratory Families]. ***黑河学刊[Heihe Academic Journal]***. (03),142-144.

individual choices but is also deeply embedded within multiple social factors, such as economic pressure, career development, and family structure.

The increasing frequency of abortion among urban professional women indicates that abortion has emerged as a means to balance the tension between motherhood and career.[517] Changes in fertility policies (such as the two-child and three-child policies) have further intensified the burden of motherhood on professional development. Existing studies[518] have confirmed that childbirth negatively affects womens wages, especially among women with higher education levels and those engaged in managerial or technical professions. This motherhood penalty not only weakens women's career opportunities but also forces them to use abortion as a strategy to avoid income reduction and career interruptions caused by childbirth.

More importantly, the public and social dimensions of motherhood are concretely manifested in abortion practices. The decision of urban professional women to undergo abortion is often not driven by personal desire alone, but as a means to achieve a balance between work and motherhood. In the current "child-centric" cultural atmosphere[519], motherhood practices are increasingly subject to fine-tuned and professionalised expectations. Particularly in urban middle-class families, the pressures of motherhood are intertwined with those from education, career, and other domains, leading women to face expectations of being "super mothers". In this context, abortion is not only a reproductive choice but also a reflection and adjustment of the motherhood dilemma.[520]

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[517] Wei, R. and Wu, H., 2022.The Dilemma and Resolution of Fertility Penalty for Professional Women: A Discussion on the Promotion of the Three-Child Fertility Policy. *Journal of Taiyuan University (Social Science Edition)*, 23(6).

[518] Zhao, M. (2018). From Motherhood Premium to Motherhood Penalty? Heterogeneous Effects of Motherhood Stages on Women's Economic Outcomes in Urban China. *Population Research and Policy Review*, 37(6), 967-1002. http://www.jstor.org/stable/45179529

[519] Chen, X. (2017). "影响城市女性二孩生育意愿的社会福利因素之考察" [Factors Influencing Urban Women's Second-Child Fertility Intentions: A Study of Jinan City]. 妇女研究论丛 [*Women's Studies Journal]*, (1), 30-39.

[520]Wang, X. (2012)." '贤妻良母'涵义演变的相关思考" [Reflections on the evolution of the meaning of "virtuous wife and good mother"]. *现代交际[Modern Communication]*,(01),11+10.

To understand urban women's abortion practices, it is essential to examine them within the broader context of the motherhood system. This involves not only individual identity choices but also the societal structures that shape and constrain the role of motherhood. The strategic decisions reflected in urban women's abortion choices illustrate their delicate balance between societal expectations of motherhood and the pressures of career development. Moreover, these practices reveal the inherent contradictions of modern motherhood and the tension between these contradictions and societal norms.

First, according to interview results, the wage penalty effect of childbirth is particularly significant for professional women with higher education levels working in management or technical positions. This conclusion is confirmed in the case of Wang. As a professional woman working in a private enterprise, she had the opportunity for a promotion, but an unexpected pregnancy disrupted her plans. Faced with fierce competition in the job market and economic pressure, she chose to terminate the pregnancy to avoid missing a rare opportunity for promotion and to ensure career stability. She expressed: *"The competition in private companies is intense, and many are downsizing. The economic environment is unfavourable, and I don't want to lose everything (my job) at this time."* This not only reflects the direct economic and professional impact of childbirth on career women but also reveals the strategic decisions women make when faced with the dilemma of balancing childbirth and career advancement.

Additionally, the interview shows that the negative impact of childbirth increases with the number of children, particularly for women who have already given birth. Further evidence of this theory is found in the case of Husan, who clearly stated: *"I want to have my own career, and I won't have children until I reach my goals."* This choice indicates that, for her, having children before achieving career objectives is seen as a costly decision that would result in career stagnation or even regression. For women like her, postponing childbearing becomes a key strategy to mitigate the motherhood penalty.

The heightened societal focus on the quality of childbearing has led to a more meticulous approach to the entire reproductive process, from preconception planning to child-rearing. Women's time, energy, and financial expenditures have significantly increased as a result. This pressure is further amplified in the competitive and frequently downsizing environment of private enterprises. Professional women must contend not only with the direct costs of childbirth but also with the long-term opportunity costs and the potential disruption of their career advancement. In

such a social context, many professional women choose to delay or reduce childbearing to cope with the motherhood penalty. This phenomenon reflects the profound contradiction between motherhood and career development.

Based on this research, I find that the motherhood wage penalty theory proposed by Yu[521] is highly applicable in explaining the reproductive choices of professional women. In balancing career development and motherhood, professional women often choose to delay childbirth, reduce the number of children, or even terminate pregnancies to minimise the career hindrance caused by childbearing. These decisions are influenced not only by individual career goals and economic pressures but also by the conflict between societal expectations of the motherhood role and the real-life challenges faced by career women.

Secondly, regarding the impact of employment status on women's fertility intentions, relevant studies mainly focus on three aspects: the relationship between the dual labour market and fertility, the relationship between female labour force participation and fertility, and the relationship between employment stability and fertility. These theoretical perspectives provide a framework for understanding the multidimensional dilemmas faced by professional women in their reproductive choices. In the following analysis, through specific interview cases, I further verify the applicability of these theories in the Chinese context.

The existence of a dual labour market creates a glass ceiling for women's career development, significantly increasing the opportunity cost of childbearing, thereby suppressing their fertility intentions. Philipov et al.[522] proposed that women, after childbirth, are required to assume family caregiving responsibilities, which compresses their working hours and results in a fertility penalty in the labour market. In this study, interviews with 30 professional women from different departments across government agencies, public institutions, state-owned enterprises, community committees, and private enterprises, revealed that the nature of the workplace significantly influenced their abortion decisions. The women were categorised into those working within the

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[521] Yu, J., & Xie, Y. (2018). Motherhood penalties and living arrangements in China. *Journal of Marriage and Family*, 80(5), 1067-1086. https://doi.org/10.1111/jomf.12496

[522] Philipov, D., Spéder, Z., C., F. and Billari, F., (2006). 'Soon, Later, or Ever? The Impact of Anomie and Social Capital on Fertility Intentions in Bulgaria (2002) and Hungary (2001)'. *Population Studies*, 60(3), pp. 289-308.

state system (e.g., government agencies, public institutions, and state-owned enterprises) and those working in the private sector. The impact of the institutional setting on the fertility decisions of professional women was found to be highly significant.

Vivi's case demonstrates that professional women working in the state sector, with stable income and generous benefits, are better able to balance family and work demands. She mentioned, "*My job is quite stable, the income is fixed, and the benefits are good, so my job doesn't have much impact on the number of children I have."* The work environment in the institutional sector provides better time security and institutional support, making the influence of work on fertility preferences relatively small.

In contrast, professional women in the private sector are significantly affected by wage fluctuations and lower benefit levels. Yufei's experience highlights the insufficient labour protection in the private sector. She explained, "*My previous small company didn't provide insurance, but I was happy because my salary was higher without it. But when I had children, I envied those who had insurance. I was completely responsible for everything, and there was no salary during maternity leave."* The lack of institutional protection significantly increased the fertility costs for women in the private sector, thus suppressing fertility. Yufei's case illustrates that the uncertainty in private sector employment intensifies women's concerns about economic pressure, significantly reducing their willingness to have children.

These phenomena align with the dual labour market theory regarding the opportunity costs of fertility: the difference in workplace nature influences women's fertility decisions through wages and benefits.

What is more, the increase in women's labour force participation has a complex impact on fertility intentions and behaviour. On one hand, higher labour force participation increases women's influence in family decision-making, but it can also suppress fertility intentions due to limitations in time and energy. Cavalli and Rosina[523] argued that full-time working women are

[523] Cavalli, L. and Rosina, A., (2011). 'An Analysis of Reproductive Intentions of Italian Couples'. *Population Review*, 50(1), pp. 21-39.

more likely to experience disagreements with their partners regarding family fertility decisions, negatively affecting the overall fertility behaviour of the family.

This phenomenon is apparent in the case of Wang, who works outside the institutional sector. She stated, "*Although the company pays for the five basic insurances, it's at the lowest level. Forget about pension insurance; just the maternity insurance, having a child now is so expensive, but the lowest level doesn't reimburse much."* This situation further lowered her fertility willingness, especially in the context of additional childcare costs. Regarding the social insurance system, where enterprises and individuals jointly contribute, the pressure faced by private enterprises in terms of management costs often leads to companies not paying or reducing insurance premiums. The absence of social insurance means that female employees are unable to enjoy the benefits of maternity insurance, which significantly raises the fertility costs for women.

Indeed, employment stability also affects women's fertility intentions and abortion decisions: Wen and Wu's research[524] has indicated that employment instability has both income and substitution effects on women's fertility. In the Chinese context, the differences in employment stability more significantly suppress women's fertility intentions.

Furthermore, employment stability also directly affects women's fertility preferences and decisions. According to Meng[525], women outside formal labour contracts are more significantly affected by career and job changes, and their fertility intentions are significantly lower than those in other professional groups. In the interview, Chai's case further illustrates this point: she expressed concerns about fertility due to her company's poor performance, and her willingness to have children was further reduced. "*Since the pandemic over the past three years, the company's performance has been poor, and we've been constantly worried about unemployment. My*

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[524] Wen, J., & Wu, Y. (2017). "流失 '村民'的村落：传统村落的转型及其乡村性反思, , 基于 15 个典型村落的经验研究" [Villages that have lost their "villagers": the transformation of traditional villages and reflections on their rurality, an empirical study based on 15 typical villages.]. *社会学研究[Sociological Research]*, 4, 1-22.

[525] Meng, K., (2017). "就业, 生育"关系转变和双薪型家庭政策的兴起, , 从发达国家经验看我国"二孩"时代家庭政策" ['Employment-Fertility Relationship Changes and the Rise of Dual-Income Family Policies, Lessons from Developed Countries' Experiences and China's 'Second-Child' Era']. *社会学研究[Sociological Research]*, 32(05), pp. 218-241.

husband and I both saw significant salary reductions. In this situation, how could we dare to have more children? It's enough to raise the one we already have."

Thus, when companies fail to establish and strictly enforce regulations in accordance with legal standards, some of women's legitimate rights remain unprotected. The influence of these factors significantly reduces women's willingness to have children. The nature of the workplace primarily affects the number of children professional women are willing to have, with the level of institutional protection provided by the employer being the key factor. Women working in public sectors enjoy stronger institutional advantages, with a stable work environment, whereas women in the private sector face more instability.

Finally, the interview results indicate that for urban women, the economic and pension-related utility of having children is diminishing. In traditional family economics, children were expected to contribute economically, particularly in agricultural societies where children were crucial for providing labour.[526] However, for urban professional women, this economic utility has gradually weakened. Urban professional women have stable sources of income and do not rely on their children to provide financial support. Additionally, routine household tasks can be outsourced or completed using modern tools, and the role of children as "economic producers" in the family is diminishing.[527]

Vivi*: "Children to me are more about responsibility and love, not about earning money or alleviating any financial burden at home. I have a job, I can support my family, and I don't need children to provide any economic benefits."*

The traditional concept of "raising children for old-age support" has deeply rooted itself in Chinese culture, particularly in rural households[528]. However, urban professional women, who tend to have higher levels of education, are increasingly able to independently plan for their later years due to the widespread availability of modern pension systems (such as employee pension

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[526] Caldwell, J. C. (1976). Toward a restatement of demographic transition theory. *Population and Development Review*, 2(3/4), 321-366.

[527] Becker, G. S. (1991). *A Treatise on the Family* (Enlarged Edition). Harvard University Press.

[528] Thornton, A., & Lin, H.-S. (1994). *Social Change and the Family in Taiwan*. University of Chicago Press.

insurance and healthcare). This modern approach to retirement has reduced the influence of traditional fertility norms.

Although many urban professional women explicitly reject the traditional notion of raising children as a form of old-age security, cultural expectations around reproduction continue to exert a subtle influence. For instance, Vivi, a financially independent woman, remarked: *"I don't expect my children to support me in my old age; I have pension insurance and medical insurance, so I can be self-sufficient in my later years."* Similarly, Chai, a career-focused woman, dismissed the ideology of patrilineal succession altogether: *"The idea of continuing the family line is laughable. Forget about inheriting the throne; being able to afford to raise children is a challenge, and it doesn't matter whether they're male or female."*

Despite these rational critiques, traditional fertility ideologies have not entirely lost their hold. As Das Gupta[529] notes, even in contexts of economic modernization and family diversification, the symbolic value of childbirth, particularly its association with lineage, continuity, and moral fulfilment, remains deeply embedded. For some women, reproductive choices may thus reflect a contradictory terrain: one where the economic function of children has diminished, but their cultural and emotional significance persists, shaping decisions in ways not always consciously acknowledged.

As of July 2025, in the months following this study, I received an update from Chai: after five years of trying to conceive, she had successfully given birth to a second child. *"My husband and I genuinely didn't care about the baby's sex,"* she said, *"but still, we ended up with a '好' character, one boy, one girl."* Her reflection, though lightly humorous, poignantly captures how deeply ingrained cultural ideals can continue to shape reproductive narratives, even among those who consciously distance themselves from them.

