A GENDERED MEMORY OF PAIN:
WOMEN’S BIRTHING BODY FROM THE SOCIALIST PAST TO GLOBALIZING
CHINA

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ABSTRACT OF THE THESIS

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With a feminist critical perspective, this paper examines ways labor pain management of childbirth in China from the early 50s’ to current period. Through the tragedy of laboring women, Ma Rongrong’s suicide in the hospital in 2017, I reviewed factors behind the inaccessibility of labor analgesia in China, early governmental attempts in relieving labor pain as a political statement following the Soviet Union, and how and why labor pain has always been put on a secondary place in the context of medicalized childbirth in China. I argue that the early attempts are results of political ideology’s practice and disputes rather than medical progress, and women’s reproductive body in labor became the embodied site. In addition, women’s reproductive bodies are now situated in between medical intervention, state’s population policy and other socio-cultural impacts, shaping women as subjects capable of giving birth but not subjective to pain. I also correlate the recent advancement of labor analgesia with the termination of the One-Child Policy, arguing that the recent governmental attempts to promote labor analgesia as a means to ensure their expectancy of two children per family. My discussion also includes contents analysis of media representations that speak and act out
women’s memories and perceptions of labor pain. In addition, I will talk about governmental and non-governmental efforts in promoting labor pain management in recent China, and how do the need and market of labor analgesia influence the culture of childbirth.
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Introduction

On August 31st, 2017, Ma Rongrong, a 26-year-old woman in Yulin, in Northwest China's Shaanxi province, jumped from the fifth floor of the local hospital where she was expecting the birth of her baby. After her request of a cesarean surgery had been denied, she committed suicide, possibly due to unbearable labor pain. The use of labor analgesia is limited in China, and in Ma Rongrong’s case, the choice was either a painful natural birth or a cesarean section. Her tragedy was reported in the news and soon triggered intense debate online. Why couldn't she sign the surgery agreement by herself when she was still conscious? Why was her begging for a cesarean birth rejected by her husband? Or, according to her husband, why did the doctor deny her request for a cesarean birth? In a short period of time, the center of the debate was redirected to the lack of labor analgesia service in China, as well as the speculation that Ma's husband and his family were unwilling to sign the surgery agreement for the analgesic cesarean surgery because of the idea of a natural born baby being healthier, and also due to the high cost of the operation. Ma's death tore apart the long existing tension between women's reproductive rights, family ethics and the nation's medical system. Discussing labor pain, or reproduction-related pain, becomes a verbalized outlet for women's anger and suffering. With the world's strictest population policy, why is the pain of laboring bodies not in the policy’s concern? How far is China from the future of widely accessible labor analgesia service covered by the primary healthcare insurance system? Also, why is the right to decide how the baby should be delivered not in the hands of the woman but handed over to her husband and his family? With the rising feminist awareness in contemporary China, the feminist community online keeps referencing Ma’s death as a
tragedy of the patriarchal culture in which women do not have control over their own childbirths.

A year after Ma's death, I started to write this paper, my Master’s thesis in women’s and gender studies, on labor pain. As I started writing, China's National Health Commission announced a pilot program to select hospitals to implement labor pain management, which refers to spinal analgesia, including epidural analgesia, and combined spinal-epidural anesthesia. My initial question was why is there limited access to labor analgesia in China? I discovered that people already responded to this question with a perfect answer: the shortage of anesthetists. The number of anesthetists per person in China is meager compared to countries where labor analgesia service is widely used. According to the World Federation of Societies of Anesthesiologists (WFSA), the number of Physician Anesthesia providers per 100,000 person in the U.S. is 20.82, while the number in China is 5.12 (WFSA, 2017). Other medical professionals argued that the high rate of C-section birth in China is partially due to women's avoidance of pain and the lack of other effective pain relief methods. That is to say, anesthetized C-section birth is used as an alternative to vaginal birth in the absence of labor analgesia. I learned through my research that the answer is a much more complex one. In my thesis, I will challenge these discourses by digging into historical archives, women's literature and artworks, state population and medical policies, and other pieces of evidence I gathered online and offline. I will trace the history of labor pain management in early socialist China, examining how women's labor pain is portrayed differently across time and spaces. Linking back to Ma's tragedy, I will interrogate the social and political meaning
behind labor pain in contemporary China, which I refer to as "the gendered memory of pain."
Chapter 1

The Management of Labor Pain in Contemporary China

With the world's largest population and strictest birth planning policy, China is surprisingly behind in the use of all forms of labor analgesia. In 2007, it was estimated that less than 1% of women were given labor analgesia in China (Fan, Gao & Yang, 2008). By 2018, some articles online are citing the rate as 10% without date sources, indicating a possible increase in the use of all forms of labor analgesia in China.¹

Meanwhile, the rate of cesarean delivery in China, according to WHO's survey from 2004 to 2008, was as high as 46.2%. The global cesarean section rate is 25.7%. In Asia, this number is 27.3%. There is no other surveyed country in Asia that can compete with the C-section rate in China (Wang, Hou & Zou, 2017) Among all the cesarean deliveries, more than half of these deliveries were non-indicated, which means these surgeries were conducted as chosen by the parturient and/or her family, rather than out of medical concern. One common explanation for non-indicated cesarean birth is the analgesia used in the surgery to relieve pain. Otherwise, access to labor analgesia during childbirth is minimal. This reveals a popular belief about childbirth in China: if a woman can't bear the labor pain, then she should request a C-section birth. This is precisely what happened in Ma's case.

According to popular opinion, cesarean surgeries are commonly used as a painless way of delivering in China, because epidural analgesia is rarely used in childbirth. In China, cesarean birth is universal and accessible. Non-indicated patients can

¹ While acknowledging the benefits of labor analgesia in this paper, I am also aware of its potential risks, including but not limited to drop of blood pressure, headache, and numbness of lower body after birth. See more at https://americanpregnancy.org/labor-and-birth/epidural/.
also require a C-section if they have their own concerns. Papers published in medical journals about the high rate of cesareans in China highlighted pain relief as an important reason for these non-indicated women choosing cesarean birth. In the tragic story of Ma Rongrong, her begging for cesarean surgery is due to the belief that analgesia will be available in C-section delivery. Other explanations of high C-section rates are, picking an auspicious birthday for the baby and worrying about body shape and weakened vaginal muscle and vaginal elasticity after a natural birth. Meanwhile, feminist critics challenge these assumptions by critiquing the contemporary medical system, arguing that the profit-driven nature of hospitals, unfriendly patient experiences and doctor's authoritative suggestions combine to push women into deciding to have a C-section. In the following discussion, I will discuss facts and myths around "C-section as a painless way of birth," and assess the relationship between future progress of epidural birth and the existing practice of C-sections.

In 2018, the World Health Organization (WHO) published a document called “WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience.” This two-hundred-page document focuses on addressing common factors around the practice of labor and childbirth. This guideline, regarding itself as a childbirth manual for all pregnant women, is trying to establish a path to a "positive childbirth experience." (WHO, 2018) The guideline mainly divides childbirth into three stages of labor and post-childbirth care, which includes responsibility for the newborn and care for the woman after birth. The standardization of the childbirth process and the belief of standard childbirth as positive childbirth experiences are thus made visible for policymakers and practitioners to follow.
In the section on the first stage of labor, recommendation No. 19 is on using epidural analgesia for pain relief. "Epidural analgesia is recommended for healthy pregnant women requesting pain relief during labor, depending on a woman's preferences." The chapter spends many words comparing opioid analgesia and epidural analgesia, based on factors like effects, side-effects, resources required and so on. The necessity of labor analgesia as part of the "positive childbirth experience" is addressed as well.

A year after Ma's tragedy, on November 15th, 2018, China's National Health Commission announced a pilot program which will be implemented in selected hospitals to increase the use of pain management during labor (People's Daily, 2018). The policy states that, from 2018 to 2020, hospitals will be selected country-wide to promote the popularization of pain relief in childbirth. By "pain relief," this program refers mainly to spinal analgesia, including epidural analgesia, and combined spinal-epidural anesthesia. These hospitals are expected to bring more local hospitals into offering this service. The purpose of this pilot program is to standardize the technique of labor analgesia, improve the accessibility of this service, encourage more natural birth under analgesic conditions, reduce the rate of cesarean delivery, enhance the comfort level of medical services, and improve the satisfaction of pregnant women giving birth in the hospital. Besides, offering labor analgesia is expected to shorten the medical team’s response time in emergencies which will further reduce maternal mortality rates, and enhance people's positive experience in medical treatment. Detailed technical operation specification and procedures are offered as attachments to the announcement.
By the end of 2020, these selected hospitals are expected to achieve a rate of natural birth using labor analgesia by more than or equal to 40%, while the current rate is about 10% country-wide. According to an article published in *Worker's Daily* (Xinhua News, 2018), labor analgesia has been provided in some hospitals for more than 14 years in China. In Liaoning Province, Shenyang Obstetrics and Gynecology Hospital has been offering labor analgesia for 20 years, and about 40,000 women have benefited from it. However, the number of hospitals providing this service is minimal, due to the shortage of anesthetists. In general hospitals, services of analgesics are expected in nearly every department's surgery, and anesthetists are not able to stay in the Obstetrics Department long enough to perform labor analgesia service. Currently, there are about 76,000 anesthetists in China. If measured by the global standard of 2.5 analgesics per 10,000 people, the shortage of anesthetists in China is astonishingly high. China needs 300,000 more anesthetists to reach this standard. By 2020, China is expecting its number of anesthetists to reach 90,000 and the number of anesthetist per 10,000 people to reach 0.65 (National Health Commission, 2018). By 2035, the number of anesthetists per 10,000 people is expected to reach one and more.

The policy of promoting labor analgesia is seen by many as a response to the public outrage ignited by Ma's tragedy. Meanwhile, Chinese women are exerting a more powerful voice in how they view childbirth options. Right after the announcement of the policy, a piece of news was turned into a hashtag on Weibo.com (the biggest microblog website in China with 445 million monthly active users in Q3 2018). The hashtag is "#mother-in-law dissuade labor analgesia," and it features the story of a woman who identifies herself as Ke Min, whose mother-in-law discouraged her from choosing labor
analgesia. Her mother-in-law, regardless of her intention and medical information gathered by Ke Min and her husband, insisted that labor analgesia will damage the infant's brain and leave Ke Min with chronic back pain. Taking her mother-in-law's concern into account, Ke Min stepped away from using labor analgesia. However, as someone who is more sensitive to pain, Ke Min eventually demanded an epidural birth. She and her baby are safe and sound after receiving an epidural. The news article then goes on discussing facts about epidural birth and how can it free women from labor pain.

I use the method of content analysis to further understand how the public reacted to the news of Ke Min’s experience. Not surprisingly, the most popular comments under this hashtag all critique the conservative decision made by Ke's mother-in-law. Lots of people liked these comments (to show that they agree with these comments). More specifically, these comments are criticizing how the mother-in-law values the possible harm analgesia might have on the baby, rather than the extreme pain Ke Min has to endure. Behind this debate, the value of passing on the family line is continuously challenged. Women are claiming the right not to suffer pain and contesting what used to be considered the greatness of motherhood (to endure birth pain). The relationship between a woman and her husband's parents has always been regarded as a tricky one in modern Chinese culture. No longer willing to compromise to the role of a filial piety daughter-in-law, more women are demanding their right to speak and make decisions, especially in the event of birth. Giving birth to her child under her in-laws’ expectation to pass on their family line makes birth-related experiences full of conflict. Reacting to Ma's tragedy, and Ke Min's experience, claiming the urgent need of labor analgesia is not merely asking for pain relief, it is women's collective voice rejecting the
unnecessary suffering of pain brought on by the patriarchal culture of childbirth.

“Patriarchy has told the women in labor that her suffering was purposive – was the purpose of her existence.” Her suffering is associated with her ultimate value in the world (Ricn,1976) The typical image of a mother-in-law is merely a representation of this culture.

Broadcasting the news of Ke Min is using her mother-in-law's image to give examples of possible concerns of epidural birth. The “mother-in-law” image represents how the patriarchal culture of childbirth is practiced within one’s family, with the older generation as a spokesperson for it, it hinders young woman from choosing a more “scientific and rational” way of giving birth. In this story, with the support from a husband who’s willing to care and learn about labor analgesia, Ke Min accomplished her choice of becoming a rational mother. The real problems of long absent service of labor analgesia and the patriarchal culture of childbirth become invisible in the end.

I have my own "conspiracy" theory about this kind of news: it is written and broadcast to promote new policy and what is considered to be "knowledge" relating to the policy, rather than to challenge the oppression brought by the patriarchal culture of childbirth. One year ago, right after Ma's tragedy, many fierce discussions challenging the lack of labor analgesia and women's options in childbirth received intense public attention on Weibo.com. Ordinary users posted many of the comments. One year later, when I search "Ma Rongrong" on Microblog (Weibo.com), the top results are all news articles published by verified media accounts like China Central Television News. I can see how this platform is trying to leave only the "official" memory about this tragedy to the public.
Meanwhile, right after the policy change, "#mother-in-law dissuade labor analgesia" can stay on Weibo.com as a hashtag with verified accounts turning the news into a discussion. The purpose of popularizing relevant knowledge through this news becomes clear. This action is easy to comprehend: one of the biggest obstacles for popularizing labor analgesia in China is outdated knowledge of anesthesia's influence on the health of mother and infant. The older generations are more likely to stick to their beliefs and are less willing to change. However, they are easier persuaded by information acknowledged by official channels of media, rather than by beliefs the younger generation holds.

By now, I have brought up two of the primary reasons why labor analgesia is not widely used in China. The first is the shortage of anesthetists, and the second is the popular belief that "naturally born babies are healthier." Many researchers have conducted research relating to labor analgesia, considering topics like labor analgesia's operating procedures and the possible effect it has on the time of labor stages and maternal-infant health. Analyses concluding factors delaying the popularization of labor analgesia are also predominant.

Ckni.com is an online database of academic articles and research papers, and is considered a critical national information construction project in China. It is where I found most of my references written in Chinese. By categorizing articles relating to 无痛分娩 (painless childbirth) by year of publishing, I saw a skyrocketing increase in the number of articles published every year. In 2000, the number was 21. In 2008, the number was 53. In 2017, the number reached its peak: 247 papers were published. Until
December 18th, 2018, the number of articles relating to painless childbirth published in 2018 was 205, well above the number published in 2000.

In 2018, authors in the journal *Medicine and Philosophy* in China published a paper based on reflections on maternal death in Yulin. By interrogating Ma's tragedy, this article aims to analyze the need for labor analgesia, and considers the factors hindering the popularization of painless childbirth in China (Wang & Ma, 2018). This article categorized what the authors call "hindering factors" into two categories. One is the medical system's inherent issues, and the other one is a socio-cultural influence. Three internal dynamics in China are addressed.

First, the number of physicians who specialize in anesthesiology is severely limited in China. As I mentioned earlier, currently there are about 76,000 anesthetists in China. Most of them are operating in general surgeries. There is no offered anesthetist position in most Obstetrics Departments. Anesthesiology is usually an independent department. Thus, providing labor analgesia service is simply unrealistic in most hospitals. Second, the State Administration for Commodity Prices does not provide a clear charging standard on labor analgesia, and China's medical insurance for its citizens does not provide coverage for labor analgesia. These reasons combined create a dilemma for promoting labor analgesia service country-wide. Third, the publicity and education on analgesia's effects on childbirth are insufficient. The guiding rule has always been "let technology speak for itself," rather than actively promoting up-to-date information on labor analgesia. Under this circumstance, even some doctors and nurses lack a clear understanding of labor analgesia, which makes them very unlikely to pass on relevant information to patients and their families. While the cost of an epidural is not a major
concern for pregnant women and their families, the limited access to pertinent information is what restricts them from choosing it.

Outside of the medical system, there are also obstacles which delayed the popularization of labor analgesia. Traditionally, the concept of labor pain as unavoidable has rarely been challenged, and the individual difference in sensing pain is ignored. The common idea about labor pain is to endure it, and it will pass eventually. However, Ma's tragedy broke the silence and warned us how crucial it is to alleviate labor pain for those who are in need. In addition to the cultural misconception, the doctor-patient relationship in China is experiencing intensive tension. After China’s open door policy was implemented in the ‘80s, health care reform took place in China and forced public hospitals to become self-sufficient, which increased hospitals’ costs and this pressure then has been transferred onto patients (Florcruz, 2011). This growing tension has significantly decreased the level of trust between doctors and patients. Incidents of patient violently hurting doctors physically are happening every year. According to Wang & Ma, some patients view labor analgesia as an extra service doctors use to increase their income. Besides, with limited hands-on experience of epidural births, many doctors are reluctant to operate since any failure or miscommunication with the patient may cause doctors to get caught up in troublesome medical disputes. In addition, due to insufficient medical funding provided by the country, hospitals are responsible for their financial situations. Hospitals’ needs to create profits drives them into expanding money-making services, rather than putting money into upgrading the Obstetrics department's operating room and equipment which can better support epidural birth. The little economic incentive encumbers most hospitals from developing labor analgesia service. Under this
circumstance, the attempt to develop labor analgesia services was made by only a few hospitals who have stronger financial and medical resources. In the next section, I will discuss the early development of labor analgesia services in China.

Developing Affordable Labor Analgesia Services

Since 2001, Peking University First Hospital initiated a labor analgesia program in China, making them the very first hospital in mainland China to standardize labor analgesia service and offer it on a sliding scale to make it affordable (Sun & Qu, 2015). They did not merely provide the service; they established a whole supporting system, from human resources to the medical equipment supply chain. They also shared their experience through writing and publications. *International Journal of Gynecology and Obstetrics* published one of their studies in 2007. Titled “Popularizing Labor Analgesia in China,” three doctors from this hospital give a brief overview of their progress made (Fan, Gao & Yang, 2007). According to them, while the rate of cesarean surgery reached almost 50% in some Chinese hospitals, less than 1% of women in labor in 2006 were given neuraxial analgesia. They also provide a brief overview of changes in progress. In 2005, the First Beijing International Conference on Obstetrics and Gynecology brought findings and controversies about labor pain relief into the forefront. The Anesthesia and Pain Management Conference further discussed more detailed knowledge on procedures of epidural birth and misunderstandings of it, with more than 1200 physicians participating. The resulting paper addressed the need for cost-effective labor analgesia in China.
Many other papers I read offered a similar conclusion on why labor analgesia is not commonly used in China. I found myself falling into a dilemma after reading these papers. The obstacles they described are indisputable, like the shortage of anesthetists: how can labor analgesia be popularized when there's no one to perform the procedure? Currently, anesthetists are often burdened by overwhelming workloads of operation of all other surgeries. According to a research in 2015, the sudden death rate is highest in anesthesiologists among all physicians in China (Song etc., 2015). Initially, I was trying to investigate if labor pain is valued as less important compared to chronic pain or surgical pain and if women are viewed as having a higher tolerance for pain. Sometimes seemingly obvious conclusions still need sufficient supporting pieces of evidence. However, I found related discussions in China very rare, and I almost couldn't locate a researcher whose work is also on reproduction related pain using a non-medical approach and whom I can be in direct conversation with.

In The Girl Who Cried Pain: A Bias Against Women in the Treatment of Pain (Hoffman & Tarzian, 2003), Hoffman and Tarzian argued that women are more likely to be insufficiently treated by health-care providers who may "discount women's verbal pain reports and attribute more importance to biological pain contributors than emotional or psychological pain contributors." Once diagnosed, women are less likely to receive aggressive treatment for chronic pain compared to men. The Atlantic published an article, “How Doctors Take Women's Pain Less Seriously” (The Atlantic, 2015). In this article, Joe Fassler argued that the hospital emergency room is sexist, and exposed his wife to a long waiting time with her abdominal pain untreated. He stated, "Nationwide, men wait an average of 49 minutes before receiving an analgesic for acute abdominal pain. Women
wait for an average of 65 minutes for the same thing. Rachel waited somewhere between 90 minutes and two hours."

Since similar data is not available in China (in fact, this is not the typical way research is done in China), I'll elaborate on my own experience. From my personal experience, there is a culture of resilience (忍耐) in China, especially about enduring pain and suffering. When it comes to women, resilience also reflects on the culture of birth, like the wide-spread interpretation of labor pain, “Just endure the pain and it will pass.” Resistance is considered a virtue in Confucianism, which plays an essential role in Chinese people's ideology. Whenever I have my PMS induced migraine headache, or I suffer from period cramp pain, one advice I often hear from family and friends is to consume fewer painkiller pills, because they are "bad for your body." They may suggest that I drink more hot water, put a hot water bottle on my belly, and never eat cold food or drink cold water. It seems that to endure menstrual pain rather than take a painkiller is a virtue, which is good for myself in the long run. By refusing the short-term advantage of a pill, I'm taking better care of myself. Apparently, I have chosen the short-term benefit over pain, and now I'm a monthly consumer of ibuprofen, Sumatriptan, Excedrin, and a very effective painkiller produced in Japan. Although the use of painkillers created new confusions for me on the biomedical discipline of my body, they do relieve me from headaches or cramping. I often debate for a short period before I take one capsule of any of them, and nearly every time I gave up my resilience and chose not to suffer. In addition, the erasure of pain maintains my productivity which frees me from falling behind at school and work. This debate reflects what I have inherited internally from my
experience. To take one painkiller without reminding myself about how I'm giving up my endurance is impossible.

Besides menstrual pain, labor pain is also commonly described to women as something they should "just endure, and it will pass." This passive attitude and the idea about endurance is especially emphasized when talking about childbirth. My vague childhood experience contains a piece of memory discussing with my mother how I was born. When I was very young, my mother told me she didn't give birth to me; she "picked me up from a trash can." This is what Chinese parents say when they try to avoid giving sex education to their children. When I grew older, I knew my mother gave birth to me, and I'm curious whether I will give birth in the future. This is what I heard when I asked about labor pain: "every woman has to go through this process. Just endure it, and it will pass."

The Overuse of Cesarean Surgery: Whose Choice?