Unlike women without careers, urban professional women typically have access to employee pension and medical insurance, which are sufficient to meet their living and healthcare needs in retirement, even offering support to their children. The economic and pension-related utility of children has decreased, and having multiple children may impose additional costs on their current

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[529] Das Gupta, M. (1999). Lifeboat versus corporate ethic: Social and demographic implications of stem and joint families. *Social Science & Medicine*, 49(2), 173-184.

lifestyle. As a result, professional women tend to prefer having fewer children, while their preferences regarding the gender of their children tend to be indifferent. The preference for "having fewer children but providing better education" arises from high child-rearing costs and the conflict between career development and childbearing[530]. Interviews reveal that professional women exhibit a more open attitude toward the gender of their children, showing indifference to whether their children are male or female. This change is related to the weakening of traditional son preference. Additionally, the financial burden of having multiple children leads many professional women to control the number of children they have.

Yufei: "*Two children is the limit. The main issue is the economic pressure, and there's just not enough time. The gender doesn't matter; as long as I can educate them well, it's fine*."

This illustrates that professional women plan their child-rearing and growth needs in terms of time, which is closely related to their emphasis on career development. Interviews also reveal that professional women tend to prefer an age gap of three to five years between their children. This interval is beneficial for the first child's independent development and allows the woman to return to work more quickly, minimising the negative impact of career interruption.

Husan: "*I don't want the age gap between my children to be too large, around 4 years is good. I can care for them all at once, and when the first one is older and more independent, taking care of the second one will be easier. If I could have twins, that would be great, suffer once, and then I wouldn't have to invest extra energy later."*

The joint growth of children also addresses psychological and emotional needs. Research shows that the companionship between siblings helps with emotional development and teamwork skills.[531] Professional women generally believe that an appropriate age gap between children fosters better interaction and emotional bonding between them.

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[530] McDonald, P. (2000). Gender equity, social institutions and the future of fertility. *Journal of Population Research*, 17(1), 1-16.

[531] Hochschild, A. R., & Machung, A. (2012). *The Second Shift: Working Families and the Revolution at Home*. Penguin Books.

Tianmei: "*If the children are close in age, it's easier for them to bond emotionally. If there's too large an age gap, they'll have fewer common topics, especially once they start school and see each other less."*

Professional women, in choosing the timing of childbearing, often need to balance the demands of motherhood with career development. Several interviewees mentioned that the rapid changes in their professional environment could lead to a decline in their career competitiveness or skills if they take extended leave. Therefore, they prefer to complete their childbearing plans during periods of career stability, ensuring they can return to work in a reasonable amount of time.

Yufei: "*My job is constantly evolving. If I keep having children, I'll probably be outdated by the time I return to work."*

In conclusion, urban professional women's reproductive decisions are influenced by a combination of factors, including the diminishing economic and pension-related utility of children, career planning related to childbearing, the growth needs of their children, and shifts in social and cultural beliefs. These decisions align with Becker's family economics theory[532] and McDonald's[533] fertility transition theory in how varying levels of gender equity in different societal institutions influence fertility rates, proposing that low fertility in advanced countries is linked to low levels of gender equity.

Additionally, the abortion decisions among professional women reflects the broader dilemma of the dual role conflict faced by women in modern society.

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[532] Becker, G. S. (1981). *A Treatise on the Family*. Harvard University Press.

As details in the LR, Becker applies economic analysis to family behavior, exploring topics such as marriage, fertility, and the allocation of time within households.

[533] McDonald, P. (2000). Gender Equity in Theories of Fertility Transition. *Population and Development Review*, 26(3), 427-439.

8.4.2. Rural Migrant Women, Abortion Decisions, and Structural Inequalities

The abortion decisions of rural migrant women in China highlight the interplay between structural inequalities, cultural expectations, and individual rationality. Marginalised by the hukou system and limited to secondary labour markets, these women face immense pressures that shape their reproductive choices. Social networks, while providing practical support, also transmit societal expectations of high-standard motherhood, creating further strain. In this context, abortion serves not merely as a means of controlling fertility but as a rational response to systemic challenges, underscoring the profound impact of societal structures on personal decisions.

For rural migrant women, structural constraints stood front-and-centre: hukou-linked schooling costs, informal work with little leave, and contingent elder support. Within these limits, abortion emerged as flexible resistance, spacing or delaying births to protect wages, avoiding fee arrears, or timing returns to hometown care. This pattern reflects constrained choice rather than unqualified volition.

To make visible how structural inequalities translate into concrete reproductive strategies, I summarise these constraints and their consequences in Table 1-8. Rather than treating abortion as a purely individual or moral choice, the table demonstrates how hukou regulations, precarious work conditions, and unstable elder support directly channel women's options into particular pathways. Each constraint is paired with a "typical consequence" for decision-making and linked to illustrative interview codes. This tabular presentation highlights abortion as a pragmatic negotiation of survival within unequal structures, not simply a matter of personal preference.

Constraint (reported)	Typical consequence for decision	Illustrative theme link
Out-of-hukou schooling costs	Termination to avoid future unaffordable fees	Financial constraints (hukou-related)
Irregular shift work, no paid leave	Preference for quicker recovery methods; secrecy	Relationship issues with partners

Constraint (reported)	Typical consequence for decision	Illustrative theme link
Elder support conditional/seasonal	Timing around harvest/festival/home return	Lack of support from older generation
Clinic cost opacity / PAC gaps	Hesitation to seek follow-up; rely on kin advice	Situated reproductive decision-making

Table 1-8. Structural constraints shaping rural migrant women's abortion decisions

As Table 1-8 indicates, women's accounts need to be evaluated with consideration of these structural barriers. Abortion appears less as an expression of autonomous volition and more as a tactical response to systemic exclusions: avoiding unpayable school fees, preserving fragile wages, synchronising with seasonal kin support, or bypassing inaccessible medical care. These findings illustrate abortion as "flexible resistance," a survival-oriented adjustment under constrained choice, situating rural migrant women's experiences within the broader critique of hukou stratification and gendered labour exploitation.

On one hand, rural migrant women are confined to the secondary labour market in urban areas, characterised by low wages and precarious employment. On the other hand, the hukou system legitimises the temporary and exploitative use of rural labourers as a structural norm, stripping these women of bargaining power with their employers.[534] In this context, abortion becomes a rational strategy for these women to escape the "motherhood penalty," a phenomenon further exacerbated by the lack of public welfare and intensified employment discrimination.[535]

In Hainan, rural migrant women face distinct patterns of exclusion compared to their urban or mainland migrant counterparts. Barriers in employment quality, social security participation, and integration into urban life contribute to the formation of unique survival strategies and social

[534] Pun, N. (2005). *Made in China: Women Factory Workers in a Global Workplace.* Duke University Press

[535] Zhang, Y., & Hannum, E. (2015). Diverging Fortunes: The Evolution of Gender Wage Gaps for Singles, Couples, and Parents in China, 1989-2009. *Chinese Journal of Sociology,* 1(1), 15-55

networks.[536] For rural migrant women, interpersonal relationships are often instrumental, serving as key channels to access information on urban jobs, policies, and childcare options. Their social networks primarily consist of ties with fellow villagers or relatives, with oral communication dominating their exchange of information.[537]

For example, interviewees Rongrong and Yufei, both from the same village, met in Hainan after reconnecting during visits to their natal homes. They share childcare tips and job-seeking advice through online platforms. Rongrong described her daily routine, which is heavily centred on caregiving and household responsibilities:

"*I barely have time to socialise outside. Every morning, I take turns preparing meals and sending my kids to kindergarten, while also cooking for my in-laws and cleaning the house. Since I don't drive, it's inconvenient to go out. My husband works in construction, so he can't help with errands. Even taking my two young kids outside is too challenging, so most of my interactions happen online*."

Rongrong's situation echoes the findings of international studies on migrant populations, such as Chinese immigrants in Singapore, who rely on digital platforms to connect with others, share advice, and seek support in their parallel social worlds.[538]

According to the principle of homophily in social networks, individuals tend to build and maintain relationships with those who share similar characteristics. This interaction reinforces the homogeneity of attitudes and perspectives among migrant women. In the context of fertility

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[536] Yang, C., & Zhang, Z. (2022). "流动人口与本地人口就业质量差异研究：现状、来源与成因' [Study on Employment Quality Differences Between Migrant and Local Populations. *财经研究 Finance & Economics Research,* (4), 19-33

[537]Zhang, X. (2024). "社会支持视角下农村进城务工妇女市民化就业发展研究" [Research on the Development of Urbanization Employment of Rural Migrant Women from the Perspective of Social Support]. *社会科学前沿, [Frontiers of Social Sciences]*. 13(5): 292-299.

[538]Zhang, X. (2024). "社会支持视角下农村进城务工妇女市民化就业发展研究" [Research on the Development of Urbanization Employment of Rural Migrant Women from the Perspective of Social Support]. *社会科学前沿, [Frontiers of Social Sciences]*. 13(5): 292-299.

Chen, W. L., & Choi, A. S. K. (2011). Internet and Social Support Among Chinese Migrants in Singapore. *New Media & Society,* 13(7), 1067-1084

decisions, these networks not only provide practical information but also influence perceptions of motherhood and reproductive choices. For instance, Rongrong, working as a cleaner at a kindergarten, observed the parenting styles of mainland urban parents:
"*I used to be very casual about raising kids. But now I see mainland parents encouraging their young children to read picture books and do math. Some kids can speak English and do arithmetic at just four or five years old. It shocked me. I started thinking about how I could help my own kids develop similar skills, so I've been trying to adopt a more scientific approach to parenting*."

This exposure to alternative parenting methods reflects the transformative impact of social interaction on individual decision-making. Such encounters can shift the perceived costs and benefits of childbearing, encouraging migrant women to align their reproductive choices with their observed aspirations and societal expectations.[539] Migrant mothers often navigate multiple roles as caregivers, breadwinners, and educators, making their motherhood responsibilities particularly heavy. While striving to provide emotional support and ensure their children's development, they simultaneously shoulder significant financial and domestic burdens. This multifaceted role can lead to feelings of low self-efficacy and chronic stress, as mothers struggle to meet societal expectations for the "ideal mother."

Rural women, influenced by the rising standards of motherhood promoted by urban middle-class norms, aspire to be "good mothers" who prioritise high-quality education and child-rearing. However, these standards are shaped by the intersecting forces of capital, markets, and societal pressures, making them difficult for rural women to achieve. As a result, abortion becomes an essential coping mechanism to alleviate reproductive and economic pressures.

Rongrong and Yufei's narratives show how "flexible resistance" operated through spacing, delay and method choices that could be fitted around shift work, privacy concerns and the need to avoid family conflict. Their decisions were not made in isolation, but were co-produced by workplace precarity, household economic pressures, partner dynamics, access to services and the conditional nature of grandparental support. In these accounts, abortion and contraception became practical strategies for managing uncertainty: women attempted to protect their bodies,

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[539] Keim, S., Klarner, A., & Bernardi, L. (2013). Tie Strength and Family Formation: Which Personal Relationships Are Influential? *Personal Relationships*, 20(3), 462-478

maintain employment, preserve secrecy where necessary and reduce the risks of unsupported childcare. Flexible resistance therefore appeared not as overt refusal, but as a series of situated adjustments through which women tried to keep reproductive decisions manageable under constrained conditions.

Unlike urban middle-class women, who often maintain self-identity through volunteering or external interactions, rural women's lives tend to become more isolated after returning to their villages. Many report feeling unfulfilled and disconnected, particularly once their children start school. This lack of personal agency contrasts sharply with their aspirations, further illustrating the tension between traditional and developmental motherhood.[540] Some of these women feel a lack of purpose once their children start school, and boredom drives them to pass time by watching television or using their phones.

In my investigation, most women expressed a desire to continue working outside their homes. However, due to familial responsibilities and childcare, many were compelled to abandon external employment opportunities. The sacrifices made by these women extend beyond the inability to work outside; they also involve a limitation on personal fulfilment. Young women who had prior work experience before marriage often developed a sense of self-awareness during this period, maintaining close interaction with the broader society. Upon returning to their rural homes and assuming domestic roles, they face limited channels for self-realization, with their focus shifting predominantly to their children. This situation contrasts significantly with the lifestyle of urban middle-class women. Many middle-class women who become full-time mothers continue to engage in self-affirming activities, such as volunteering, thereby maintaining their sense of individuality and fostering connections with society.

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[540] Vignoli, D., Bazzani, G., & Guetto, R. (2020). *Uncertainty and Narratives of the Future: A Theoretical Framework for Contemporary Fertility. Analyzing Contemporary Fertility.* Springer, pp. 25-47

8.4.2.1. Increasing Material Investment in Child Rearing and the Impact on Abortion Decisions

In traditional rural societies, before the rise of labour migration economies, families primarily relied on farming for subsistence, with limited resources allocated to child rearing and caregiving. Parents typically provided only the most basic living conditions for their children. Many parents born in the 1980s and 1990s in rural areas experienced periods of material scarcity during their childhood. At the time, agricultural mechanization was not widespread, and with large numbers of children to care for, the attention and care provided by parents were minimal. The "free-range" parenting style commonly seen among rural families of that era resembles the "natural growth model" described by American sociologist Annette Lareau in her book Unequal Childhoods[541], where lower-class families, constrained by time and resources, allow children to develop more independently without intensive parental oversight.