Many have discussed the overuse of cesarean surgery in China as an alternative way to relieve labor pain. In the absence of labor analgesia, cesarean surgery is the only way to receive anesthesia for childbirth. As I discussed above, the cesarean birth rate skyrocketed in China over the past 20 years. One interpretation of this phenomenon is women's fear of labor pain. Some even say modern women are fragile, self-indulgent and not able to show endurance like prior generations. However, I found that female scholars in China provided alternative explanations to the impression of "modern women's fear of pain," or them being fragile. Other than blaming women for not being able to endure pain, sociologist Tao Yan-Lan argues against the claim that women's request for a
cesarean birth is due to their intolerance to labor pain (Tao, 2012). Instead, she examines the process of childbirth in the discourse of culture, technology, power, knowledge and medical systems. In her opinion, the pressure of hostile medical environments and the over-used medical intervention into the process of childbirth lead to women's increased level of pain and anxiety, which leads to their request for cesarean births. Also, these women did not all willingly choose cesarean delivery, but were strongly influenced by doctors’ attitudes, words and behaviors.

In "Obstetricians Encountering the "Fear of Maternal Pain"? : The Body Politics of Chinese Women's Delivery Experience," Tao Yan-lan (Tao, 2012) interrogated the assumption of women choosing cesarean birth due to their fear of labor pain by describing the interviews she conducted and postings she collected online. Through her research, Yan-lan concludes that attributing cesarean rates to women themselves is a reductionist way of understanding the rapid increase of cesarean birth in China. Rather, behind the decisions about cesarean birth, there are sophisticated and professionalized handling of power and profits. Chinese culture does not encourage the explicit expression of bodily and mental pain, due to the virtue of endurance. Labor pain is regarded as unavoidable and to endure labor pain is directly related to the “halo” of motherhood. Popular opinions like "once one can endure labor pain, there's nothing she can't endure," or "going through labor pain makes a woman stronger," all prevent women from speaking out about their pain. Among the six doctors Tao Yan-lan interviewed, all of them expressed their opinion that women are intolerant to labor pain and they are too fragile. Unlike prior generations, these women started to scream once the labor stage began.
Tao Yan-lan also interviewed a woman who used labor analgesia. According to her, she was aiming for a natural birth, but when she heard about how terrible the pain might be, she went to the provincial hospital where labor analgesia was offered. She said, "Since I can get this shot, why should I endure the pain? The older generation had no choice but to bear the pain. The technology has progressed today. It's unnecessary (to endure labor pain)."

Medical intervention is complicated in terms of whether it liberated women from labor pain or it modernized the childbirth process and produced extra burdens. In another interview, a woman talked about her traumatic birth experience. She chose a Doula service, which meant she would receive guidance and assistance through the stages of her labor from a woman who had childbirth experience. Once she entered the Doula's room, she was given an oxytocin injection. One doctor told her this would shorten her labor. Then, another male doctor came to ask the midwife how long she had been there. The doctor decided her childbirth progress was too slow, and he ruptured her amniotic sac by hand without asking for her permission. Once the doctor left, the Doula and the midwife were busy chatting with each other. Neither of them were paying attention to the woman in labor.

After this, medical intervention interfered in her labor. This is one of the situations where medical intervention deepens women’s level of anxiety. This woman lost control of her body. Medical interventions including injections, medications and monitoring equipment threw her into a world of unfamiliarity, stringent order, and unease. Her request for labor analgesia injection was ignored, and her level of pain increased while she was told to walk into the labor room accompanied by a nurse.
Through her case, Tan argued that a hospitalized childbirth might be accompanied by unfriendly health care providers and services, in which one may have limited support from family members and be placed into unfamiliar space. Once positioned in a medical setting, the concept of natural birth is indeed not "natural" anymore. The common idea of "natural born babies are healthier" ignores how medicalized childbirth leaves no "natural" space except it is still a vaginal delivery. The wide use of oxytocin to shorten labor time and the artificial rupture of the amniotic sac stimulates the contraction, which possibly increases the level of labor pain. Another widespread myth is "cesarean birth is painless." It surely is, before the anesthetic expires. The recovery process is long, and the healing process is challenging. My mother delivered me by cesarean surgery due to my unusual position (for some unknown reason, I carried my umbilical cord on my shoulder). Her surgery scar went through multiple rounds of inflammation before it finally healed.

In this context, the profit-driven hospital environment and medical intervention deepen labor pain and women's anxiety level. In addition, most hospitals don't offer labor analgesia. In this circumstance, asking for cesarean birth means women are actively seeking strategies to resolve their labor pain and ease the labor process, rather than merely avoiding labor pain. Under very loose governmental regulation, hospitals promote cesarean surgery not only for women in need but also for creating more revenue and to shorten the time a doctor has to spend on each woman's labor stages. To talk about the increased cesarean rate without acknowledging hospitals' dominating position in conducting these surgeries is insufficient. I turn now to interrogate the relationship between cesarean birth technique and pain, asking whether unbearable labor pain accelerated the use of cesarean birth, or the viability of cesarean surgery put labor pain in
an "unbearable" situation. I argue that it is simply wrong to attribute the high rate of cesarean delivery to women themselves. Rather, it is a result of profit-driven nature of hospitals and lack of accessible epidural birth services.

Re-thinking Ma’s Tragedy

Most news covering Ma's tragedy centered on Ma's family and the hospital. An image of the traditional patriarchal family is portrayed by citing her husband's reluctance to sign a surgery agreement. Many readers concluded that the family was unwilling to pay extra money; they could not move beyond the traditional idea that a "naturally" born baby is healthier, and the idea that all women have to suffer inevitable labor pain. Others debated why Ma herself could not sign the agreement. Noticeably, it is the hospital that claimed Ma's husband refused to sign the surgery agreement. In contrast, he argued that he asked for a cesarean birth, but the doctor denied him by saying Ma was ready for a vaginal delivery. Initially, the hospital offered a clip of surveillance video which contains an image of Ma kneeling to her husband twice in the hallway. Many readers take it as her begging for relief. Medical professionals came out to explain that her kneeling was due to labor contractions, not begging. In my opinion, Yulin First Hospital transferred the center of criticism from itself to Ma's family by denying that the family asked for surgery and providing an ambiguous video clip. As a state governed hospital, Yulin First Hospital held more power and was equipped with a stronger right of speech, an authoritative voice to explain what happened, and a greater ability to take risks.
Once we have to rely on the hospital's voice to allocate responsibility, we cannot escape the slippery slope of blaming the victim for everything they have not done. In Ma's tragedy, I disagree with many Chinese feminists' opinions on Ma's husband and his family being cold-blooded or ignorant. Their misconception about childbirth can't change the fact that they lost Ma and the unborn child. In any case, it is a tragedy for her family. Accusing ordinary individuals of being ignorant in a highly professionalized, authoritative state governed medicalized space neglects the huge disparity between these two parties, in terms of knowledge, power, and voice. All the information released pertaining to Ma's pre-labor condition, her family's attitude, the unborn child's medical

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2 http://news.ifeng.com/a/20170906/51890785_0.shtml
3 http://news.ifeng.com/a/20170906/51890785_0.shtml
status, and the videotape, is information that only the hospital can hold. No one else but
the hospital has the power to release information they want to release, and only explain
facts they want to explain. Ambiguity about Ma's kneeling on the ground instantly
relieved Yulin First Hospital from the dispute. Ma's family was criticized for ignoring her
extreme pain and for emphasizing passing on the family line more than her well-being. In
addition, if the family possesses outdated knowledge on childbirth, as many people do in
China, it is the government's responsibility to provide far-reaching maternal health care
service and education, or to make policy change to better support women who may be
vulnerable to these harms, rather than hold individuals responsible in such a situation.

I have to bring up a fact that is rarely brought up in the news covering this case.
This fact hardened my opinion on Yulin First Hospital and made me contend that they
hold specific responsibility for Ma's death. Because the cesarean birth rate became
dangerously high in China, the government had already put effort into controlling the
cesarean rate. The National Health and Family Planning Commission listed the C-section
rate for non-medical needs as an essential indicator in reviewing a hospital's overall
performance. Yulin is in Shaanxi province, and the National Health and Family Planning
Commission announced in 2012 that the C-section rate in rural Shaanxi fell from 32% in
2008 to 26% in 2010 (Hao, 2017). Yulin First Hospital, where Ma's incident took place,
is listed as one of the "National baby-friendly hospitals" by the National Health and
Family Planning Commission. To be qualified for this list, the cesarean birth rate is given
a considerable percentage in the grading criteria. How Yulin First Hospital achieved the
goal of lowering the cesarean birth rate remains untold. In the process of promoting
vaginal delivery while decreasing the number of non-medical purpose cesarean births, the
hospital’s propaganda strategy was to broadcast the benefits of vaginal delivery over cesarean birth. If Ma's family were told by the doctors beforehand that vaginal delivery is healthier, then why blame the family for not choosing the surgery? If the doctor did reject her cesarean surgery request, was it due to the hospital's pressure to keep their place in the "National Baby-Friendly hospital" list? These questions remain unanswered.

Population Policy in China: Population Quality versus the Laboring Body

On a large scale, population policy did not address labor pain and its consequences as part of maternal and infant health until recent years. In 2018, a Maternal and Child Safety Action Plan (2018-2020) (National Health Commission, 2018) was issued by the Health Bureau. Article 20 aims to create a comfortable and maternity-oriented delivery experience, in which non-drug pain relief services are available. Well-equipped hospitals are also encouraged to provide labor analgesia service and allow family members to accompany the woman during the childbirth process. Before this Action Plan, the comfortable delivery experience is rarely mentioned in Gender Equality and Women's Development in China (2011-2020), a national guide on women's development in areas such as health, economic development, education, social welfare, environment, law, and political participation. In the health section, women's health is represented by sexual and reproductive health.

One of the goals of the Maternal and Child Safety Action Plan is to ensure a safe childbirth process, including prenatal care and obstetrics service. It aims to bring medicalized childbirth to more than 98%, and above 96% of all births in rural China. Increasing the hospital birth rate has always been an essential goal for the National
Health Commission. To promote vaginal delivery and to control the cesarean birth rate is also one of the goals. In this guide, labor pain management is not mentioned. However, prevention and treatment of women's mental health, including postpartum depression, is described as a goal in the manual. Labor pain has been proven to correlate with postpartum depression. Focusing on the prevention and treatment of postpartum depression but not the detrimental impact of labor pain is to ignore one of its causations.

Women and children's health (妇幼保健) is a concept frequently cited in China's population related policies. In considering women and children's health, medicalized childbirth serves to increase safety both for the mother and the child. The infant mortality rate has dropped drastically in China. In 2016, the infant mortality rate was 7.5‰. In the years between 2000 and 2016, this number decreased by 76.7%. (Health. People.cn, 2017)

Meanwhile, the rate of hospitalized childbirth was 99.7% in 2016, which increased by 36.9% since 2000. The state's power in controlling population achieved the strict promotion of hospitalized delivery. Hospitals are involved in giving out certifications indicating the identity of the newborn. This transition also constructed the hospital as the only place people consider when giving birth. Giving birth outside the hospital now sounds so barbaric that people don't even think of it. However, how children are delivered in the hospital has been altered by the overuse of oxytocin, cesarean surgery, and other interventions. The treatment of pain has been left out. Cesarean birth changed the game for labor pain, redefined the way labor pain is treated, but it never really answered the question of why we did not take labor pain seriously enough, especially on the policy level.
Over the past decades, hospitalized childbirth is made into almost the only choice in rural China. I took a walk in the Obstetrics Department in Yuxian People's Hospital, a county-level hospital in Shanxi province, and collected some information from the posters exhibiting in the department. Yuxian is a county in Shanxi Province with a population of 320,000. In Yuxian, pre-natal check-ups are mandatory and free. Once a woman is pregnant, a publication called Pregnancy Healthcare Brochure will be distributed to her during the initial check-up. Every required check-up is recorded in the pamphlet. Syphilis and hepatitis B are required tests. In Yuxian People's Hospital, a workshop called “pregnant women's school” had been held for nine years. The "school" helps women to understand checkups, prenatal care, and helps to track and intervene in their pregnancy process. Overall, the control of re-population quality is achieved through strict free prenatal check-ups.

Before birth, the couple has to get birth permission from the local population control office. A marriage certificate, as well as birth permission, is essential to receive coverage from the national healthcare insurance. Getting birth permission outside of marriage takes extra steps, which makes documenting the child in the household registration system harder and more expensive. For single mothers, the time and money cost of getting IDs for their children can be several times harder (Chen, 2017).

After the termination of the One-child policy, two children per family became a practice that is encouraged by the government. The National Population and Family Planning Commission used to be the commission that executes the strict policy of one child. They promoted forced abortion and sterilization through their local offices in every city, county and villages. Now their mission has changed. Their propaganda now urges
each family to have a second child. A one-time cesarean delivery is no longer enough. More births per family are anticipated. The surgery scar left from a C-section may lead to the danger of placenta previa and make a second birth much more hazardous. A woman who received cesarean surgery needs recovery time before she can get pregnant again, and unlike in the United States, she will not be encouraged to have a vaginal delivery during her second birth. Overall, by promoting labor analgesia, the cesarean surgery rate is anticipated to decrease which will stimulate the growth of the population.

In Yuxian, the cesarean birth rate has always been stable and under 25%. Consider the national average; this number is amazingly low. On the posters and brochures I saw, the medical information provided still advocate for the benefits of vaginal birth, especially a quicker postpartum process compared to cesarean surgery and the risk of cesarean surgery. Unlike some other hospitals where cesarean deliveries are overly used to shorten labor stages and create profit for the hospital, doctors in the Obstetrics Department in Yuxian People's Hospital obviously showed more patience and empathy in convincing their patients to have vaginal deliveries.

This pervasive process is called "做工作," or "do some work." It is an old-fashioned way to describe a way to convince someone to do something, usually communicated between a "leader" and the people. Doctors are figures of authority in the setting of medical institutions, especially in public hospital’s Obstetrician’s Department where childbirth is associated with birth certificate, population policy and the quality control of the state’s newly born citizens. Because the need to lower cesarean birth rate and the lack of labor analgesia, doctors are often pushed into the obligation of advocating the benefits of natural birth. Their authority influenced on patients’ choices. In a report by
BBB in 2019, an increasing number of hospitals are carrying out policy to reduce cesarean birth rate in their hospital. According to Dr. Liangkun Ma, the senior Obstetrician of Peking Union Medical College Hospital, in each region hospitals are put into competition of their cesarean rate, and fines will be issued if the goal is not met (Owen and Razak, 2019).

Before the extensive use of cesarean surgery, a practice called "destroy the fetus" was practiced until about 20 years ago in Yuxian People's Hospital. In extreme dystocia (difficult birth) situations, in which the baby has no hope to live, the doctor would terminate the baby's life and cut the baby's body into pieces before taking these pieces out. I also heard a horrifying saying about childbirth here. In Yuxian, there is an old saying: "a bag of millets only squeezes out one." It means a woman's womb is like a bag of millets; one lost child is not the end game. One can still give birth to more in the future.

During the harshest times of the One-Child policy, sex selective abortion frequently happened before the government announced it was illegal. I think the phrase "a bag of millets only squeezes out one" can perfectly describe sex-selective abortion. According to the World Bank, in 1992, the sex ratio at birth in China was 1.12 (World Bank, 2019). In 2002, it increased to 1.16, and in 2007, it reached the highest point of 1.17. This means for every 117 boys born, only 100 girls were born. Families with strong boy preference hold the idea that only boys can "pass on the family line." Many women bear a tragically heavy cost for this patriarchal idea: they have to receive abortions until they conceive a boy. After 2007, the sex ratio at birth started to decline. In 2017, it
dropped to 1.15. The prohibition of sex selective abortion and the termination of the One-Child Policy all contributed to this decline. 

As I mentioned above, the idea of "passing on the family line" still exists in China. One is not only giving birth to one’s child, but also giving birth to a new life who will inherit the husband’s family name. Marriage and childbirth come as a bundle in China. Population policies make childbirth outside marriage both difficult and unwelcome. This makes one situation clear: labor pain is closely associated with family life. If the pain contributes to the creation of a nuclear family, then it's a legitimate pain. If it doesn't, the competitive atmosphere both reinforces and neglects the "pain." The husband's attitude towards his wife's labor pain now becomes a touchstone of his love for her. To be considered a good husband and a loving dad, one must show strong affection and sympathy when his wife is in labor. He must express how deeply he understands the difficulty she's going through in the event of birth.

Consumption and Childbirth in Contemporary China

Under such circumstances, a business is being born, and this business links love, family responsibility and labor pain together. Maternity hospitals in China are offering a service that uses electrodes to simulate contractions for men. Labor Pain simulation is also available in the U.S. and many other countries. This machine divides pain into ten levels, and level 10 means labor pain at its worse. Mr. Ning was a 28-year-old expecting father who decided to try, out of solidarity with his wife, this electrodes machine that simulates pain (The Wall Street Journal, 2014). It only took him a few minutes from a tingling level 1 to an extorting 10. Screaming out in pain, the husband stated that by the
time the machine gets to 10, he was unable to even distinguish levels 9 and 10. Compared to real childbirth contractions that last many hours, this minutes-long experience aims to encourage men's sympathy through simulating labor pain. Why pain? Why not a sandbag tied to his belly, or a mechanical doll that cries every few hours asking for milk and fresh diaper? Aima Hospital in Jinan is the hospital which offered contraction simulation service for Mr. Ning. According to Aima Hospital's general manager, the machine is welcomed by women. Citing his words, pain can create more "loving and caring husbands." He also joked, "why do women hate their husbands so much?"

Shanghai's Fudan University's associate professor Sun Peidong responded to this question in his own words. "The pain even of childbirth and labor is short in comparison to the long-term pain of male-female social pains." Difficulties women are facing during pregnancy are much more complicated than just pain. However, "pain" becomes the outlet for women's anger. Compared to this burning sensation, it seems like a fake belly or crying doll is not enough to even out the daily struggle. Rather than just "sympathy," the pleasure of seeing one’s husband suffer in pain might help the struggles and tension that women are going through, especially when their husbands gained respect for their childbirth efforts.

The electrode experience changed Mr. Ning, and it is expected to shift more people’s opinions through the viewing experience. In Jiangsu province's television channel, a reality show called "我们仨" ("three of us") turned celebrity couples into pregnancy care providers. In one episode, these families are brought to the hospital and appointed to try the electrodes machine. Of course, the use of the electrodes machine in this episode is to reinforce the purpose of the show, which is to spread knowledge about
"healthy" prenatal care and establish the viewer's sympathy towards motherhood. I watched this episode, and I laughed so hard, not because these celebrity men suffered from pain caused by electronic pads attached to their bellies, but because of how they reacted to pain. They quickly turned this challenge into a game where they exhibit their masculinity in a relaxing atmosphere. Betting with each other, these male celebrities proclaimed which level of pain they can endure without a problem. Sha Yi, an actor famous for his comedy show “My Own Swordsman” in 2006, first called out to Shen Nan, a younger TV host, and a new dad. Sha Yi said to Shen Nan, "Let’s both start from level 6. Then we count to ten and add up to level 7. Let's keep adding level every ten counts, and when it reaches level 10, let's see which one of us can't take it." Shen Nan responded with an awkward smile, "how about we start from somewhere easier, like level 3."

When women experience labor pain it is linked with resilience as a virtue of femininity, yet when men experience simulated labor pain, the game of endurance becomes a symbol of masculinity. This reveals how the pain of childbirth is heavily feminized, and ultimately got labeled as relatively unimportant, something that doesn’t need special medical care. Turning the endurance game into a competition of masculinity also suggests that men know it’s a “game” to them, because they will never need to endure this pain in real life.

In the interview after this electrodes machine experience, Sha Yi and others who participated all described their thoughts. Every one of them said the experience was not stress-free. They spoke about how much more they can empathize with their wives, and how much more they can understand women's "uneasiness" and "sacrifices" for their
family. It seems like they all get the intended take away this machine is supposed to create: that is increasing men’s understanding and respect for the effort their wives have gone through during giving birth. To viewers of the show, their takeaway can be very similar. To me, their images on TV also have other implications in the end: images of a sympathetic husband, a satisfying wife, and ultimately a stable nuclear family. While having much positive influence on the current patriarchal culture of childbirth, this show doesn’t give voice to single mothers whose efforts don’t have or don’t need to be recognized by the father of the child.

Labor pain imitation experiences like these are associated with the encouragement of stable nuclear families, and they are only available in private hospitals. One means mutual love between the couple and understanding which ultimately contributes to the stabilization of a nuclear family. Childbirth outside marriage is not mentioned as relevant in this setting. To my surprise, among all available news pertinent to this experience, none of the male participants expressed their concern about labor pain and the harmful consequences associated with it. None advocated for labor analgesia service. Secondly, Aima hospital and the hospital in the reality show I mentioned above are all private hospitals. More specifically, they are private hospitals specializing in maternal and infant health. Maternal and infant health is an area where people are willing to spend more money, especially when obstetrics in public hospitals is so busy. Private hospitals sensed the profit in this market. Their selling point is individualized service and private experience compared to public hospitals, which can guarantee neither. In 2015, among all hospital admissions, the inpatient admission in public hospitals covered 85.3%, which means private hospitals treat a minority of Chinese patients (Wang, 2019). How to win
patients from public hospitals? Many private hospitals aim at the market of maternal and infant health.

Private hospitals specializing in maternal and infant health are building their brand through consuming influences of celebrities. Celebrities and the wealthy are more willing to pay $4,000 a day in these private hospital's private rooms. The reality show is also sponsored by a private hospital where the electrodes experience took place. By combining an image of a caring private medical environment with male celebrities demonstrating empathy with the pain their wives endured, a picture of a “friendly childbirth space” has been created and broadcast. This image erases the real suffering associated with childbirth and addresses how delightful it is to enjoy gentle service and familial care here. Not all private hospitals can guarantee the birth process to be painless. Since their charging standards are shockingly high compared to public hospitals, I was expecting they would offer labor analgesia for all vaginal delivery. During my research, I found that only some of these hospitals do offer epidural births, and they are providing it with a much higher price. Instead, cesarean births are prevalent in these hospitals, and they are letting patients select their surgery time. Birth time is seen as vital because it can influence one's fate according to traditional Chinese culture. Rather than medical technology, a cesarean birth is advocated as one kind of customer service that is not available in a public hospital.