When the "post-80s" and "post-90s" generations became parents themselves, their personal experiences of hardship shaped their parenting philosophy, prompting them to seek the best possible conditions for their children. First, they embraced modern, science-based parenting methods, similar to urban families. For example, rural mothers now prioritise breastfeeding to improve their children's immunity and health, delay early toilet training by using diapers for longer periods, and encourage children to self-feed rather than resorting to traditional methods like pre-chewing food.

The shift towards modern parenting practices stems from the belief that scientific methods contribute to better child health and development. This scientific discourse often conflicts with traditional caregiving beliefs held by older generations, leading many young mothers to prefer raising their children themselves, rather than relying on grandparents who might adhere to outdated practices.

Another significant change is the substantial increase in economic investment in raising children. After weaning, parents now prioritise purchasing higher-quality formula milk and better food and clothing. This reflects a compensatory psychology, a desire to provide their children with the

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[541] Lareau, A. (2003). *Unequal childhoods: Class, race, and family life*. University of California Press.

material comforts they themselves were denied during childhood. Consequently, rural parents, regardless of the child's gender, adopt a "lavish upbringing" philosophy. This approach is further reinforced by social comparison and competition among families: "*If others can provide good conditions for their children, why can't we*?" (Rongrong)

In interviews, many rural mothers (like Wang, Geqian, Rongrong, Tang, etc) reported regularly taking their children to supermarkets and buying snacks, fruits, and various types of new clothing and footwear. Although they may not always be able to afford expensive brands, they strive to provide a variety of styles for their children. According to these mothers, the monthly cost of raising a child rarely falls below 1,000 yuan. Additionally, many families take their children to urban amusement parks and nearby tourist attractions, reflecting the growing trend of experiential spending.

When children reach school age, further investments are made in extracurricular activities, such as interest classes and tutoring, which are often held in town centres. This requires not only financial resources but also significant time and energy from mothers, who are responsible for transporting their children. As children grow older and enter middle school, some families choose to send them to county-level schools or private institutions. The costs associated with private education, including tuition fees and the expenses of mothers who accompany their children for boarding school, represent a considerable financial burden. For example, in Hainan Province's capital Haikou, the annual cost of attending the private middle school ranges from 20,000 to 40,000 yuan per year, with admission contingent upon passing competitive exams. In some areas, rural families begin investing in their children's education as early as kindergarten, with mothers moving to county seats to accompany their children, thereby extending the period of educational investment and further increasing the required resources.

The rising economic and emotional investment in child-rearing has direct implications for rural women's abortion decisions. With parenting costs soaring and the demand for intensive caregiving increasing, families now face significant financial pressures. Consequently, when rural women consider the prospect of an unplanned pregnancy, they often evaluate whether they can afford the additional investment required to raise another child. Unlike in the past, when the costs of raising children were minimal and families tended to have more children, the modern approach to intensive parenting makes unplanned births less acceptable.

Moreover, the internalization of modern parenting norms means that parents feel obligated to provide not just basic necessities but also high-quality educational and developmental opportunities. This heightens the perceived burden of raising an additional child and influences women's reproductive choices, often leading to decisions in favour of abortion when economic or personal circumstances make further parenting untenable.

8.4.2.2. Scarce Market Opportunities and Abortion Decisions on Rural Women

The increasing scarcity of market opportunities, coupled with the evolving nature of the labour market, has placed significant pressure on rural families to invest heavily in their children's education.[542] In the early stages of market economy development, individuals with minimal education or specialised skills still had access to numerous opportunities through hard work and physical labour.[543] However, with the maturation of the market economy, the widespread adoption of modern machinery has displaced many unskilled labourers. Consequently, without formal education and specialised skills, it has become increasingly difficult for individuals to secure stable, respectable employment.

In contemporary society, credentialism[544], the emphasis on formal qualifications, has become a dominant trend. Educational attainment now serves as a key determinant of access to desirable employment opportunities. Within this credential society, rural families view education as a critical avenue for upward social mobility and a safeguard against intergenerational poverty. This has led to a marked shift in family strategies, with many rural families opting for women to

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[542] Hu, X. Y., Guo, Y. Y., Li, J., & Yang, S. L. (2016). Perceived societal fairness and goal attainment: The different effects of social class and their mechanism. Acta Psychologica Sinica, 48(3), 271-289

[543] Jang, I., Jun, M., & Lee, J. E. (2017). Economic actions or cultural and social decisions? The role of cultural and social values in shaping fertility intention. *International Review of Public Administration,* 22(3), 257-275. https://doi.org/10.1080/12294659.2017.1368004

[544] Collins, R. (1979). *The Credential Society: An Historical Sociology of Education and Stratification*. Academic Press.

Brown, P. (2001). *Skill Formation in the Twenty-First Century*. In *OECD: Knowledge and Skills for Life*.

assume caregiving roles and engage in intensive parenting and education-oriented investments. By focusing on their children's education and personal development, they hope to break the cycle of poverty and enable their children to compete in an increasingly competitive labour market.

As a result of this heightened emphasis on education, rural mothers face significantly elevated expectations regarding their role in their children's development.[545] They are not only responsible for ensuring the well-being of their children but also for fostering their intellectual growth and competitive abilities. In practice, this has extended the duration of caregiving responsibilities to include the early childhood years and even primary school stages, with some mothers accompanying their children to county towns for better educational resources.

However, the disparity in educational levels between generations often creates significant challenges. Mothers with lower educational attainment may struggle to keep up with the demands of modern education, leading to feelings of inadequacy and anxiety. This issue is exemplified by Rongrong, who, despite her genuine desire to support her children, finds herself overwhelmed by the increasing complexity of schoolwork. Her narrative reflects a broader dilemma faced by rural mothers with limited educational backgrounds. Rongrong's reflection on her missed opportunities in education and her regret over her inability to effectively support her children reveals the emotional toll that intensified educational investment imposes on rural women.

"Although I only have a junior high school education, I think I am more than qualified to teach them in elementary school. However, the children always say that my way of explaining is incomprehensible and that I make mistakes from time to time. The difficulty of the schoolwork has increased so much after the education reform that I simply cannot do anything about it. My eldest child is only in the second grade of elementary school and it is so difficult to educate him. I dare not think about what I will do if I have more children. Educating children is much more difficult than I thought. Moreover, I don't know if my child will inherit my poor learning talent, and I don't know where his future will be. What's the point of having more children? I am tired of their suffering."

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[545] Wang, C.F. (2014). "特殊的'他者'：中国文学母亲形象的文化意蕴" [The Special 'Other': The Cultural Connotation of Mother Figures in Chinese Literature]. *辽宁大学学报：哲学社会科学版 [Journal of Liaoning University: Philosophy and Social Sciences Edition]*, no.4: 101-107.

Her remark, "*If it's already this hard with one child, how could I manage more? What's the point of having more children if they suffer and I get exhausted?*", underscores a critical connection between heightened educational expectations and abortion decisions. Given the substantial emotional and economic investment required for each child, many rural women, like Rongrong, view limiting family size as a rational choice. The desire to provide better opportunities for fewer children, rather than spreading limited resources thinly across a larger number of offspring, directly influences family planning and reproductive decisions.

Rural women's abortion decisions can be interpreted through the lens of rational choice theory. Faced with scarce market opportunities and a credential-driven society, rural families must make strategic decisions about resource allocation.[546] The decision to have fewer children, or even to terminate unplanned pregnancies, represents a rational response to the increasing demands of modern parenting and the high costs associated with ensuring upward mobility for the next generation.

This rationale is further reinforced by social comparison theory.[547] As rural families observe others investing heavily in their children's education, they feel compelled to do the same to avoid being left behind. This competitive environment amplifies the pressure on mothers to meet elevated caregiving standards, further discouraging them from having more children. The underlying anxiety about their children's future prospects, combined with personal insecurities about their own ability to educate effectively, exacerbates the emotional and psychological burden on mothers.

The struggles faced by rural mothers like Rongrong illustrate the broader structural disadvantage confronting women in rural areas. they often lack the cultural capital necessary to support their children in a highly competitive educational environment. This educational deficit places rural

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[546] Wu, F. (2020). Research on fertility intentions: theory and empirical evidence. S*ociol. Res*. 35, 218-240+246.

[547] Suls, J., Martin, R., & Wheeler, L. (2002). Social comparison: Why, with whom, and with what effect?. *Current Directions in Psychological Science*, 11(5), 159-163

Yang, K. C., & Hu, P. H. (2018). Perceived social justice, subjective well-being and pro-environmental behavior. *Journal of Arid Land Resources and Environment*, 32(2), 15-22.

mothers at a disadvantage in fulfilling their roles as primary educators within the family, further reinforcing their sense of inadequacy.

8.4.2.3. Rural Women's Market Opportunities and Their Impact on Child Rearing, Education, and Abortion Decisions

Rural women born in the 1980s and 1990s often reflect on the limited companionship and emotional support they received during their childhoods.[548] Due to economic pressures and traditional caregiving norms, their parents spent little time with them, and the importance of parental companionship was not widely recognised. This perceived emotional deprivation has led many of these women, now parents themselves, to prioritise spending more time with their children. Parental companionship, in their view, is integral to fostering a nurturing environment and ensuring emotional well-being for their children. Consequently, many rural women choose to stay at home rather than continue working outside, as they believe that direct parental involvement is crucial for their children's development.

The increased emphasis on parental companionship in rural households is also influenced by modern parenting ideologies, which highlight the importance of emotional bonding and cognitive stimulation through parental presence. These contemporary child-rearing approaches, which have gained popularity in middle-class urban families, emphasise structured activities and parental involvement in children's lives. As Annette Lareau points out in Unequal Childhoods[549], middle-class families in the United States tend to centre their lives around their children, dedicating much of their free time to facilitating various developmental activities. Similarly, rural families in China have adopted aspects of this parenting style, which significantly increases the burden on mothers.

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[548] Li, X.H. & Liu, D. (2019). "精准扶贫过程中农村贫困家庭母亲角色的公众支持研究"[Research on public support for the role of mothers in rural impoverished families during the process of precise poverty alleviation]. *广西民族大学学报（哲学社会科学版）* [*Journal of Guangxi* University for Nationalities (Philosophy and Social Sciences Edition)], 41(01): 51-56.

[549] Lareau, A. (2003). *Unequal childhoods: Class, race, and family life*. University of California Press. pp 14, 58, 103

Empirical research supports the link between parental companionship and children's developmental outcomes, including both cognitive and non-cognitive abilities. For instance, Wang and Lin's study on parental involvement highlights the positive impact of parental time investment on children's human capital development.[550] In my fieldwork with rural women, respondents reported that, due to limited economic resources, they choose to provide close companionship to their children through storytelling, games, and shared activities, aiming to foster a sense of security and remain actively involved in their children's upbringing, rather than leaving them as "left-behind children," as they themselves experienced. The women also indicated that they try to involve their husbands in child-rearing whenever possible. However, as children grow older and enter school, mothers, particularly those who migrate for work, often feel inadequate in supporting their children's education. This perceived inadequacy, combined with societal expectations of successful motherhood in China, frequently leads to feelings of guilt and frustration.

For example, Xuan shared her emotional struggles, stating: "*Although I initially felt confident about my parenting abilities, I gradually became aware of my shortcomings. I spend most of my time working outside, which means my youngest child receives more of my attention, while I often feel guilty toward my older two children.*" Xuan's account highlights how the demands of work and family create a sense of guilt and inadequacy, further complicating her decision to have more children.

In contrast, Rongrong expressed a more positive self-perception regarding her maternal role but acknowledged her economic limitations as a key concern: "*I believe I have been a good mother, but I constantly worry about not contributing enough financially. To make up for it, I try to spend more time with my children*." Despite her confidence in fulfilling her maternal duties, Rongrong's case underscores the multifaceted pressures rural women face, wherein economic and emotional dimensions are tightly intertwined.

Wang's experience offers another perspective on the challenges rural mothers face in maintaining authority and fostering academic discipline. During an observed interaction between Wang and her child, conflict arose over whether the child should stay at school for weekend self-study. Despite Wang's insistence, her child rejected her guidance with a tone of defiance, saying, "*I'm*

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[550] Li, X.H. refer to footnote 553

not asking for your permission; I'm informing you." The situation escalated, with Wang expressing her frustration to her husband over the phone while the child remained indifferent, engrossed in a video game. Wang later confided that such conflicts were a daily occurrence, leaving her emotionally drained*: "I try to manage his studies every day, but he always feels that I am restricting his freedom. Sometimes even his grandparents criticise my approach, which makes me feel utterly defeated.*"

These cases illustrate how societal expectations and personal experiences shape rural women's self-perception and influence their reproductive choices. Many rural migrant mothers, faced with external criticism and internal doubts about their parenting efficacy, experience a diminished sense of self-worth.[551] The emotional toll of navigating these expectations, coupled with the practical challenges of raising children in an increasingly competitive environment, often deters them from having more children.

Thus, rural women's decisions regarding child-rearing and family planning are profoundly influenced by their perceptions of maternal roles, societal expectations, and economic realities. The adoption of modern parenting ideologies, combined with heightened concerns about educational competitiveness, has placed additional pressures on these women. As a result, many rural mothers prioritise providing intensive companionship and quality education for their existing children, often at the expense of having more children.