Services are sold as bundles, from prenatal care to birth, and three days of postnatal care in the same private room. The cesarean birth bundle's selling points are easier labor and selection of birth time for the baby. Packets including cesarean birth or epidural are priced much higher than standard vaginal delivery. These bundles of services usually
range from $8,000 to $15,000. In a public hospital, after national health insurance's coverage, childbirth typically costs about a few hundred dollars. From some postings online, I realize what the drastically different price means. It symbolizes that a woman is taken seriously by her husband and his parents. They are willing and can pay for a better service for her, which is very important. In many experience sharing postings, I see these women who gave birth in private hospitals believe the money is worth it; they often emphasize, "This is a huge event, it's worth the $10,000 you spend. Be better to yourself."

While not all private hospitals can offer epidural birth, the way they package cesarean delivery reflects how people with financial capabilities are unwilling to go through painful labor stages. I think in private hospitals cesarean birth is used as an alternative for labor pain management, because they are not able to offer labor analgesia to all customers, and they want to brand their services as "worth the money."

RED is a social media and an e-commerce App. Most of its users are young women who share their makeup, skincare, relationship tips, outfits, and lifestyles. It is a perfect example of consumerism targeting young women. Their slogan is "the life I want," which links consumption with an ideal life. Noticeably, new moms are sharing their childbirth experiences in private hospitals on RED. RED allows the user to publish long texts with at least one picture. Many postings are experiences and tips, accompanied by pictures of the hospital's private room, the post-natal care offered and the newborn.

Some keywords frequently appear in these postings: "private hospital," "labor analgesia" and "abroad." Some postings talk about giving birth in other countries with friendly service and labor analgesia. While America is the most popular destination, Japan also appears a few times. Childbirth tourism is a small industry in China. Taking an
America tour as an example, the sector contains three parts: consulting service inside China, maternal care centers in the U.S., and doctors who are partnering with these companies. This service is most developed in California, due to the size of the Chinese community there. Usually run by Chinese immigrants, these maternal care centers offer bedrooms, Chinese food, and driving services to hospitals and outlet malls. They also help the new mom with getting documentation for the newborn, usually Social Security numbers and a U.S. passport. People are willing to spend $30,000 to $70,000 for each tour. However, maternal care centers located in residential houses are usually illegal businesses. Competition between these centers is intensive. Anonymously reporting a competitor for running a criminal activity is not uncommon. Once police are approaching, women who paid thousands of dollars have to squeeze in a car and run off. Once found by the police, these women run the risk of deportation. All the money they have paid is wasted.

Compared to the pleasant labor analgesia experiences shared on RED, voices from those whose experiences are unpleasant remained unnoticeable. Maybe they are less likely to share a failed experience, especially when their investment did not pay off and they are treated as illegal immigrants. Perhaps tourism companies and maternal care centers compensated them and asked them to stay quiet. In a nutshell, the pleasant, people-oriented and pain-free birth experience is not always that pleasant and "painless" in reality. Once malpractice occurs, these women and their families are placed in an utterly weak position compared to the local hospital: these women are holding tourist visas, they are less fluent in the local language, and are not equipped with professional,
medical or legal knowledge. When confronted by medical disputes, their dreams of painless childbirth can become a nightmare of long-time suffering.

Private maternal and infant hospitals and childbirth tourism are products of health care reform and globalization. Before China's health care reform, private hospitals were rare and were subject to strict regulations. After the health care reform in September 2001, the private healthcare industry embraced its booming development. State-controlled public hospitals are no longer treated as the sole source for medical services; the state started to encourage the development of private hospitals. While most of them are not able to provide medical treatment for major diseases like general public hospitals can, they are focused on building specialized hospitals for performing plastic surgery, providing maternal care or optical and dental care.

Unlike public hospitals, private hospitals have to spend lots of money on advertisement, especially on broadcasting their brand and their area of specialization. Only through repeating appearances in newspaper, TV and online, patients can become aware of these hospitals' service and keep them in mind. The high cost for advertisement also drives these hospitals to expect more revenue. The profit-driven nature of private hospitals stimulates them and encourages them to find an area that is less sophisticated but has excellent profit potential. Private maternal and infant hospitals find their niche in packaging the event of childbirth into a declaration of class and identity. Buying an expensive service becomes a measurement for caring and love.

Besides healthcare offered by the state and private healthcare, the massive demand for labor pain relief also draws attention from an outside force. Dr. Hu Lingqun
is an anesthesiologist in Chicago. Initially from China, he was shocked by the low rate of epidural birth in China. In 2006, he founded a not-for-profit organization called No Pain Labor & Delivery – Global Health Initiative (NPLD-GHI). NPLD-GHI aims to assist local hospitals in China to establish self-sustaining obstetric anesthesia services to provide safe and effective neuraxial labor analgesia to become part of team-based medicine in modern labor & delivery suites. Since 2016, GPLD-GHI brings a medical professional from the U.S. to China every summer, giving lectures and tutoring doctors about neuraxial labor analgesia. By 2017, the organization has reached 89 Chinese hospitals and received volunteer assistance from over 600 healthcare professionals and translators from all over the world. On the list of hospitals they have worked with, both private and public hospital participated in their training. As long as the hospital shows interest in learning about neuraxial labor analgesia technique, they will go and teach.

Their website, nopainld.org, includes information about their program mission, introduction, project, and resources and journals they compiled. Dr. Hu and his co-workers also translated a popular book, Easy Labor: Every Woman's Guide to Choosing Less Pain and More Joy during Childbirth, into Chinese. He also started an official account on WeChat, the largest multi-purpose messaging and social media App in China. In their official account, Dr. Hu invited a radio host to record the translated guide into an audiobook, so everyone, including those who don't have the time or can't read can also have access to it.

Right after the policy change on promoting labor analgesia, in December 2018, Dr. Hu gave a speech about the urgent need to promote labor analgesia on Yixi, a public knowledge sharing platform similar to TED Talk. The video received over 250,000,000
views. In his talk, he cited Ma's tragedy and answered frequently asked questions: whether bearing labor pain is necessary, the risk of cesarean birth, the influence labor analgesia may have on the baby, and how he promoted labor analgesia in China over the past ten years. In his opinion, the lack of labor analgesia in China is partially due to a fact: it is women, not men, who are lying in the labor room.

After collecting all the materials I have discussed in this chapter, I realize the lack of accessibility to labor analgesia is not the crux of the problem. What I want to talk about is "pain." Labor analgesia is a game changer for "pain." As an option, it offers help to abandon what was considered to be the greatness of motherhood--the suffering of labor pain--and by claiming the right not to suffer, a "rational" image of motherhood has been established. The access to epidural birth, with the implementation of the country’s pilot program, will be much more available in every province soon. However, medical resources are always more available in urban areas. Will the rational image of motherhood become popular among middle-class women, who have better access to epidural analgesia? What will happen to women who do not choose epidural birth, and will they be blamed for being “ignorant,” or “asking for it” when they fall into similar situations to Ma Rongrong’s?

I still have to question, what is the "pain" labor analgesia promises to relieve? Is it the same "pain" its receivers are experiencing in their labor? In the context of medical intervention, "pain" is transformed from a sensation to a "problem" to be solved. However, by establishing the sensation of "pain" as a medical problem, some non-medical causes and factors associated with the causation of pain are being overlooked. To me, this creates a predicament: a gap between "rational" medical intervention to eliminate
pain and those "irrational" reasons which might worsen the pain, like arguments with in-laws and cold attitudes from some doctors.

To explore these questions more fully, in the next chapter, I turn to the early attempt to relieve labor pain in China, beginning from the 1950s. By examining the relationship between labor pain, "woman" and the state, I will reveal the complicated connotation behind the notion of labor pain in contemporary China.
Chapter 2
A Socialist Dream of Pain-Free Birth and the Birthing Body

The attempt to reduce labor pain is not a new phenomenon in recent Chinese history. While the request for epidural birth is a current topic in China, and the history of it seems to be short, I have found evidence to prove otherwise. In the women’s liberation movement of the 1950s, the government considered relieving labor pain as a tool in achieving women’s liberation. Women’s liberation movement was part of the socialist revolution in Mao’s era led by the Chinese Communist Party (CCP), which aimed to promote women’s political and economic participation and to leverage equal rights between men and women.

In this chapter, I will start my discussion from the early effort of relieving labor pain from the 1940s, a time when “women’s liberation” (婦女解放) was in the nation’s political scope for the establishment of socialist China. Unlike a Western feminist perspective on relieving/accepting labor pain, the “women’s liberation” movement in China included labor pain in a state-led discourse about “liberation.” Thus, the attempt to relieve labor pain during the Chinese women’s liberation movement is very different from that in the history of the western feminist movement. I will discuss how labor pain was portrayed and treated during the early People’s Republic of China (PRC) from sources in historical archives that I collected. To give a fuller picture outside the national discourse, I will also assemble literature from before and after the women’s liberation movement and examine these writer’s different writings about labor pain. In addition to labor pain, I will expand my discussion into “reproductive pain,” which is closely
connected with China’s population policy that puts strict restrictions on reproductive bodies.

During the women’s liberation movement, “labor pain” or “childbirth pain” was considered an expression of oppression from the “old society” (旧社会). The “old society” refers to the period before the Communist Party of China (CCP)’s governing, and includes the Republic of China period and the time before that, mainly the end of the Qing Dynasty, which the CCP describes as “feudal and imperial.” The logic is simple: extreme labor pain comes from the brutal and unhygienic traditional way of midwifery. In contrast, the establishment of the People’s Republic of China (PRC) in 1949 represented a new society, and this new society liberates its people in every way. For women, the CCP was advocating for modern and scientific childbirth, especially for women in the rural areas. This scientific way of childbirth would liberate women from old midwifery practice and from labor pain that was induced by the old practice. Through the claim of erasing bodily pain, what the CCP promised to rural Chinese women, was to relieve their social pain/oppression from the “old society.” The old way of midwifery linked with many symbols of the old society: not hygienic, a brutal procedure, high maternal and infant mortality rates, and outdated ideology on childbirth. In state propaganda, the old or unscientific way of midwifery symbolized ignorance and a lack of enlightenment. Stories about these midwives often involve blood and death. The old way of midwifery was often associated with barbarism and superstition. One of the major medical progressions made by the CCP was to train midwives for the new China in midwifery school. By the end of 1952, 242,618 midwives (including midwives from the past) were trained, and the rate of “modern” midwife assisted deliveries made up more
than 90% of all births that year in major cities like Beijing and Shanghai. In rural areas, this number was only 5 to 10 percent, but in rural areas with pilot programs, like Yingcheng County in Hubei Province, this number was also more than 90% (Deng, 1952).

In *Gender of Memory*, Gail Hershatter wrote about the birth reform the CCP promoted in the early 1950s (Hershatter, 2011). A woman shared her experience with Hershatter. Yang Anxiu from Shaanxi Province suffered a miscarriage in 1947 when she was 17 years old. Her mother-in-law and sister-in-law showed little sympathy to her, telling her a miscarriage is nothing. In 1950, Yang Anxiu, pregnant again, went into labor. This time, though she gave birth to her child, the terrible pain of childbirth left her with a weakened lower body. She said, “My bottom is painful…I could not put my legs together…I cried for the whole evening. I said it was so terrible and I never wanted to have another child. I could not endure it.” (Hershatter, 2011) Eventually, a scar was left due to the vaginal tear from childbirth. She could not sit for long periods of time until her late years.