Finally, it is important to note that China's economic reform policies and national initiatives encouraging female employment have given rise to a significant group of "working mothers", referring to professional women who balance both employment and motherhood. Mothers in rural households often find themselves caught between work and family obligations, struggling to strike a balance. My interviews also exemplify this conflict between work and family responsibilities, resulting in exclusion from certain work environments. As Wang explained: "*I have to drop my child off at school every day before going to work, which sometimes makes me*

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[551] Xiao, S.W. & Tang, C.P. (2021). "流动的母职：农村妇女的迁移与母职协商"[The mobility of motherhood: Negotiating motherhood in rural-urban migration]. *妇女研究论丛 [Journal of Women's Studies]*, no.2: 66-83.

late. My manager criticises me for being late and penalises me by deducting my pay. But there is nothing I can do; if it becomes too difficult, I might have to find another job."

In reality, while social laws and regulations provide broad guidelines for promoting gender equality in the workplace, their local implementation varies significantly. On one hand, rural mothers of left-behind children, due to their lower educational attainment, are often employed in demanding service-sector jobs characterised by long hours and low wages. These working conditions inherently lack empathy for the time conflicts that arise from childcare responsibilities, leading to covert forms of workplace discrimination. On the other hand, as rural mothers transition into an era of "legally mandated childcare," receiving legal education and support on how to become qualified caregivers becomes their societal obligation. However, the Family Education Promotion Law of China remains at a macro-level, and significant gaps in parental education legislation continue to hinder the possibility of institutional support for mothers.[552]

The fundamental issue lies in the discrepancy between societal expectations and institutional support. While society mandates rights protections for working mothers and prescribes educational guidelines for competent motherhood, broad directives often fail to accommodate individual circumstances. By merely imposing high expectations on mothers without offering comprehensive legal frameworks, supportive systems, platforms, or trained professionals, society places the onus of fulfilling dual roles entirely on mothers themselves.

Overall, whether urban, rural, or migrant women are concerned, abortion is closely linked to the pervasive culture of intensive motherhood, serving as a means to evade even harsher maternal penalties. This phenomenon underscores that abortion is not merely the termination of a pregnancy but rather a result of women's complex decision-making processes in response to maternal pressures, economic constraints, and social norms. Understanding the connection between abortion and motherhood necessitates moving beyond an individualised perspective to incorporate multiple dimensions such as urban-rural disparities, migration, and cultural

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[552] Li, Z., Chen, N. & Lan, Q. (2018). " '全面二孩'政策下女性平等就业问题探析"[An examination of women's equal employment issues under the 'two-child' policy.] *重庆社会科学 [Chongqing Social Sciences]*, (S10): 93-102.

transformations. This approach helps to uncover the social logic and cultural tensions underlying women's reproductive choices and maternal practices.

8.5. Conclusion

This chapter has shown how everyday gendered authority and dependence structure abortion decisions in Hainan, and how these relations are enacted through husbands, grandparents, household finances and care arrangements. Rather than identifying a single "Chinese" pattern of abortion decision-making, the chapter foregrounds internal diversity among married women, shaped by class, hukou status, employment conditions, family resources and access to care infrastructures.

Section 8.2 traced how financial responsibility and caregiving labour position women within household hierarchies. Where a single earner, husband or elder controls major expenditures such as housing, schooling, childcare or eldercare, reproductive decisions are often framed as budgetary and caregiving decisions rather than as purely personal choices. Women's agency frequently appeared through negotiation, including timing, spacing, secrecy and the reframing of abortion as prudent care, rather than through direct refusal. These accounts show how household economy and elder support jointly shape the practical conditions under which women can continue or terminate a pregnancy.

Section 8.3 examined how spousal dynamics and grandparental influence translate gender norms into everyday reproductive practice. Contraception remained feminised labour in many accounts, with women expected to manage pregnancy prevention, bodily consequences and post-abortion recovery. Husbands' attitudes toward contraception, risk and work schedules often influenced method choice and procedure timing, while grandparents shaped abortion decisions both materially and normatively. Their childcare promises could lower the perceived cost of continuing a pregnancy, but conditional or unreliable support could also intensify the pressure to delay, space or terminate a pregnancy. In this sense, family members did not simply "influence" women's decisions from outside; they formed part of the relational conditions within which reproductive decision-making became possible or constrained.

Section 8.4 then demonstrated how these dynamics diverged across urban professional and rural migrant pathways. Among urban professional women, abortion was often narrated through sequencing: women sought to align reproduction with job stability, promotion cycles, housing

plans, childcare availability and personal life trajectories. Among rural migrant women, structural constraints such as hukou-linked schooling costs, precarious employment, unstable housing and conditional elder support made abortion a strategy for buffering economic and caregiving risks. These differences do not suggest that urban and rural women held fundamentally opposed values. Rather, the same kinship norms, gendered expectations and institutional rules produced different reproductive pathways because women had unequal access to resources, registration rights, employment security and care support.

The chapter also highlights the uneven politicisation of women's abortion experiences. Most participants did not describe abortion through explicitly feminist, political or rights-based language. Instead, they narrated their decisions through responsibility, bodily exhaustion, childcare pressure, economic difficulty and the feeling of having "no better option". Yet the absence of political vocabulary does not mean an absence of political significance. Some accounts contained implicit critiques of unequal contraceptive responsibility, limited institutional support and the privatisation of care. Conversely, some women depoliticised their experiences by framing abortion as a private family matter or bodily event. This unevenness is analytically important because it shows how structural inequalities can be internalised as personal responsibility, even when women's narratives point to wider gendered and institutional constraints.

Overall, Chapter 8 contributes to the thesis by showing that abortion decisions are shaped through the interaction of gender discourse, family authority, economic insecurity and uneven care infrastructures. Participants rarely described their experiences in the abstract language of reproductive autonomy. Instead, they expressed reproductive decision-making through practical concerns about bodily limits, family support, affordability, existing children and future care responsibilities. Analytically, however, these narratives reveal reproductive autonomy as relational and situated: women's capacity to make and act on abortion decisions was negotiated through family expectations, material constraints and institutional inequalities. Abortion therefore appears not as a simple expression of free choice or coercion, but as a gendered process of negotiation, compromise and flexible resistance.

This concluding empirical chapter also brings together the central analytical layers of the thesis: embodied experience, kinship structure, institutional inequality and cultural discourse. Together, these findings show that reproductive autonomy was not exercised outside social structures, but negotiated within unequal systems of gender, care, family and governance. The following chapter therefore draws these themes together to reflect on the thesis's theoretical, methodological and

empirical contributions to scholarship on abortion, reproductive justice and women's lived experiences in contemporary China.

Chapter 9. Conclusion

9.1. Summary

Drawing on my in-depth interviews with 16 married women in Hainan, I observed that abortion experiences are deeply embedded within familial obligations, economic constraints, and shifting sociopolitical landscapes. In my fieldwork, I found that women rarely approach abortion as a purely individual decision; instead, reproductive actions are constantly dynamically negotiated within relational and structurally contingent contexts. The narratives provided by my participants indicate that decisions surrounding abortion are rarely isolated acts of autonomous choice. Instead, they unfold within power negotiations involving partners, family members, and clan networks; are shaped by economic and migration-related challenges stemming from historical urban–rural disparities; and are influenced by Confucian cultural norms and societal expectations of mothers. In abortion practices, the act of "choosing" abortion often conceals deeper responsibilities toward existing children and moral constraints imposed by others. Emotional tensions experienced by women during abortion are frequently overlooked in conventional policy analyses. My study seeks to demonstrate and elucidate how abortion experiences and feelings operate concretely in women's everyday lives, in ways that are embodied rather than stigmatized.

This thesis has explored the central research question: how do married women in Hainan perceive and negotiate reproductive decision-making in the context of abortion? Analytically, I have examined this question through the concept of reproductive autonomy, defined in Chapter 1 as women's relational, situated and negotiated capacity to make and act on reproductive decisions within family, state, market, medical and embodied constraints. It examined three dimensions: 1) the socio-economic, cultural, and political conditions shaping abortion decisions, 2) the role of family members, especially spouses and in-laws, in influencing choices, and 3) women's embodied, emotional, and relational experiences before, during, and after the procedure.

Findings for RQ1 show that socio-economic, cultural, and political factors shape abortion decisions through structured constraints rather than free choice. Although abortion remains legally accessible, women encounter institutional gaps, uneven counselling, limited post-abortion care, hukou-based exclusions, and the moralising discourse of soft governance. Policy shifts from fertility control to pronatal encouragement do not translate uniformly at the local level but are reinterpreted in practice, generating uncertainty and friction at the point of care.

The marketisation of healthcare further complicates these dynamics. Private hospitals provide more flexible procedures at high costs, while public hospitals impose cumbersome processes often accompanied by moral judgment, exposing an institutional vacuum left by the state's retreat from direct birth control. At the same time, structural inequalities between urban and rural areas place rural women at a systematic disadvantage in terms of access to information, medical services, and contraception. For them, "unintended pregnancy" is less a random event than a routine outcome of broader socio-economic structures.

Even as I observe the Chinese government stepping back from overtly coercive fertility measures, I see it reasserting normative control through moral campaigns that promote "healthy reproduction," valorise motherhood, and condemn what are deemed "unnecessary abortions."[553] In my analysis, this reflects a shift toward soft governance: women are no longer explicitly instructed to bear children, yet they are subtly regulated through moral education, social incentives, and cultural expectations. In this sense, the entanglement of state policy, cultural norms, and market pressures forms a new logic of reproductive governance to women, the one that is more nuanced but also harder to contest.[554]

My findings for RQ2 underscore how reproductive decisions are deeply embedded in family dynamics. Women's choices rarely exist in isolation; they are negotiated within households shaped by patriarchal hierarchies, clan authority, and economic pressures, including mortgages, education costs, and elder care responsibilities. I found that spouses and in-laws exert both overt influence and subtle expectations, which women navigate through what I term negotiated, the strategies of silence, or flexible resistance that preserve relational stability while attending to personal needs. Importantly, the data reveal what I interpret as zones of silence: spaces where women avoid direct criticism of spouses or in-laws, or address sensitive issues such as sex-selective abortion using repeated and indirect language. These silences are embodied strategies,

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[553] General Office of the State Council of China. (2021). "中国妇女发展纲要（2021, 2030 年）" 与 "中国儿童发展纲要（2021, 2030 年）" [Outline for the Development of Chinese Women (2021-2030) and Outline for the Development of Chinese Children (2021-2030) - Reducing Non-Medically Necessary Abortions]. *国务院公报 [State Council Gazette]*, no.28: 12-20.

[554] Lin, N. (2014). "柔性治理：国家治理能力建设的新维度" [Soft Governance: A New Dimension in the Construction of National Governance Capacity]. *学术探索 [Academic Exploration]*, no.2: 45-49.

reflecting the politics of speech in patriarchal contexts. In this sense, silence emerges as both a form of resistance and a relational safeguard, challenging me to reconsider the ethics and limits of empirical access.

Findings for RQ3 reveal that abortion is experienced as an embodied and relational process marked by stigma, silence, and moral ambiguity. Women frame their decisions in terms of responsibility to children, partners, and family elders, while also seeking to preserve dignity and self-care. Stigma is not a static judgment but a shifting atmosphere that surfaces at critical moments of disclosure or clinical encounter. Post-abortion, women stabilise identities through everyday practices of work, childrearing, and ritual, though unmet needs in counselling, partner involvement, and structural support persist. This research shows that reproductive autonomy, as an analytical concept, is neither guaranteed by law nor wholly denied by policy. In the Hainanese context examined here, it emerges as a relational and institutionally mediated process, negotiated across state, family, market, and cultural domains. This challenges the binary of "choice versus coercion" and reconceptualises abortion as a situated practice of flexible resistance. These findings contribute to feminist theorising on localised intersectionality, reproductive ethics, and relational autonomy, which will be elaborated in the following sections on theoretical, empirical, and methodological contributions.

Based on these findings, the study advances both theoretical scholarship and policy debates. It responds to feminist calls to move beyond individualist notions of "choice" and "agency", showing that abortion decisions are historically and structurally embedded negotiations rather than isolated acts of will. By centring married rural women, as an often-overlooked group, it also challenges the binary framing of abortion as either "state control" or "urban autonomy." Instead, the findings open a new epistemological space for analysing reproductive politics in China, which will be elaborated in the following section on the study's theoretical contributions.

9.2. Theoretical implications

In this study, I draw on feminist epistemology and the ethics of embodiment not as abstract theories, but as interpretive tools to understand the lived realities of abortion. As outlined in Chapter 3, these perspectives guided my analysis of how women convey their reproductive experiences through bodily sensations, emotions, silences, and moral ambiguities. Feminist

theory highlights the embodied and situated nature of subjectivity, while an ethics of embodiment draws attention to pain, care, and vulnerability as moral and political categories rather than merely private feelings. Together, they allow me to see agency not as independence from structure, but as relational negotiation within family, institutional, and cultural constraints.

By examining abortion among married women in both urban and rural Hainan, I show that decisions are never made in isolation. Instead, they are shaped by expectations of intensive motherhood, emotional ambivalence following abortion, and women's strategic responses to kinship obligations and state policies. These dynamics demonstrate that reproductive action is embedded in multilayered moral, affective, and institutional fields, rather than reducible to legal access or individual preference.

Building on this foundation, the following subsections develop three theoretical contributions: localised intersectionality, which situates abortion within gendered, spatial, and class-based inequalities; the body as a negotiated space of familial and state control; and gender-reproduction performativity, which conceptualises how reproductive roles are enacted and contested in everyday practice.

9.2.1. Localised Intersectionality

This thesis develops the concept of localised intersectionality to capture how reproductive experiences in transitional societies, such as China, are shaped by the overlapping forces of gender, geography, and class. Moving beyond universalised feminist frameworks, this approach emphasises that abortion decisions must be understood within specific socio-political and spatial contexts. In the Chinese setting, where institutional resources and cultural norms are pronouncedly uneven across regions and populations, reproductive autonomy is not uniformly available to women - it is constantly negotiated, constrained, and sometimes denied.

In contrast to urban, middle-class women, whose abortion choices are often shaped by concerns about self-development or career planning, rural and migrant women's reproductive decisions are made with considerations of resource scarcity, inadequate healthcare access, policy exclusions, and economic pressure from kinship networks. Many lack access to legal knowledge or support systems, and their choices are not necessarily expressions of autonomous intent. Instead, abortion often emerges as a contingent, rational strategy; a form of compromise shaped by systemic

exclusion, intimate power dynamics, and precarious social standing. It is precisely in these multiply marginalised positions that the complexities of constrained agency and structural reproduction become most visible.

From a critical feminist perspective, the reproductive body is not a fixed biological entity but a construct produced through cultural norms, institutional arrangements, and spatial logics. Pregnancy and abortion disrupt social orders not only by altering biology but by requiring healthcare, time away from paid work, and kin or community support. In this sense, the body is inseparable from its material and spatial conditions.

As the Chinese scholar Wang Anmin[555] argues in his book *Body, Space and Postmodernity*, which explores the interrelation of embodiment, spatial practices, and power in everyday life, "we are living in an era of a comprehensive return to the body". Wang's observation highlights how, in postmodern contexts, the body is no longer viewed as a purely natural or biological substrate, but as a central medium through which space, social structures, and subjectivity are experienced. Applied to the Chinese setting, this body-space perspective underscores that abortion is not merely a physiological act. It is a spatially negotiated event that reflects women's positioning within state regulation (e.g., hukou, birth quotas), healthcare access (particularly for migrants), and kinship expectations (such as in-law consent or son preference). The reproductive body is therefore always situated, contested, and materially constrained.

By focusing on Hainan, a geographically and politically marginal province, and on women situated within migratory and socioeconomically disadvantaged backgrounds, this study reveals how national population policies, uneven healthcare provision, the hukou system, and enduring patriarchal kinship structures collectively constitute a reproductive environment defined by "institutional scarcity of choice." This perspective not only enriches the applicability of intersectionality theory in the Global South but also opens a path toward a localised articulation of reproductive justice.

As a conceptual framework, localised intersectionality offers a grounded lens for understanding how reproductive agency is enacted not in abstract, individualist terms but within specific configurations of power, place, and identity. In contemporary China, this framework

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demonstrates how women's abortion decisions are shaped through the entanglement of rural-urban hierarchies, class inequality, gender norms, and institutional exclusions. In doing so, it extends feminist efforts to theorise situated knowledge (Haraway, 1988) by centring the structural conditions and social positions that shape marginalised women's lived experiences. Attending to these context-specific negotiations, localised intersectionality provides a culturally resonant and analytically robust approach to reproductive governance in the Global South.

9.2.2. The Body as a Negotiated Space of Familial/State Control

Interviews with married women in Hainan reveal that women's reproductive bodies are persistently regulated within overlapping domains of family power and state governance. This finding resonates with Michel Foucault's theorisation of the body as a key site of power, but in the Chinese context autonomy rarely takes the form of individual moral reasoning. Instead, it is enacted conditionally, through negotiations with spouses, in-laws, state policies, and medical professionals.

Within marriage, the female body is often treated less as an autonomous entity than as a resource for familial reproduction. Decisions about abortion are embedded in webs of kinship interests, marital expectations, and generational obligations. This mode of collaborative control obscures coercion by presenting reproductive decisions as voluntary, while reinforcing assumptions about women's reproductive duty. Here, MacKinnon's insight into the "co-constitution of law and patriarchy" is illuminating: even where abortion is legally permitted, the convergence of family norms, policy imperatives, medical practices, and public discourse creates systemic constraints that erode substantive autonomy.

At the level of the state, post-One-Child Policy reforms have not imposed direct legal bans on abortion. However, new pronatalist strategies, such as the Three-Child Policy, re-inscribe women's bodies within the moral economy of demographic responsibility. Through incentives, resource allocation, and ideological campaigns, the state repositions women not as autonomous agents but as bearers of collective fertility goals. This represents not overt coercion but a form of soft governance, where reproductive norms are internalised through cultural messaging and structural bias in access to resources.

Taken together, these dynamics conceptualise the female body as a negotiated space: a site where autonomy is neither fully absent nor absolute, but continuously tested, stretched, and practiced within shifting power relations. Autonomy here is relational and contingent, shaped by the interplay of familial expectations, institutional constraints, and women's own strategic responses. This framework not only grounds theories of bodily discipline in the Chinese familial context but also contributes to feminist debates on how soft forms of structural control characterise reproductive politics across East Asia.

9.2.3. Gender-Reproduction Performativity

A further contribution of this thesis lies in distinguishing reproductive autonomy as an analytical concept from participants' own vocabularies of decision-making. Analytically, I define reproductive autonomy as relational and situated rather than purely individual. Empirically, participants rarely spoke in the language of autonomy or rights; they described abortion through responsibility, bodily endurance, household affordability, family negotiation and care for existing children. This distinction is important because it avoids imposing an abstract rights-based vocabulary onto participants' narratives while still allowing the thesis to analyse how women exercised agency under constraint.

In rural Hainan, women's reproductive identities are not regarded as biologically predetermined, but are continually constructed, ritualised, and emotionalised through everyday interactions, kinship obligations, and community norms. This process can be critically understood through Judith Butler's (1990, 1993) theory of gender performativity, which views gender not as an essential attribute but as a series of repeated discursive and embodied acts that materialise social norms over time.

Extending this framework to reproduction, this study introduces the concept of gender-reproduction performativity. This refers to the ways in which rural women are not only expected to perform femininity, but are also summoned to inhabit reproductive subject positions through culturally sanctioned norms. These performances are not merely discursive; they are materially enacted through expectations to produce male heirs, comply with lineage obligations, and submit to familial authority.

Fieldwork revealed that one of the primary markers of being a “proper wife” or “good daughter-in-law” is the fulfilment of reproductive duties, especially the birth of a son. Interviewees described both explicit and implicit pressures from in-laws and village communities, expressed through phrases such as “*continuing the family line*” or “*a woman is incomplete if she cannot produce a son*.” These are not simply cultural sayings, but performative structures that interpellate women into the role of reproducers, regardless of personal aspirations or resistance. This disciplinary process forms what can be termed a local reproductive norms, embedding women within a specific matrix of gender and reproductive logic.

Ritual and symbolic practices further reinforce this reproductive performativity. Customs such as *zuoyuezi* (postpartum confinement), ancestral worship, and clan ceremonies function as cultural arenas where women’s bodies are surveilled, valorised, and situated within patriarchal imaginaries. These practices normalise the assumption that motherhood is both natural and morally obligatory.

However, consistent with Butler’s emphasis on the subversive potential of performativity, women in this study did not always conform passively. Some strategically deviated from the script, persuading husbands to undergo vasectomy, choosing abortion to avoid additional children, or invoking health reasons to resist pressure. These acts constitute resistant performances: they do not dismantle dominant discourses entirely but subtly reshape their boundaries. In doing so, women contest the fixity of roles such as “dutiful wife” or “good mother” and open spaces for subjectivities that are negotiated, partial, and dynamic.

Thus, reproductive identity in rural Hainan emerges as a site of both discipline and disruption, enacted through what I term gender-reproduction performativity. This concept extends Butler’s theory beyond its original Western, urban, and individualist context by embedding it in a Global South setting marked by familial collectivism, ritual governance, and reproductive moral economies. In doing so, it contributes a culturally specific theorisation of how gender is produced not only through identity claims, but through the performance of reproductive roles in concrete, embodied, and strategically negotiated ways.

9.3. Originality and Contributions of the Thesis

This thesis makes an original contribution by rethinking abortion in contemporary China not as a discrete medical procedure, a demographic outcome, or a simple expression of individual choice, but as a relational, embodied and morally negotiated practice. Its originality lies in bringing together a regionally grounded empirical case, a feminist reading of reproductive governance, and women's own accounts of bodily pain, family responsibility and constrained agency. By centring married women in Hainan, the thesis challenges dominant accounts that frame Chinese abortion primarily through state coercion, population policy or urban middle-class motherhood, and instead shows how abortion is lived through the everyday intersections of family, policy, economy, care and moral obligation.

9.3.1 Empirical Originality

The empirical originality of this thesis lies in its focus on married women's abortion experiences in Hainan, a group and regional context that remain under-examined in existing scholarship. Much research on abortion in China has been shaped by policy-centred narratives of the One-Child Policy, sex-selective abortion, demographic imbalance or reproductive control. While these studies are important, they often leave less visible the ordinary, morally complex and relationally negotiated abortion experiences of married women whose decisions are not always spectacularly coercive, but are nonetheless structured by unequal power.

By foregrounding Hainan, the thesis also moves reproductive politics away from an abstract "China" and towards a situated account of place. Hainan is not treated simply as a geographical background, but as a social field in which rural-urban inequality, migration, hukou status, clan culture, kinship expectations, uneven healthcare access and changing fertility policy converge. This regional focus reveals how national reproductive governance is translated into everyday family life. The thesis therefore contributes empirical knowledge about how married women in a peripheral and rapidly transforming province experience abortion within local moral economies of marriage, motherhood, care and obligation.

The study also contributes by showing that married women's abortion decisions are often neither hidden acts of pure resistance nor passive compliance with family or state demands. Instead, they are negotiated through practical reasoning: whether the household can afford another child, whether existing children would be disadvantaged, whether the woman's body can endure

another pregnancy, whether the husband or in-laws will provide support, and whether childbirth would intensify already unequal burdens of care. This empirical finding complicates the opposition between “forced abortion” and “free choice”, demonstrating that women’s reproductive decisions are often made in conditions where agency and constraint are inseparable.

9.3.2 Conceptual Originality

The conceptual originality of the thesis lies in its development of reproductive autonomy as a relational and negotiated process. Rather than treating autonomy as an individual capacity exercised in isolation, the thesis understands it as produced within unequal relations of marriage, kinship, healthcare, state policy and economic survival. In the participants’ narratives, autonomy was rarely expressed through the language of rights, bodily ownership or individual freedom. It appeared instead through decisions about responsibility, endurance, care, timing, affordability and family stability. This conceptual shift allows the thesis to analyse women’s agency without forcing their narratives into liberal rights-based vocabularies that they did not themselves use.

A second conceptual contribution is the idea of flexible resistance. This concept captures forms of agency that do not appear as open confrontation, refusal or feminist self-assertion, but reshape reproductive expectations in subtle ways. Participants often negotiated pressure through silence, delay, selective compliance, emotional management, practical calculation or care-based justification. These actions may look compliant on the surface, but they can also allow women to protect their bodies, limit further care burdens, resist unwanted reproductive expectations or redefine what responsible motherhood means.

Flexible resistance is therefore not romanticised as liberation. It is a constrained and ambivalent mode of agency. It shows how women act within conditions they cannot fully transform. This concept is useful because it avoids two inadequate interpretations: first, that women are simply victims of patriarchal and state power; and second, that any abortion decision automatically represents autonomous choice. Instead, flexible resistance names the unstable middle ground where women adjust, bend, absorb and redirect pressure while still living within unequal structures.

9.3.3 Theoretical Originality

The theoretical originality of this thesis lies in localising reproductive justice, intersectionality and feminist accounts of embodiment within the specific conditions of contemporary China. Rather than applying reproductive justice as a ready-made framework, the thesis reworks it through the Hainan case. It shows that reproductive justice in this context cannot be limited to the right to access abortion. It must also include the right to have children under liveable conditions, the right to raise existing children with adequate support, and the right not to have women's bodies treated as the shock absorbers of family, market and state failure.

The thesis also develops localised intersectionality as a way of understanding how reproductive constraint is produced through place-specific arrangements. In the Hainan case, gender does not operate alone. It is mediated by hukou status, rural or urban location, migration, class position, family structure, healthcare access, education costs and clan-based kinship expectations. These factors do not simply "add up"; they interact to create different reproductive possibility spaces for different women. Localised intersectionality therefore extends intersectional analysis by insisting that reproductive agency must be understood through the specific institutional, cultural and regional conditions in which women live.

The thesis further contributes to feminist theory by conceptualising the body as a negotiated space of familial, state and moral power. Participants' bodies were not only sites of medical intervention, but also sites where family expectations, policy legacies, reproductive responsibility and maternal ideals became materially felt. Pain, bleeding, fear, recovery, silence and endurance were not merely personal experiences; they were ways through which women encountered broader structures of power. This theoretical framing allows the thesis to connect embodiment with governance, showing how reproductive politics is lived not only through law or policy, but through bodily vulnerability and everyday moral reasoning.

9.3.4 Methodological Originality

The methodological originality of this thesis lies not simply in the use of qualitative interviews, but in the reflexive and relational way in which I approached abortion as a sensitive, embodied and morally charged topic. I did not treat participants' accounts as transparent reports of events.

Instead, I approached them as narratives shaped by memory, emotion, silence, hesitation, family norms and the conditions of the interview itself.