Yang’s story assembles many elements: miscarriage, painful labor, the unskilled birth attendant, postpartum infection and a superstitious mother-in-law who believed a husband entering a room where birth just took place would bring him bad luck. Yang then was selected for midwife training in 1954. In CCP’s birth reform, training midwives was an important part of modernization. This was before local hospitals were capable of enforcing hospitalized childbirth. Training midwives and sending them back to their villages became the best way to modernize the event of birth, lower maternal death, and
lower the infant mortality rate. Through working as a state-trained midwife, Yang and many other women were involved in the state system, where they earned new identities as working women and as spokespersons for the state. In Yang’s village, other villagers trusted Yang as a midwife, because they believed her own difficult childbirth experience made her more cautious and sensitive when assisting other women.

Thus, to understand the early effort to reduce labor pain, we must consider it within the framework of the early PRC’s effort to “fight against feudalism, capitalism, and imperialism under the leadership of the communist party” (Huang, 2018). Most importantly, we must associate women’s liberation with the effort of encouraging women to work in the construction of the “new China.” Women like Yang were absorbed into the working force, and their job was to free more women from dreadful childbirth, which ultimately freed these women from sequelae and allowed them to go back to work. Birth reform helped the CCP to establish its legitimacy of governing by removing the symbol of oppression from the “old society” and inserting a new symbol of liberation: pain-free childbirth.

It was under these circumstances that, in the late 1940’s, the Soviet Union’s psychoprophylactic method was introduced and promoted by the government. The psychoprophylactic method of painless childbirth was based on the assumption that it was possible to eliminate the feeling of bodily pain during labor by training the mind of a pregnant woman before she gives birth. This method, which became known as the Lamaze Technique in the English speaking world, is named after the French obstetrician Dr. Fernand Lamaze. Dr. Lamaze witnessed the Soviet Union’s psychoprophylactic
method in 1951 and was impressed enough that he promoted this method in Europe for
the rest of his career. Eventually, the Lamaze method made its way into America and still
exists today. According to the Mayo Clinic, the goal of the Lamaze method is to help
pregnant women enhance knowledge on how to cope with pain in birth and promote
comfort. Its main techniques are breathing exercises, relaxing techniques, movement, and
massage (Mayo Clinic, 2017).

However, in China, this approach to childbirth was not called the Lamaze method.
Communist China had a stable relationship with the Soviet Union in the 1950’s, when
psychoprophylaxis first came to public attention. The way the CCP learned and promoted
the Soviet Union’s psychoprophylactic method had a much more political purpose. After
World War I, the Soviet Union’s loss of population was severe. In 1937, the Soviet
Union’s government banned abortion and launched a pro-natalist campaign. One of the
national goals was to increase funding for maternal and child healthcare. Women were
incentivized to have more children by the promise of pain alleviation in childbirth.
(Michaels, 2007). Soon World War II crushed this minor gain. The rate of women
receiving some pain relief in childbirth dropped sharply in the years between 1940 and
1944: from 47% to 21% in the city of Kiev, for example (Michaels, 2007). The issue of
promoting maternal care became even more urgent. In 1948, doctors used vitamins in the
first labor stage and used a small dose of ether in women’s second labor stage to relieve
pain. The supply of medicines was limited; soon this method hit its limit. In 1951, the
Soviet Minister of Public Health issued an order, recommending the psychoprophylactic
method for pain relief in all Soviet childbirth facilities (Michaels, 2007).
In February 1951, the *Chinese Journal of Medicine* published an article translated from a Soviet Union journal titled “The Experience of Psycho-Prevention Painless Childbirth” (Psycho-Prevention Painless Childbirth is the psychoprophylactic method). This article described a trial of 316 pregnant women using the psychoprophylactic method in the USSR (Chinese Journal of medicine, 1951). All of these women were tutored beforehand on how to contract, breath and relax, which helped to relieve their fear and anxiety. Among the 204 women who were giving birth for the first time, 85.3% gave positive feedback on the method. There were 3 cases of infant death; none were related to the method. The last sentence of this article is, “lastly we need to address, and the psychoprophylactic method is invented based on the materialistic study of Pavlov. This creates the new stage for (achieving) painless childbirth.” The word “materialistic” distinguishes itself from idealism, recognizing this method as scientific rather than illusion. In the next section I will discuss Pavlov and his research on conditioned research, and the ways physicians and researchers applied this theory to women in labor.

**PPM and its Spread in Socialist China**

As I stated at the beginning of this chapter, the birth reform initiated by the CCP aimed to construct a scientific way of reproduction, to involve women in the workforce, and to reinforce the party’s legitimacy. Not only were women like Yang trained to work as midwives, those who worked as midwives in the “old society” were also trained to be assistant midwives. This process was described as “transforming” these women into the good midwives of new China. Along with training midwives, another attempt to modernize childbirth was to enforce the Soviet Union’s psychoprophylactic method
(PPM). While the newly trained midwives are focusing on the “hygiene” of the procedure, the PPM addresses a scientific pain-free birth that represents medical authority of the Soviet Union. It is important that this method was broadcast as “the Soviet Union’s psychoprophylactic method” rather than simply “the psychoprophylactic method.” In the 1950s, the PRC maintained excellent relations with the Soviet Union, and learning from the Soviet Union was significant political action.

The State Council of the PRC promoted the practice of the Soviet Union's psychoprophylactic method. On June 17th, 1952, the Health Bureau of the State Council distributed a “Notice on the Implementation of the Painless Delivery Method,” with a list of related publications attached (Ministry of Health, 1952). In this notice, the Ministry of Health cited data from a clinical trial conducted in Shanghai. Thirty-four pregnant women gave birth using this pain-relieving method. Most of them claimed to have a positive experience. In the notice, the Ministry of Health suggested that local medical workers utilize this method and collect data from their works. The Ministry expected more research to be published in the future.

In a brochure titled *Painless Childbirth Method* (无痛分娩法,) published by the National Association for the Popularization of Science and Technology in 1953, the psychoprophylactic method is introduced as a scientific method developed by the Soviet Union to relieve women’s suffering in childbirth. Based on Evan Pavlov’s dog study, the brochure claims that childbirth is a natural biological event which should not be painful. Labor pain is indeed a result of instinctive reflexes from language and words that are often used to describe the process of childbirth. In the “old society,” which refers to the
period before the Communist Party of China’s “liberation” of China, women were subjected to feudalist oppression and had limited access to medical knowledge and proper care, which according to the brochure, ultimately induced pain during childbirth. This shared knowledge of labor pain accumulated through time and created a language about childbirth, which included the unavoidable suffering from pain. It was this language, which created an instinctive reflection in women’s minds that made childbirth painful. Proponents of the psychoprophylactic method argued that physicians could “reprogram” women’s conditioned reflexes and create new, positive ones that would prevent the perception of pain during childbirth. (Hrešanová, 2016)

The introductory chapter of this state-produced brochure is titled “What is Painless Birth Method?” Referring to the psychoprophylactic method, it links together women, reproduction, and the state:

Pregnancy and childbirth are happy things. To give birth to and raise the next generation for the country, is an honorable task for women.

In the past, it was believed that birth is inevitably painful, and this turned a happy event into suffering. People even say: “giving birth is switching the adult’s life for the baby’s life”; “Wandering near the gate of death”; “the pain is like tearing the body apart.” These misconceptions passed on for a thousand years, and are deeply embodied in people’s minds, making people falsely believe labor pain is unalterable.

In today’s context, I do not believe many people would agree with the idea of giving birth to the next generation for the country. I do not think any women I know would agree that this is an honorable task that the state assigns them to do. This 1953 brochure is written in a popular science tone, aiming to educate and mobilize women to the practice of this method. The introduction then explained Pavlov’s dog experiment and
explained what conditioned reflex is. The pamphlet claims that labor pain is a conditioned reflex. Once we understand the function of language and text, we can analyze how labor pain is a conditioned reflex created by language and text. The pamphlet continues its argument:

Childbirth is the same as respiration, digestion, and defecation, and is a normal biological phenomenon in which no pain should occur. However, in the old society, women are subjected to feudalist oppression, and lack of medical and hygiene knowledge causing many women not able to receive proper care and end up with dystocia. Under such circumstance, childbirth became painful, even exposed women to threat of death. This unusual phenomenon passed on through tales, making people believe childbirth has to be painful and dangerous. Plus, there are texts written on scenes of labor pain. All these stimulations added up and created conditioned reflex about labor pain.

The purpose of this method, the authors argued, was to create a new conditioned reflex that is opposite to the old reflex by educating women through new discourses: about female genital organs, the fetus and pregnancy, stages of labor, the origins of labor pain in the past, midwifery operations and the respiration method. The respiration method refers to the breathing method during birth.

To complete the new discourse, the next chapter continued to introduce female genital organs: “Genital organs are made up of two parts; external genital organs are what we see from the outside. The part we cannot see are internal genital organs.”

Continuing to explain what these organs are, a graph of female genital organs is attached to the description. The picture has a slightly disproportional labia, as if the author wants to address the status of the vagina right before childbirth. Also, the brochure says, “infants are born through the vagina.” Such a realistic sketch of female external
genital was very bold at the time. This “radical” attitude exhibits a “scientific” tone of propaganda.

Then, after the description of internal genital organs, the pamphlet includes a sketch as well. The description not only explains the name of every organ but also explains the mechanism of the menstrual period, which is the monthly falling away of the endometrium. To give a scientific reason for the period is critical in breaking down taboos around periods, and to free women from these taboos. The mechanism of pregnancy and the process of fertilization is also explained. The authoritative nature and scientific tone in this brochure break the childbirth-related taboo and established the CCP government as a spokesperson for advanced technology, authority, and liberation at once.

Then, the brochure focuses on a detailed explanation of the birth process. Signs of labor’s start are contraction, bleeding, and amniotic fluid leak. After labor starts, three stages of labor are expected: the dilation stage, the expulsion stage, and the placental stage. During the expulsion stage, the baby is born in the following position (see picture below).
The conclusion of this brochure utilizes both scientific and political language. It recognizes the Soviet Union’s technology as a combination of theory and practice, which serves the people. The brochure included sentences like: “only in the outstanding socialist system can technology truly serve its people”; “Liberating millions of women
from the pain of birth is a big event for human kind.” Citing data from the Ministry of Health, by the end of 1952, 91% of all 46,445 psychoprophylactic births practiced were effective. To end this statement, the author concludes, “We are firmly in support of Chairman Mao’s calling of learning advanced technology and science from the Soviet Union, promoting the psychoprophylactic method and achieving bigger success.”

Many pieces of evidence show this method was radically promoted and practiced back in the 1950s. I have found four different brochures introducing this technique. Not only did the National Association for Popularization of Science and Technology publish a brochure explaining the psychoprophylactic method in childbirth, but three other Chinese publishers did as well: The Northeast Medical Book Publishing House, the People’s Health Publishing House, and the East China Medical Publishing House. The brochures were all published between 1952 and 1953.