My own positionality was central to this process. Before conducting the fieldwork, I had known women in China who had experienced abortion, and I had also accompanied and interpreted for Chinese women in Glasgow when they accessed abortion-related healthcare. These experiences did not make me a neutral observer. Rather, they shaped my ethical sensitivity, my awareness of bodily vulnerability, and my ability to recognise the emotional difficulty of narrating abortion. They also made me attentive to the fact that abortion can be medically ordinary but emotionally and morally difficult to articulate.

This reflexive awareness influenced the research design. The shift from an initially more quantitative orientation to qualitative narrative interviewing was not only a practical response to data-access limitations, but also an epistemological decision. I came to understand that abortion decisions could not be adequately captured through variables alone. Women's pauses, indirect language, tears, laughter, bodily descriptions and contradictions were not methodological "noise"; they were part of the data. They revealed how participants negotiated responsibility, pain, stigma and care in ways that a survey could not fully capture.

The fieldwork process also required reflexive negotiation of access, trust and language. Moving from online planning to predominantly face-to-face interviews allowed me to build rapport, observe embodied forms of narration, and respond more ethically to participants' discomfort. The use of a local Hainanese-Mandarin interpreter in limited cases further shaped the research encounter. Because he was a male interpreter, I had to consider carefully how gender, familiarity and local trust affected what could be said, withheld or softened. I therefore treated interpretation not as a neutral technical process, but as part of the relational field through which knowledge was produced.

In this sense, the methodological contribution of the thesis is its development of a feminist narrative approach that treats abortion stories as situated, embodied and co-produced. It shows that researching abortion in China requires attention not only to what women say, but also to how, when and under what relational conditions they are able to speak. This approach enabled the thesis to capture forms of meaning that are often absent from policy-centred or demographic research: silence, ambiguity, bodily memory, moral discomfort and care-based reasoning.

9.4 Implications for Policy and Research

The findings of this thesis have implications for both reproductive policy and future research on abortion, gender and governance in China. They show that abortion among married women in Hainan is not only shaped by structural inequalities, but also by the moral and emotional vocabularies through which women make sense of reproductive dilemmas. Women did not usually frame abortion as a matter of legal entitlement or individual choice. Instead, they narrated it through relational responsibilities: protecting existing children, reducing household burdens, preserving family stability, avoiding future hardship, or managing bodily risk. This suggests that reproductive governance should be understood not only through policy, law or service provision, but also through the moral economies of care, obligation and responsibility in which women's decisions are embedded.

At the policy level, the thesis highlights a crucial blind spot in reproductive frameworks that focus primarily on access, legality or demographic outcomes. Expanding services and strengthening legal protections remain important, but they are insufficient if policy does not address the relational and affective conditions under which women make reproductive decisions. Many participants did not articulate their needs through the language of rights. They justified abortion through care-based reasoning, bodily endurance and family responsibility. Reproductive policy should therefore include culturally and emotionally literate support, including accessible post-abortion counselling, contraceptive education, non-judgemental reproductive health services and better protection against family-based pressure. At the same time, policy must avoid turning "cultural sensitivity" into an acceptance of women's self-sacrifice. Support should recognise women's relational worlds without reinforcing the expectation that women must absorb the costs of childcare, elder care, household stability and reproductive risk.

At the family level, the findings suggest that reproductive autonomy should not be treated as a purely individual capacity. Women's abortion decisions were often made within webs of spousal influence, in-law expectations and kinship obligations. Abortion could be justified as a strategy to maintain family harmony, prevent financial strain or protect the wellbeing of existing children. This ethic of care sometimes enabled women to claim moral legitimacy for abortion, but it also disciplined them into roles of altruism and self-sacrifice. Policy and support services should therefore recognise family influence as a central part of reproductive decision-making. This does

not mean giving families authority over women's bodies, but rather acknowledging that women may need practical, emotional and informational support in negotiating family pressure.

At the societal level, the thesis shows that reproductive governance operates through cultural norms as well as formal institutions. Participants' narratives were shaped by ideals of good motherhood, filial continuity, community judgement and gendered responsibility. Silence, guilt and stigma coexisted with pragmatic reasoning. Abortion was therefore negotiated as both a private decision and a socially accountable act. Public health education and reproductive support should address these social meanings directly, rather than assuming that service availability alone will reduce stigma or enhance autonomy. A more responsive reproductive framework would treat stigma, silence and moral pressure as part of the reproductive environment, not as secondary cultural issues outside policy concern.

For future research, these findings suggest the need to move beyond models that analyse abortion only through rights, access or demographic regulation. Further studies could examine how reproductive decision-making is shaped by regional inequalities, hukou status, migration, class position, family structure and intergenerational care obligations. Comparative research across different Chinese regions would also help clarify which dynamics are specific to Hainan and which reflect broader patterns in contemporary China. More longitudinal research is needed to understand how women reinterpret abortion over time, especially as they move through marriage, motherhood, ageing and changing family responsibilities.

Overall, these implications show that reproductive governance in China must move beyond institutional provision alone. A genuinely responsive approach requires attention to women's lived realities as morally saturated, relationally negotiated and structurally constrained. This thesis therefore calls for reproductive policy and research that take seriously not only whether women can access abortion, but also the conditions under which abortion becomes thinkable, bearable and morally justifiable.

9.5. Limitations and Future Research

This study, while offering a detailed account of abortion decision-making among married women in Hainan, is not without its limitations. These are both methodological and structural, reflecting

the boundaries of the research design as well as my position as an independent researcher with limited resources.

First, while the qualitative approach adopted here allowed for a deep and context-sensitive understanding of abortion experiences, its regional focus on Hainan inevitably restricts the breadth of the findings. The kinship systems, cultural values, and reproductive expectations encountered in Hainan provide a valuable lens for theorising reproductive governance, yet they cannot be assumed to represent China as a whole. Instead, this research should be read as providing a situated framework that illustrates how reproductive agency is shaped through localised negotiations of gender, policy, and social norms. Future studies could build upon this foundation through cross-regional comparisons, examining how abortion experiences unfold under differing cultural norms, healthcare infrastructures, and gendered labour expectations in other contexts. For instance, inland rural provinces, coastal urban centres, or ethnic minority regions. Such research would not seek statistical generalisation but rather trace how frameworks such as localised intersectionality or gender-reproduction performativity travel across diverse socio-political terrains.

Second, the rapidly shifting policy landscape in China presents both a limitation and an opportunity. My fieldwork took place during the transition from the two-child to the three-child policy and thus does not fully capture the evolving impact of pronatalist reforms. These policies may further stigmatise abortion by redefining it as socially undesirable, or even morally suspect, in the name of national demographic goals. If abortion access becomes politically restricted under the guise of encouraging childbirth, women's reproductive autonomy may be progressively undermined. Future research should therefore critically interrogate how pronatalist discourses and policy incentives interact with familial and economic pressures, asking whether women genuinely retain the freedom to terminate pregnancies, or whether their choices are increasingly shaped by subtle coercion embedded in institutional, cultural, and economic frameworks.

Third, although this study centred women's voices in keeping with feminist commitments, it did not incorporate the perspectives of spouses, in-laws, or healthcare providers. Including these voices was beyond my logistical capacity as a single researcher, but I acknowledge their importance. Abortion decisions often conceal asymmetries of power within households and institutions, and a fuller account requires attention to these dynamics. Future multi-actor or team-based research could therefore integrate men's perspectives, intergenerational expectations, and

the role of medical professionals, providing a more holistic picture of how reproductive agency is shaped, constrained, or undermined within intimate and institutional relationships.

Fourth, while this study focused primarily on the moment of decision-making, abortion cannot be understood as an isolated event. Its implications ripple across the life course, shaping marital dynamics, fertility intentions, employment trajectories, and women's evolving sense of self. Future research adopting a longitudinal perspective could follow women over time, exploring how abortion experiences are remembered, reinterpreted, and integrated into broader life trajectories. Such approaches would capture not only the immediate negotiations around abortion but also the temporal dimensions of motherhood, ambivalence, and resilience. In doing so, they could reveal how reproductive decisions reverberate across stages of life, embedding abortion within ongoing emotional, relational, and social processes.

This study's methodological contribution lies not only in its use of feminist epistemology and narrative analysis, but also in the strategies employed to ensure credibility and to practice reflexivity. Credibility was pursued through a transparent audit trail that documented the movement from raw transcripts to thematic analysis, the deliberate inclusion of negative cases that challenged emerging patterns, and careful attention to translation across Mandarin, Hainanese, and English to minimise interpretive distortion. Thick description and contextualisation of each narrative further allowed readers to trace how evidence supports the claims advanced.

Equally important was reflexivity. My position as a female researcher, a non-mother, and an urban outsider to many rural participants shaped both access and interpretation. While I approached each narrative with reflexivity and care, certain dimensions, such as embodied pain, maternal fear, or the psychological weight of abortion, may not have been fully captured. This limitation underscores the need for my humility and strengthens the case for co-produced feminist inquiry, in which women's own categories of meaning and modes of expression are treated as central to knowledge production. Rather than treating this as a weakness, I engaged reflexively with these dynamics, recognising how moments of silence, hesitation, or emotional disclosure in interviews were co-produced through the research relationship. I also reflected on how my own assumptions about autonomy and agency shifted in response to participants' narratives, underscoring the feminist commitment to situated knowledge and the ethics of listening.

Beyond these methodological considerations, this study points to broader epistemological and political challenges. In China, reproductive policy continues to be dominated by demographic imperatives, state-centred rationalities, and familial moral discourses. Women's hesitation, pain, and silence are rarely treated as epistemic resources in their own right, but are often medicalised, pathologised, or dismissed as private matters. Future feminist research must challenge this framing by recognising women not simply as targets of policy, but as knowledge producers and moral actors. Their narratives of abortion, whether expressed through articulation, hesitation, or silence, offer crucial insights into how agency is lived under layered forms of constraint.

From this perspective, reproductive freedom cannot be reduced to legal permission alone. It requires the structural conditions that make choice meaningful: economic stability, workplace equity, affordable childcare, and reliable, accessible healthcare. Future research should interrogate not only whether women can legally choose abortion, but whether they possess the substantive capacity to exercise this choice without disproportionate sacrifice. Similarly, feminist scholarship must resist interpretations that treat women's deferral or rejection of childbirth merely as responses to external pressures such as financial strain or work-family conflict. Such interpretations risk pathologising women's choices as deviations from normative trajectories, casting them as problems to be corrected through policy. Instead, they should be understood as legitimate, agentic strategies of navigating contradictory expectations within capitalist labour markets, patriarchal kinship systems, and state demographic agendas.

Chinese feminist research must therefore continue to critically interrogate normative frameworks of family, motherhood, and demographic responsibility. It should ask how women, caught between shifting state imperatives, familial obligations, and gendered social roles, renegotiate their moral judgments, personal values, and bodily sovereignty. This requires moving reproductive debates beyond the language of technocratic categories such as "non-medical need" or "family planning," and instead creating discursive space for women to articulate their own moral reasoning, desires, and aspirations.

In sum, this study has shown that a grounded, qualitative approach, centred on women's lived experiences, can illuminate the emotional, relational, and moral dimensions of reproductive decision-making in rural China. By focusing on in-depth narratives, it uncovers forms of agency enacted not only through resistance or rights claims, but also through affective negotiation, cultural reasoning, and everyday relational labour. While this approach yielded rich insights, its

depth came at the expense of breadth. The study does not claim national representativeness, nor does it fully incorporate the institutional voices of policymakers or healthcare providers who shape reproductive governance from above. Future collaborative, multi-sited, and interdisciplinary research could integrate these perspectives, better mapping the architecture of reproductive governance while remaining attentive to the subjectivities at its core.

It is my hope that this research contributes not only to feminist understandings of reproduction in China, but also to broader conversations on reproductive justice in the Global South. Ultimately, the goal of reproductive policy should not only be the optimisation of fertility rates, but the affirmation of women's integrity, dignity, and freedom. Only when reproductive decisions, whether to give birth or to terminate a pregnancy, are reclaimed as expressions of women's values and lived realities can we begin to imagine a politics of reproduction that is just, caring, and transformative.

AI use: I declare that this thesis has used Artificial Intelligence (AI) tools to aid proof-reading, grammatical assistance and Chinese-to-English translation of interview transcripts

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Appendices

Appendix 1: Abortion Cost Data in Chinese Public Hospitals

Data source: Verified responses by licensed physicians on *Jiankangwang* (a nationally recognised real-name medical consultation platform), compiled 2023. This appendix provides a reference framework for understanding the economic dimension of abortion care in China. However, due to institutional variation and localised enforcement, these figures should be used as **contextual background** rather than precise financial data.

Sampling method:

Inclusion: Responses published by physicians from Class-A tertiary hospitals (三甲医院) with verified real-name authentication.

Exclusion: Posts lacking physician verification, posts older than 2015, or duplicate entries.

Data scope: 47 physician responses covering medical abortion and five surgical methods.

Findings (indicative ranges):

Procedure	Typical Price Range (RMB, incl. exams)	Notes
Medical abortion	500-800	Includes medication, recovery drugs, diagnostic tests
Ordinary painless abortion (D&C with anaesthesia)	1,500-3,000	Intravenous anaesthesia + suction curettage
Superconducting visual painless abortion	~3,500	Ultrasound-guided; considered higher precision
Microtube visual painless abortion	3,000+	Early-stage (≤49 days) targeted suction with micro-cannula
Double-chamber decompression painless abortion	4,000-5,000	Combines decompression and suction under ultrasound
Hysteroscopic embryo retrieval	5,000-8,000	Hysteroscope-guided removal + post-check

Limitations:

Prices are **not official tariffs**, but indicative estimates reflecting hospital-level practices.

Costs vary substantially by city, hospital grade, and inclusion of ancillary tests (bloodwork, ultrasound, pathology).

Policies on insurance reimbursement differ regionally; figures should not be interpreted as universal.

Patient-reported costs may diverge from physician estimates due to bundling of tests, hospitalization days, or optional “painless” packages.

Appendix 2: Interview Background Information

Name(code)/ abortion reasons	Personal details
Xiaoxiao	X herself is willing to have children and considers herself a traditional woman who wants more children. But her husband does not like children does not want more and is not willing to emotionally comfort her for the hard work of bringing up children. Feels that her husband and the family do not care enough for her, that she takes most of the responsibility in the family, and has mild postnatal depression. Perceived the biggest obstacle to abortion and unwillingness to have children as a barrier to communication between husband and wife, and felt that she loved the other person more, but the man had no feelings for her. Indicates that the man is selfish and unwilling to use contraception. Also reacts more strongly to the morality of abortion, believing that after the third month the fetus can be seen as a human being, but the view that abortion is harming the fetus's right to life as a human being is false self-congratulation and making excuses for himself. He does not believe that he is harming the rights of the fetus because he has the right to do with his own body. He argues that procreation is necessary, on the one hand to help maintain the bond between husband and wife, and on the other hand as "a human provision, a
Haoyun	Never had a medical check-up, had a miscarriage before getting a marriage licence and got pregnant before getting officially married. Both parties are from Hainan and have primary school education. She loves children, and both she and her family want more children (boys) but are under financial pressure. Husband and in-laws have conflicts over fertility and education.
Xuan	A local woman from Hainan, her father is a village chief and her husband's family is in similar family conditions. Lives in the city but has relatives in a rural clan. Owns a hotel business and earns a good income, but M has a gender preference and must have a boy. Considers equal status with her husband, although she is bringing up the children herself. Willing to have more children due to better financial status, nannies and monthly child care centres. Perceive that fertility policy has nothing to do with Hainan, and that the local culture in Hainan emphasises having more children and a preference for boys, regardless of whether fertility is restricted or
Wang	W works for a state-owned enterprise, but her husband does not care enough about the children he already has, and his role in child-rearing and caring for the family is missing, and the interviewee is reluctant to have more children. There was also a lack of concern from her husband during the abortion, which was perceived to be a minor procedure.W felt she was perhaps a little mildly depressed, but focused on the physical rather than the psychological damage caused by the haemorrhaging
Yufei	Due to endocrine disruption caused by excessive diet pills when she was young, Y had two pregnancies with poorly developed embryos, and her doctor recommended early intervention - a medical abortion. But in the end, it led to uterine adhesions and long-term treatment before giving birth to a daughter. She is currently preparing for her second child through IVF. She is satisfied with her husband's behaviour, but does not agree with his family's patriarchal culture, which favours sons over daughters. She understands the Dink culture and believes that social and economic pressures are the main reasons for her Hainanese friends to be Dinks. However, she still wants to have children under the influence of her own family and says that the more children she has, the better, regardless of her financial situation. She
Tianmei	Three girls, including 4-5 abortions (she can't remember herself) after having her second child. The reasons were financial pressure and lack of energy. There were big disagreements with her husband about raising the children, and he did not share in the family affairs. The third child was born to ease the relationship with her husband. Had postnatal depression after the birth of the youngest child. Repeatedly emphasised that she was not mentally ill and believed that there was a social stigma attached to postnatal depression. But emphasised that she was cured by taking Chinese medicine. But strongly opposed to Dink, has no preference for boys but teaches her daughter that she must marry and have more than two children, believing that more children is better. Does not favour private schools for her children and is not obsessed with the level of education of her children, believing that a good financial situation is to have a
Vivi	V has a very large number of relatives at home to help with the children, so wants more children. Expects less family involvement from her husband, but expects more financial support. Totally independent decision to abort, do not want any potential unhealthy elements in the fetus. High level of education and superior financial status. Will deliberately avoid moral issues.

abortion times and year	amount of children	Hospital scale and qualification	types of abortion	problems with embryonic development	work balance	Economic reasons	Energy for childcare	No elders to help with childcare	gender perference
1(2020)	**1**	Public hospital-contain PAC	Abortion pills + Surgical abortion with general anaesthetic		3	2	1. no one help		
1(2015)	**2**	Grade B secondary hospital- no PAC	Surgical abortion with general anaesthetic	1.dysontogenesis				2	
1(2016)	**3**	Multifunctional tertiary hospital-contain PAC	Surgical abortion with general anaesthetic						1. boy perference(gender test)
1(2009)	**1**	Grade A tertiary hospital- no PAC	Abortion pills + Surgical abortion with general anaesthetic			2			
2(2011;2016)	**1**	Public hospital-contain PAC	Surgical abortion with general anaesthetic	1. low HCG in ealier weeks -dysontogenesis					
4 or 5(from 2000-2016)	**3**	hybrid	hybrid		2	3	2. no one help		
1(2019)	**1**	Private hospital-contain PAC	Surgical abortion with general anaesthetic	1. Poor health during pregnancy The fetus may have an underlying					

Insufficient help from husbands	Mere dislike of children	Sufficient number of children already	others
1			
unsatisfied			
			1 pressure from familiy and clan
1			
			health condition Polycystic ovary syndrome
		1. already have 3	

Appendix 3. Semi-structured Interviews Topic Guide

The Semi-structured interview doesn't follow a specific set of pre-planned questions, Most questions asked during an semi-structured interview are open-ended questions, meaning they cannot be answered with a simple "yes" or "no" response. Here are a topic guide for this interview questions.

1. Could you introduce researcher tell me about yourself, please?

Start by discussing the current situation about the interviewees' current family status, family members, living conditions, etc.

2. What is your health like?

The overall health status of the respondents, their participation in annual gynaecological examination and whether they are healthy or not.

3. Could you tell me about your experience of abortion within marriage, please?

The introduction of the abortion topic, the number of children and the time of abortion after marriage.

4. Could you tell me more details about personal feelings about the abortion and the connection to the family and society, please? Including family and social care, and knowledge of maternal and child health care and views on fertility policy.

5. How about your current feelings and thoughts about abortion experiences?

6. What are your suggestions or feelings (experiences) for women's care after abortion?

Appendix 4. Participant Information Sheet

University of Glasgow

College of Social Sciences

Title of Project: The Abortion under China's Fertility policy from 10s to 20s

Name of Researcher: Huizi, Xi

Supervisors：

Dr. Neil Munro

Dr. Kristina Saunders

Dr. Pillippa Wiseman

You are being invited to take part in a research study. Before you decide to take part, it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish. Ask the researcher/s if there is anything that is not clear or if you would like more information. Take some time to decide whether you wish to take part.

Thank you for reading this.

What is the purpose of the study?

The purpose of this research is to examine the reasons for married women's abortion decisions in China by returning to past writings about women's decisions to abort that occurred in different countries and regions, summarising and generalising the reasons for women's choices to abort and placing them in the context of China's family. Therefore, from the perspective of feminism and gender, the interview of this research will consider the psychological, social, and ethical perspectives of the influencing factors to be considered in investigations.

Why have I been chosen?

You have been invited to participate because I would like to hear about your experiences of abortion. The study aims to recruit 25-30 women, and in order to participate, you must be a married woman over 18 years of age who has had an abortion during the marriage after 2010.

What will happen to me if I take part?

If you choose to take part in the research project, you will be invited to take part in a one-to-one interview, with me, lasting approximately one hour. After confirming that you would like to take part, you will be contacted by me to see if you would prefer an online or in person interview. I can send you the topics to be discussed during the interview in advance. Next, I will confirm the best date and place to hold the interview and a date will be scheduled. Every effort will be made to arrange the interview to suit your schedule and to minimise any inconvenience to you. I would like to audio record the interview, after which it will be written out and anything that can identify you will be taken out. This will be stored securely on the University server, which means that no-one except me can access it. You will not be able to be identified from anything I publish. As I would like to talk to you about abortion, there may be some questions you find difficult or upsetting to answer. You will not be pushed to answer any questions, and you do not have to answer any questions you do not want to, but I will listen to you talk about abortion, even if it is upsetting.

Do I have to take part?

You do not have to take part unless you want to. Not taking part will not affect you in any way. Before the interview, I can answer any questions you might have about the research and your involvement. I will check that you understand what taking part means and that you are happy to take part in the interview. At the end of the interview, I will check if you still consent. You can change your mind about taking part at any time, including before, during and after the interview. You do not have to answer any questions you do not want to.

What are the possible benefits and risks of taking part?

Taking part in an interview will involve being asked about your experience of abortion: this may prompt difficult or upsetting answers. You should carefully consider these risks before taking part, and remember that you can pause or end the interview, or withdraw from the research at any time even if you do decide to take part. If you decide to withdraw from the study, your data will not be included in the study results and your rights will not be affected as a result.

A key benefit of this research is that the information we get from this study may help to inform thinking in the sector about how best to support the Chinese married women with abortion experiences from diverse backgrounds. Our study of your perceptions and experiences of abortion will yield certain psychological information as well as basic identifying information about you

(including occupation, age, reproductive history, etc.), and the final findings will help advance research on the causes of abortion among Chinese women, moral and ethical controversies over reproductive rights in China, gender culture and patriarchal social research.

Expenses and payments

This study is completely voluntary and participants will be given a £10 online Taobao voucher for taking part.

Will my taking part in the study be kept confidential?

If you decide to participate in the study, your personal information will be kept strictly confidential and a pseudonym (a different name) will be used and no other identifying characteristics will be disclosed. At the end of the study, the researcher will destroy the list of interviewees to enforce the principle of anonymity and confidential collected data will be used primarily during this study and your permission will be sought again for possible subsequent conference papers, journals, presented within a PhD. thesis etc.

Your personal information will be kept strictly confidential by all researchers, and information that identifies you will not be disclosed to members outside the research team unless your permission is obtained.

Please note that assurances on confidentiality will be strictly adhered to unless evidence of wrongdoing or potential harm is uncovered. In such cases the University may be obliged to contact relevant statutory bodies/agencies.

Your data will be stored on a password-protected cloud file drive and will only be accessed by the researcher. Fully anonymized data that cannot identify you will be kept for 10 years on a password-protected cloud file drive for researcher access only at the University of Glasgow. The research data will be deposited at the end of the project in Enlighten and available via a data repository with restricted access.

What will happen if I don't want to carry on with the study?

Your participation is voluntary, and you are free leave the interview at any time without giving any reason, and without your legal rights being affected. However, if you withdraw then the information collected so far will possible to extract and erase after the interview.

Where do the interviews take place?

Consider that staying in your own home or a safe environment will further reduce distress and make you feel more relaxed and able to share your experiences and opinions. If you allow it, a quiet and unoccupied home is a good option.

If you have family members living together or in your own living environment you may not always have privacy. We can choose the location of the interview in a nearby café or restaurant room that you are familiar with, or a private discussion room in the library.

If you have further suggestions for locations, I would be happy to discuss them with you.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions. If you remain unhappy and wish to complain formally, you can do this by contacting the College Research Ethics Officer. All contact details are given at the end of this information sheet.

Please note that assurances on confidentiality will be strictly adhered to unless evidence of wrongdoing or potential harm is uncovered. In such cases the University may be obliged to contact relevant statutory bodies/agencies.

If you have any questions about family reproduction, maternal and child health, and post-abortion prevention that you would like to seek professional help with during the interview or during the follow-up period, I will be happy to provide you with the contact details of the Women's Federation of Hainan Province and your neighbourhood council. Or you can call the Hainan women's Rights protection hotline at 12338. In the meantime, I look forward to hearing from you in the follow-up interviews.

The telephone numbers and addresses of other organizations that may be useful are as follows

- Hainan Anning Hospital

Address: No. 3, Anning Road, Chengxi Town, Longhua District, Haikou

City Tel: xxxxxxxxxxxxxx

- Haikou rescue management station

Address: No. 28 East Zhenfaheng Road, Qiongshan District, Haikou City

Tel: xxxxxxxxxxxxx

- Hainan Provincial Psychological Assistance Hotline: 96363
- Haikou Maternal and Child Health Hospital.

Address: No. 6, Wentan Road, Guoxing Avenue, Qiongshan District, Haikou City

Tel: xxxxxxxxxxxxx

To pursue any complaint about the conduct of the research: contact the College of Social Sciences Lead for Ethical Review, Dr Benjamin Franks (socsci-ethics-lead@glasgow.ac.uk) as Acting Lead for Ethical Review, College of Social Sciences, as a contact in the event of any complaint regarding the conduct of the research.

Contact for Further Information

If you wish to find out more about or take part in the study, you can email me at xxxxxxxx@student.gla.ac.uk

Or head supervisor of this project:

Dr Neil Munro, Senior Lecturer in Chinese Politics

Mail at: neil.munro@glasgow.ac.uk

0141 3307628

Room 1203, School of Social & Political Sciences, Adam Smith Building, Glasgow, G12 8RT, Scotland

Thank you for taking the time to read this.