As I tried to learn about who were the experts that participated in the movement of promoting PPM, I found that brochures about PPM did not have a medical professional's name on them. In one brochure, names of participating hospitals and governmental units are printed. Initially, I wanted to determine the gender of medical professionals. They were unavailable. No medical professionals appeared as individuals. The language of notification to promoting PPM is genderless on these brochures; they were official announcements without identifying with any gender. While no gender of experts revealed, the announcement is not “genderless”. The announcements have a parent-like or father-like tone that speaks as experts over women. Rather than alleviating women’s labor pain, the promoting of the PPM method focusing on addressing women’s consciousness as a source of their own pain, which can be erased through education and
practices. Rather than helping women express their pain and request relief, it denied women as subjects of pain, and even added difficulty for women to speak about labor pain. Now the individual had the obligation to practice the PPM method before yelling and screaming out in pain.

On August 10th, 1952, Wen Hui Newspaper in Shanghai published an article titled “The City’s Painless Birth Promoting Committee is established” (Wen Hui Newspaper, 1952). Representatives from fifteen institutions, including hospitals, nursing schools, midwifery schools, and the Health Bureau all attended the meeting and established the committee. Printed on the front page of the paper, this news appeared at the same time as news about a national campaign to eliminate illiteracy (organize a reading class), a national Patriotic Health Campaign, and an air attack by the “American imperialist.” Eliminating illiteracy, the national hygienic movement, and anti-imperialism were of critical importance at the time at the national level. It is noticeable how important the Soviet Union’s psychoprophylactic method was considered at the time.

The peak of promoting the psychoprophylactic method was 1953. After 1953, fewer journals included articles about it. In 1956, the Chinese Journal of Medicine published another article about the psychoprophylactic method. Unlike in 1951, this time, it was titled “Combined Application of Psychoprophylactic Method and Drug-induced Analgesia” (Xiao, 1956). In the introduction, the author acknowledged the psychoprophylactic method as a product of the Soviet Union and brought up the need for “our medical professionals” to continually create and devise new methods to better serve women. This article argues that when the psychoprophylactic method is ineffective on
some women, the drugs antipyrine and Phenobarbital should be used to manage labor pain. This was an opportunity to develop labor pain management when the ineffectiveness of PPM had been revealed, and a medical approach had been conducted to treat labor pain as a real physical sensation rather than merely a result of conditioning. At the time, the political implication for “labor pain management” had also changed. Learning from the Soviet Union was no longer of most importance. Rather, to develop China’s “own” medicine became a priority.

In 1959, the *Journal of Traditional Chinese Medicine* published a paper about using acupuncture to relieve labor pain. Thirty-three pregnant women participated in this research. According to this paper, 11 of these women did not feel any pain, 17 of them felt minimal pain and 4 of them, still suffered in childbirth *(Yan'an County Hospital Obstetrics and Gynecology, 1959)*. This was the first paper on using acupuncture to relieve labor pain. In 1960, the first paper on utilizing “Qigong” to relieve labor pain was published (*Jiangsu Journal of Traditional Medicine*, 1960). Qigong is a form of martial arts focusing on the coordination of body posture and breathing technique. This article claims Qigong childbirth can be used when the number of patients is over the capacity of the hospital, especially for doctors in remote areas and without a reasonable amount of equipment or supplies.

Acupuncture and Qigong are both considered the “traditional Chinese way,” or as a precious heritage of Chinese history. By claiming the effectiveness of acupuncture birth and Qigong birth in relieving labor pain, physicians in China created a sense of national pride. PPM of the Soviet Union along with the “learning from the Soviet Union” ideology had been removed from the center of the stage. From the 1950s, the close
relationship between the PRC and the Soviet Union began to weaken. During the Sino-Soviet Split (1956-1966), there was a breaking of the political relations between the PRC and the Soviet Union. The PRC was eager to establish its own technology, ideology, and political agenda. The Soviet Union’s way was no longer welcomed or encouraged. Under such circumstances, it is no wonder that doctors started to explore how to substitute the psychoprophylactic method with “Chinese ways” of medication. From my understanding, the goal was to replace the Soviet Union’s technique rather than to develop new painless birth methods. “Labor pain,” or the laboring body, became a site of political conflict and ideological dispute.

The theory of acupuncture pain relief argues that the thin needle can reach the nerve and interrupt the nervous system’s signal. In the documentary “Chung Kuo, China” produced by Italian director Michelangelo Antonioni in 1972, a woman is getting ready for her cesarean birth in the hospital. As the camera moves, the doctor pierces acupuncture needles into the woman’s legs and belly, leaving needle heads out to connect with electrodes. Without any anesthetic, the electroacupuncture method serves as a method of pain relief for the surgery. Doctors proceed with the surgery operation, cutting her belly, and then a baby is born — this long shot documents electroacupuncture childbirth in detail. The interpreter asked the woman (in Chinese), “how do you feel, do you feel pain?” The woman answered, smiling and peacefully, “I felt only a little pain but nothing else.” Up to today, viewers are still debating the reliability of the electroacupuncture pain relief shown in the movie.

The appearance of this scene is not a coincidence. Michelangelo Antonioni and his team were only allowed to shoot in assigned places. To invite him to witness a
cesarean surgery using acupuncture as pain relief was to borrow his camera to show the world how amazing is traditional Chinese medicine, and how much the health system in China cares about the well-being of women. The woman who was going through the cesarean surgery used her peaceful reaction and her own words to exemplify how effective the electroacupuncture method can be. Her belly and womb are exposed in blood and amniotic fluid; when the baby let out his first cry, she smiled.

The film was a political effort by the Chinese government to show the prosperous scene of socialist China. During the Cultural Revolution (1966-1976), foreign media were unwelcome and excluded from shooting in China. Michelangelo Antonioni is one of the few exceptions. Even though this movie is full of propaganda, it still reflects many perspectives of life in China in the 1970s.

The clip from Antonioni’s movie is one of the few 1970s sources about relieving the pain of childbirth, though it is not about vaginal delivery. Limited information was available about research on labor pain in the years between 1960 and 1980. The Soviet Union’s psychoprophylactic method never appeared again in Chinese medical journals, and the government never tried to promote it again. Even authors writing about using acupuncture and Qigong to relieve labor pain went into silence. When I searched on CKNI.com (key information construct project in China) after 1960 and before 1980, no research on labor pain was published.

What happened in these twenty years? On the socialist agenda, why did relieving labor pain, this critical discourse in the women’s liberation movement and an essential part of Birth Reform, lapse into silence? What has happened to the women’s
body in pain in China’s political discourse? Where did these bodies move to reside, and how did the portrayal of labor pain change during these periods?

Iron Girls in the Painful Body

In 1958, the Great Leap Forward started. The Great Leap Forward (1958-1962) was an economic and social campaign led by the Communist Party of China. This attempt was to rapidly change China from an agricultural economy to a socialist economy through rapid industrialization and collectivization. To achieve such rapid industrialization, mobilizing women to work in the labor force was a critical task. Under the guise of women's liberation, women in both urban and rural areas were encouraged to contribute to the development of the country through working in different positions.

The symbolization of working women was part of the political propaganda. The most famous term among all the symbols was "iron girls." Unlike Ironmen in the Marvel Universe, the term "iron girls" was created in the 1960s to praise young women (usually unmarried) who could handle the same jobs as men did in their village or factory. These jobs usually required heavy manual labor. The phrase "iron girls" first appeared as a compliment to the young women workers in Dazhai village, Shanxi Province. Initially, "iron girl" was used to describe one woman named Zhang Yu-e in Dazhai village in 1957 (Zhou & Guo, 2012). It was not until 1960 that this term was used in People's Daily of China when "iron girls" were established as models to mobilize more women into the work field.

While the propaganda of "iron girls" and the slogan of "women can hold up half of the sky" had been wide-spread all over the country, it was never meant to recognize
the complicity of women's liberation. As a symbol, "iron girls" and their working bodies were politicized and signified for the practice of a nationalist political agenda. Women were encouraged to contribute their physical labor as much as their male counterparts. This symbol praises women who perform heavy labor in their work and denigrates those who enjoy their femininity or dress stylishly. The equal work performed by men and women was seen as a sign for equality between men and women, and many physical differences of women's body were ignored in the process.

As part of the idea, the female body holds iron-like endurance and power. Some women were showing how strong they were by enduring childbirth pain and returning to work in the field shortly after giving birth. As a result, many of them suffered from metroptosis due to poor postpartum care. Their sufferings lasted long and were painful and nonreversible. In an interview with an officer in charge of women's health of Shaanxi province at the time, the officer recalled the situation of the time.

During the Great Leap Forward in 1958, everybody has to go and work in the field. Women who just gave birth also have to go. As a result, uterine prolapse was very common among women. Many women suffered from the symptom. When they walk, (there is) a big bump of flesh. Even with uterine prolapse they still have to work in the field. People who suffered from this issue cannot inform others about it. They use a piece of cloth to uphold (the uterus), tie the piece of cloth on their back, their neck or on their waist. In worst cases we found, because of the uterine prolapse, the uterus always smells "stinky," even bitten by cat or mice hidden in their quilts…. The provincial's Health Bureau also organized medical teams to go to the countryside. Usually, they use a pessary. I remember I booked more than 10,000 pessaries from Shanghai and distributed them… uterine prolapse is caused by malnutrition, and lack of rest after giving birth. To work in the cotton field requires women to regularly squat in the field, which prevents women from better recovery (from childbirth). We had found more than 50,000 women suffered from uterine prolapse in Shaanxi province. (Gao, 2005)

During the Great Leap Forward, in Shaanxi Province, women living in the countryside were encouraged to work and manage the cotton field, which before then had
been a male-dominated enterprise. Women's active participation enraged men who used to dominate the field. In 1956, *Shaanxi Daily* published an article titled "Actively Support and Help Women Learn Cotton Growing Technique," addressing this conflict. The article points out that some men blamed women for earning more working credits by contributing more work in the cotton field, which affected their income. Working credit (工分) was an early attempt to measure the amount of work done in rural China. Less working credits earned means less income, and some men showed a negative even unwelcoming attitude to women working in the cotton field. The newspaper then addressed in this article saying such a situation is common and needs to be changed.

In addition, *Shaanxi Daily* argued that men were encouraged to work in other areas, should leave the cotton field to women, and diversity in farming would lead to a higher production rate. In this article, men and women are portrayed as groups of people with different qualifications and skills, and women are better workers in the cotton fields. However, while contributing agricultural labor, women had to shoulder a double shift at home: work in the fields by day and the burden of housework by night.

Although the center of my discussion, labor pain, is absent from the evidence above, what I'm trying to argue is that as the government shifted its political agenda to support the goal of massively increased production and a rapidly developing economy, female bodies' political implications had been changed from a site for liberation to labors in production. Thus, the iron-like female body which was able to work endlessly substituted the female body which suffered from the pain of feudalist oppression. The meaning of women’s liberation had switched from outside force by the government, like implementing new ways of midwifery or the legalization of divorce brought up by
women, to the encouraged yet internal drive of women themselves to perform equal work as men can do. Sometimes the "iron-girls" were even encouraged to stretch their physical limits, performing heavy labor without proper protection.