Appendix 5. Consent form

Title of Project: The Abortion under China's Fertility policy from 10s to 20s

Name of Researcher: Huizi, Xi

Please tick as appropriate

Yes ☐ No ☐ I confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.

Yes ☐ No ☐ I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

Yes ☐ No ☐ I consent to interviews being audio-recorded and video-recorded

Yes ☐ No ☐ I acknowledge that I could ask for copies of transcripts to be returned to participants for verification.

Yes ☐ No ☐ I acknowledge that participants will be referred to by pseudonym.

Yes ☐ No ☐ All names and other material likely to identify individuals will be anonymised.

Yes ☐ No ☐ I acknowledge there will be no adverse impacts arising from my decision to participate in the research or not.

Yes ☐ No ☐ The material will be treated as confidential and kept in secure storage at all times.

Yes ☐ No ☐ The material may be used in future publications, both print and online.

Yes ☐ No ☐ Other authenticated researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

Yes ☐ No ☐ I acknowledge the provision of a Privacy Notice in relation to this research project.

I agree to take part in this research study ☐

I do not agree to take part in this research study ☐

Name of Participant ……
Signature ……

Date ……

Name of
Researcher ……Signature ……

Date ……

Appendix 6. Excerpt Transcript After translation (Rongrong)

R: I'm 36 years old. I have three children. Then I'm currently at home without a job, full-time baby mama with my kids. The oldest is a daughter, who is 14. The second one is a boy, 11 years old. The youngest is also a boy, in kindergarten.

I: Great. Nice to meet you.....(my information)... Are you still planning to have children? Or do you not have any plans to have children now?

R: I don't want to, I've already had three.

I: How many children do you and your husband have at home, do you have any siblings, and how many siblings does he have?

R: Yes, he has more, there are five [siblings] in his family, two sisters, and then he's the third oldest, and there's a younger sister, and a younger brother. On my side I just have one brother, we two siblings.
I: What is your health condition, such as annual medical check-ups?

R: The annual gynaecological examination is healthy.

I: When did you have your abortion?

R: Last year... was just after the Spring festival.

I: Could you tell me a story about the whole process, like how you found out you were pregnant and what procedures you had to do?

R: Being pregnant is really different from the usual feeling, and I was really scared of what was going to happen. People can't get pregnant even if they want to, so I'm really weird.

I was very sleepy at the time, and then there was also something weird about eating. I wanted to eat one thing in particular, and today I wanted to eat that, and then tomorrow I didn't like it again, and then I liked it again, and that's how I felt.

The main thing is that I like to sleep a lot during that period of time, and I don't want to move, so I'm very lazy. Then I kept wondering what was wrong with me and why I felt so much like I was pregnant.
And then I didn't get my period for more than 5 weeks, and then I decided to go and buy a [pregnancy test] and take a test. I went downstairs to the drugstore to buy one! I bought it and saw that it was real! It's true! I was scared to death! What's wrong with that? People can't get pregnant when they want to come back, but when I don't want to get pregnant, I do.

Then I went to the hospital the next day. I went to the hospital for a B-ultrasound, and it was really [pregnant]. When I went to the hospital for a B-ultrasound, the doctor said it was more than 4 weeks or more than 5 weeks. I went home first and then went for an examination when I decided not to, and asked the doctor whether it was medical abortion or surgery, and the doctor said that the medical abortion was not 100% clean. Then I asked what should I do? He also said, or else it would be manual painless surgery, but it turned out that manual surgery cannot guarantee 100%. Scared the hell out of me because I hadn't played before.

Then the doctor said that the abortion will make the membrane thinner. He said that if you keep it once, it will be thinner. He said that if you keep it more and more times, it will become thinner and thinner, and then it may be later. I can't get pregnant yet, that's all! It scared the hell out of me.
He said, "If you have a medical abortion, you will have to take the medicine for three days. In these three days, you will be in a very uncomfortable state." I said, 'What should I do, let's choose manual work;', and then I chose manual work. Hey! Then choose artificial surgery and there are many follow-up things! Even if you choose induced abortion, you still need to go for a vaginal examination. If you have inflammation, you can't do it yet. Then waited another week. [During this period] After the medicine is prescribed, I have to come back and take the medicine. After taking the medicine for a week, I will go for the B-ultrasound. Then the doctor said that my inflammation is at the second level, and I can do it after the second level. I said 'oh my god it's scary', I said if [inflammation can't be cured] really can't be done, it's going to be a mess.
I：Well so who would take care of your recovery after abortion? Was it your husband or a family member?

R: Yes, my father-in-law and mother-in-law came to take care of me. They also live here. The most important thing is for them to take care of me, and then I will rest for a week when I come back from the work. The doctor said that it is best to rest for half a month, and then I will rest for a week and lie in bed every day. Just can't bear it, just like yuezi 月子 confinement, lying in bed every day, and can't touch cold water.

I: Does your husband work in other places?

R: Locally, locally in Haikou. He runs a small business by himself, and he goes there every morning until dinner at night, like 6:00 or 7:00pm.

I: Then what is the main reason why you don't want this child? Why do you just want to stop rebirth?

R：I: Then what is the main reason why you don't want this child? Why do you just want to stop rebirth?

R: Mainly I already have three [children], three is enough, I don't want to get pregnant at all. At that time, when I gave birth to my third child, I said that I would go for an IUD when I recovered during confinement. Then I asked the doctor that IUD has side effects and it is not good, so I didn't go to it. Then this time, after the abortion, I went to the hospital to ask again, and I wanted to put an IUD. He said that we should check first, ah! After a while, the doctor said that there should be no inflammation in the case of IUD, not even a little bit of inflammation. I'm also very difficult to do it, I can't do it for a month, and I still have inflammation, ah! Forget it! I won’t go up, and I haven’t gone up to now, and I’m afraid! I'm so scared, I'm afraid I really won't let him come again! God! I got pregnant easily. People who are prone to pregnancy are really afraid of suffering at the first time.

At that time, after I gave birth to my second child, I thought about having two children. A man and a woman are just right, so there is no need to have children. After 6 years, the third child came again. At that time, if you think about it, you will live. Three children are fine, so let's have another one. [Last year] Yeah, I didn't expect another one.
four! Then I can't ask for it anymore, wow! The burden is heavy and the pressure is great!

I: Which aspect do you think is the main pressure on the economy or the energy aspect of raising children?

R: There are children caring consideration, and there are also financial aspects. Now the burden of three children is really heavy, and it is stressful for me to have another child, no matter if it is a boy or a girl, the pressure of taking care of it is great.

Look at the three children of me, the little one has also gone to kindergarten. You see, it costs money to go to school. So it's stressful.

I: Then when you mentioned the induced abortion, did you have any negative psychological effects?

R: I will definitely be reluctant, really definitely will be reluctant. But there is no way. If you have another one, it means that he is really under a lot of pressure. There is really no way. I said that if it is a third child, then you can go to give birth. Four children is really stressful.

I: After you had the induced abortion, did the hospital tell you about the post-abortion care, for example, he would call or send a message about second re-examination and psychological condition?

R: He didn't call at all after I left the hospital. It was when the surgery was over that the doctor told me when to come for a re-examination, and then said what to pay attention to after the surgery.
I： Well, do you know about other contraceptive methods? It’s not just about women getting IUDs, but also long-acting contraceptives, and subcutaneous implants, including contraceptive injections. Have you ever heard of it?

R: Is there such a thing as true? I have seen it, sometimes I can see it when I use Douyin. I don’t know if there are contraceptive injections in our country, and do we have them in our country? After all, the female IUDs is actually more harmful, because you may have to take it out repeatedly after it is worn, including regular replacement! When I went for the inspection, I was in line, and the one behind me had that [negative] reaction in IUD. She said IUD was particularly bad, and her waist and stomach hurt, and she felt uncomfortable everywhere. I said you reacted so much? He said he wanted to take it off, he said it was too uncomfortable, and then I really asked a lot of people. Because I was queuing outside there were quite a lot of people. A person later told me that the IUD ring had side effects, and then her ring went into the womb flesh, and she needed surgery to remove it.

Oh my god it's so hard.

So I asked the doctor if there was anything else? He said that there are no others. He said that there is no one at present. He said that unless you take medicine, he said that taking medicine often is not good, so that's it.

I: But on the other hand, have you considered, for example, male sterilization?

R: I have seen it, and it seems that it is also said on Douyin that men go to circumcision. My husband said yes, and if we look at it in the future, he would really be willing to have a ligation, but he was still worried about the side effects. He also told me that he had a friend who also went for a vasectomy, and he couldn't walk back at all.

And if we have the desire to have children in the future, it can be reversible, it is a very simple operation, compared to women, because women do this, regardless of whether it is ring or vasectomy. The damage is too great. That's right, there are no women going to have a vasectomy now, isn't there no one?

Basically, all women are getting rings, no one will go for permanent ligation. What if you get divorced, and you will not be able to have children soon after you get married again.

I: Well, did you discuss the abortion decision with your partner and made it together, or was it mainly your own decision?

R: We have also discussed it, and he has discussed it with his parents. They all said no, they all said it was a lot of pressure, and if there is another one, our whole family is really under a lot of pressure.

I: During your confinement period to take care of your three children, what kind of help did the your husband provide?

R: I basically take care of the children by myself. When the two children grow up and go to school, the younger one stays at home for a long time. But there is no need to take care of him, [the youngest child] is easier to handle (take care of), just feed him and take a bath. If he want play, he will play by himself.

I: Have your parents-in-law helped you financially?

R: Basically no, they have no retirement pension, no source of income. [Our whole family] Mainly we rely on that small business. They just provide some help occasionally, such as taking care of children.

I: Are you satisfied with your husband's performance during the childbearing process?

R: Emmm...Not bad, Anyway, he only comes home at night, and the children only come back at night too. He also goes out to work during the day, but he usually watch the children do their homework.

I: Well, then we say that because we say that coastal areas like Hainan have clan culture. Older people may have this kind of patriarchal thinking, do you think your partner and the older generation in the family have boy preference?

R: I think our family is okay, I don’t pay much attention to gender, that is to say, if you are pregnant with a boy, you will have a boy, and if you are pregnant with a girl, you will have a girl. It is best to say that there are two, and if there are two, there is a companion, whether it is a man or a woman. So. You see. I have three children.
I: Then before you gave birth to your second baby, did the older generation or your husband express the hope that it would be a boy? Or is it your own hope that it will be a boy?

R: No no. They said... and he said it was too few to have one child, and it would be good to have two. He said that whether it is a boy or a girl, the two are better. If they have one child, they become the only child, and no one discusses important things in the future (about funerals, ancestral halls, and ancestor worship). It is best for each family to have two children, whether male or female, two children are fine. People in village will discuss you(if you have only one child)

Then I gave birth to my second child, fortunately, a boy was born..

I: Now there are many young people who have the choice of DINK, that is, he does not want children. What do you think about women having children?

R: I think DINK can do it too. Of course, it is better to have children, at least one. . . If you don't want two children, you need at least one, right? Whether it is a man or a woman, it is better to have a child. People nowadays may be under too much pressure, and many people don't want to talk about taking care of their

children. The main reason is that I can't keep up financially and energetically, and some people have no way to help the elderly in their families. In other words, there were more only children in the previous generation, so he didn't have the idea of having two.

I: Have you ever considered returning to work after your children are older, or are you just considering taking care of your children full-time and taking care of your family?

R: I've been looking for a job this year, and I'm also looking for a job. It is indeed too difficult to find, and it is not easy to find the right one. Been looking for it and haven't found it yet.

I: Which aspect do you think is hard to find? Is it because of the epidemic or...?

R: Various reasons. Because full-time mothers have been at home for many years, and then have no education and experience, it is difficult to find a job. You can see that when people are looking for a job now, they must have experience, and they are still young. You can see that the minimum educational background is a technical secondary school or above. You see, so I graduated from junior high school, and you can stay at home. It's been 15 years, you see my older one is 14 years old, so I have been at home for 15 years, and I can't find any job.
I: Then have you considered helping your husband with the family business?

R: That is, his business can only be managed by his two brothers. So I thought that it is also possible to find a suitable one to go out to work. The kids are in school and they are free at home. I sent it to school in the morning and picked it up in the evening, so I was free during this time.

I: Is the child mainly in public school?

R: There are both public and private ones, and kindergartens for children are private (because of household registration issues).
I: Well, let’s talk about the issue of the reproductive rights of the fetus, so we will switch to this topic, that is, some people think that a child is only a human being after it is born, and some people think that if you know it, it means that you are pregnant. From your personal thoughts, when do you think the fetus could considered as a person?

R: From the moment I conceived.

I: Does the pain you endured during childbirth and miscarriage make you feel deeply?

R：I think childbirth is nothing. You see, many people say that the first child is difficult to give birth, and it takes a long time to give birth. It's easy for me. All three of my babies were born naturally. It is very difficult for people to give birth to their first child, and they have to go to the hospital to wait for delivery or something. It was easy for me, I just felt a stomach ache, and then I went to the hospital, and it was easy to give birth.
At that time, when my eldest child came out after giving birth, I was still lying on that bed, and then a parturient woman went in, screaming and crying fiercely. Ah! She screamed so much that I was scared, and I said oh my god, it was my husband who came out, otherwise you would have been scared to death by seeing what her husband said.

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