Encouraging women to claim their identities by encouraging them to perform heavy labor without informing them how to take care of their bodies correctly left many prior iron-girls with life-long disease and chronic pain. Uterine prolapse was one of the consequences. The ideal image for the iron like working body brought women from private space to public space and allowed them to reclaim their identities as working women by honoring their work. However, the advocate for working female bodies neglected the biological needs of the female body, especially the need to rest after giving birth. Also, entering the public working field does not mean women were encouraged to work less in the domestic sphere. Besides working and farming, most women were shouldering a double shift at night, taking the responsibility of housework. Although the local government made attempts to assemble kindergarten-like spaces and performed the responsibility of babysitting in some places, men's lack of participation in the domestic field was never really challenged by the "women's liberation movement." However, it did change women’s position in the responsibility of childbearing. While the caretakers are mostly women, mothers had reestablished their identities in the labor force. In addition, childbearing became a production duty rather than a private experience. (Zhai, 2017)

Housework, or women's work performed in the residential space, was rarely counted as "work." Women's labor input in housework and reproductive labor (childbirth and parenting) were taken for granted, while labor in farming or economic development was considered as real "work" and was measured by working credits. The word "iron-
girl" gave credit to the laborious effort and physical pain in farming or factory work. Meanwhile, it also silenced women's voice to express pain, especially from private space, like exhaustion due to their double shift or childbirth. All of this suffering seemed to not contribute to their identities as strong working women. Once the government admitted the endurance of women's working bodies, the suffering from women's reproductive bodies was pushed to second place and was silenced by the word "iron." The implications of "iron"-like bodies was used to connect the effort to construct the "new China" with the effort of the individual's working body, rather than the self that suffers in the domestic space.

As I mentioned above, the term "iron girl" originated in a village named Dazhai, and referred to working girls who have yet to marry. The word "妇女" (women) in the women's liberation movement consisted of two characters: "妇" which refers to married women and"女" which represents unmarried girls. The origination of the image "iron girl" utterly erased the reality of the double shift: unmarried girls have the option of doing housework, and reproductive labor is not yet their concern. They can contribute all of their labor along with their passion for farming and construction work. Yet in reality, when the phrase “iron girls” became widely used, it included both unmarried and married women. “Iron-girls” became a representation of the female spirit, rather than merely referring to specific groups of girls. In the end, many women who possess “iron-girls” spirit are married women, and with children.

While media resources were extremely limited at the time, photos of Dazhai iron girls were taken and circulated. From the two pictures below, it is evident what kind of image the government was trying to portray: passionate workers who are young and
cheerful, enjoying their contribution to the country's development and their personal growth.

Picture of Dazhai Iron-Girls in the field, offered by Dazhai Museum

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4 “大寨铁姑娘五十年（图）,” 凤凰网资讯, 山西晚报. news.ifeng.com/gundong/detail_2014_03/07/34510527_0.shtml.
The image of iron girls was not only for unmarried young women. It was a calling to work for all women. While the mobilization of "girls" provided youthful, vibrant and energetic implications, married women were also involved and were pushed to provide their endurance and labor as well. However, marriage or family, as an institution, increased the barrier for women to express their physical pain. The effort of being a woman, a wife, and a mother was often taken for granted. The untold story of uterine prolapse was tightly associated with the taboo or shame around the female reproductive body. Linking back to the female body reproductive organ sketches I cited earlier, it was

5 “大寨铁姑娘五十年（图）,” 凤凰网资讯, 山西晚报, news.ifeng.com/gundong/detail_2014_03/07/34510527_0.shtml.
apparent that the attempt to depict female reproductive organs scientifically was not successful enough to go beyond its educational purpose to erase shame and myths. As educational materials for doctors and midwives, the exhibition of these sketches along with medical knowledge built a connection between the female body and the authority of expert knowledge, yet women themselves were not in the position to challenge shame and myths around their bodies.

Such ignorance of women's physical pain and the push of childbirth-related pain to a secondary place intrigued me as I was pulling together archives. Not long ago, discourses around "childbirth" and labor pain were essential focuses of the women's liberation movement. The action of telling one's suffering and pain (诉苦) was encouraged by the local government as a way of connecting personal suffering from the past to the improvement of a collective future. Besides, governmental efforts to promote the Soviet Union's PPM method addressed the ambition to relieve labor pain for women. Building midwifery schools and educating proficient midwives of the new China was one of the most critical chapters in the PRC's medicalization history. From the period of the Great Leap Forward, the theme of childbirth/reproductive related pain has lost its position in the nation's discourse.

The encouragement to express labor pain had gone. The encouragement to endure pain for the sake of the nation’s development had replaced it. One's body did not only actively express its feelings but situated its feelings or created new feelings under the political agenda's campaign. The telling of reproduction-related pain was no longer a priority in the socialist construction because the legitimacy of the CCP's leadership had been established. The comparison between the old (feudalist) China and the new
(socialist) China was no longer an ideology with any urgency. Even the political propaganda of learning from the big brother, the Soviet Union, had disappeared gradually as the political alliance between the Soviet Union and the PRC went into failure. In this new stage, the CCP's legitimacy did not rely on liberation but on economic development. One of the slogans during the Great Leap Forward was catching the premier league, or catching up with the U.K. and the U.S. Under this circumstance, personal pain or suffering needed to give way to the country's collective goal. No wonder the topic of women's labor pain lost its position.

Under the socialist political ideology around population, childbirth is not only considered a personal action within one's family but it represents the reproduction of PRC citizens. The general awareness of China's population policy is the One-Child Policy, which started officially from 1979. However, the fact is that China's population policy started much earlier than 1979. The birth rate in China from 1949 to 1954 was very high, which can be seen as a replenishment of the population after the end of the war (Li, 2000). The Great Leap Forward was accompanied by an economic breakdown of the entire country due to its unrealistic agenda. The birth rate dropped during this period, mainly due to malnutrition. After the Great Leap Forward, as the economy returned to normal, the birth rate started to increase again. A regulatory attempt was made at this point to reduce the birth rate, and to reduce the tension between the fast-growing population and the lack of resources.

In 1962, Zhou Enlai, the premier of China at the time, advocated at the National People's Congress meeting about the need to reduce the birth rate in urban areas and areas where population density was high. In December 1962, CPC Central Committee and
State Council published *Instruction for Serious Promotion of Family Planning*, addressing the importance of family planning. The execution of family planning not only requires delayed marriage and childbearing but also includes contraception and abortion. The start of normalization of abortion, and forced abortion was not the One-Child Policy, but the earlier attempt to reduce the birth rate in the 1960s. Conditions for surgery in rural areas were poor, yet the political instruction for lowering the birth rate was solid and measured by number. For example, in Jiangsu Province, the provincial Health Department set a disinfection procedure for abortion surgery and the insertion of IUDs. However, in rural areas, due to the large amount of surgery and the lack of medical supplies, even the procedure of disinfection could not be carried out according to the hygienic standard. The infection rate after surgery multiplied. As many women complained about lower back pain after receiving family planning surgery, doctors claimed that the pain was caused by these women's psychological beliefs (Huo, 2015).

The position of labor pain in political propaganda intrigued me. From PPM to "iron girls," the concepts of "nation" and "policy" were saturated into the state’s identity, one that acts like parents, and restricted women's true place in these movements. From the encouragement to speak about labor pain to the silence of physical exhaustion and pain, the sensation of pain had been removed from the flesh. The expression of pain and the silenced pain together constructed a language, both spoken and unspoken about "feeling" one was encouraged to feel. The language around pain had surpassed pain itself and became a system of power controlling the destination of expression.

From the beginning, China's population policy was associated with the country's development goal for controlling the birth rate and increasing the population quality. The
promoters of hospitalized childbirth critically improved maternal and child safety. Prenatal check-ups served the purpose of ensuring "healthy" citizens. Under the population policy focusing on family planning and eugenics, the painful sensation from childbirth on the birthing body was excluded from the policy level and was pushed back to the private space. Besides labor pain, pain from forced abortion and the chronic pain from the insertion of IUDs were also kept in the private sphere. The absence of pain or pain relief in population policy let pain remain as a personal experience or sacrifice for motherhood, spread only by word of mouth, from mother to daughter, from family to friends. Thus, the fact that nearly every woman has to endure birth related pain did not become a collective voice that can lead to conscious resistance or form bargaining power.

As the meaning of reproductive-related pain was limited to personal spaces, the action of shouting out in pain remained personal as well. The feeling of pain and the shouting out of pain are two different things. The verbal expression of one's labor pain or pain from abortion were more likely to be silenced because of their absence in the political sphere. Once the attempt to eliminate labor pain (the Soviet Union's PPM method) lost its political implications, especially when the challenge of independent economic and social development became major, political discourse no longer targeted labor pain. The Sino-Soviet split took away the root motive for promoting PPM.

Soon after that, the attempt to use acupuncture to relieve labor pain or Cesarean surgery pain served the purpose of building nationalism and propaganda. Like PPM, the reproductive body was a site for a political dispute where the embodiment of ideology took place. Once the Sino-Soviet split was over, and the Great Leap Forward required
endurance and strength from the female working body, the need for a painful birthing body was over.

The early effort to reduce labor pain in PRC was not a result of women's collective resistance and a requirement for more comfortable childbirth. The old myths around childbirth still existed, and awareness about labor pain was still in second place in the action of giving birth. Although in propaganda language states, "Liberating millions of women from the pain of birth is a big event for humankind," through my analysis of available archives, I believe the effort of promoting PPM was neither due to medical advancement in anesthesiology and obstetrics nor through women's collective need. The national Ministry of Health powered the initiation of this movement, but its language was firmly tied to political ideology. As a result, political ideology became the message, medical intervention was a tool, and the female body where "labor pain" is taking place, was the embodied site that the tool used to deliver the political message and attempt to dismantle feudalist China at the same time.

Revealing Non-Governmental Attempts to Relieve Labor Pain

To my surprise, my further research revealed other evidence about the earliest labor epidural analgesia study in China. Besides the psychoprophylactic method, acupuncture, and Qigong, the earliest study on the use and effects of labor epidural analgesia in China can be traced back to 1963. Doctor Guang-Bo Zhang was an anesthesiologist at Beijing Medical University First Hospital who started her study on neuraxial labor analgesia between September 1963 and March 1964 (Cai, Hu, Stellaccio
Dr. Guang-Bo Zhang’s passion for medicine started when her older sister passed away due to Puerperal fever, the fever caused by uterine infection after childbirth. In the Anesthesiology Department, the operating room was next to a delivery room. She often heard the heartbreaking sounds of cries and screams from the delivery room. She was genuinely concerned and kept wondering, “As an anesthetist, I can provide pain relief for patients in the operating room, why can’t I help these sisters out to relieve their labor pain?” (Zhang & Wang, 2018)

Dr. Zhang searched the hospital’s library for all available resources on labor analgesia. Due to the limited number of resources in written Chinese, she translated and organized papers written in other languages. She kept all six notebooks of transcripts until today. Initially, she was perturbed. Soon she found that pregnant women strongly supported her plan to relieve childbirth pain through anesthetics. “When they heard birth could be painless, they were very supportive.”(Zhang & Wang, 2018)

There were about eight people in her department. Surgeries already kept them busy. To not interfere with her job duties, she often stayed in the hospital without going back home for several days. During her busiest time, she rotated between the operating room and the labor room all day without a break. After seven months of hard work, her one-person team conducted 67 cases of neuraxial labor analgesia. Only one of them was ineffective. The other 66 women delivered successfully.

In May 1964, Dr. Zhang’s research paper, “Continuous Epidural Block for Painless Childbirth,” was selected for the First National Conference on Anesthesia.
Professor Xie Rong attended the conference as a representative and presented Dr. Zhang’s paper. However, this presentation did not draw attention as they expected. This paper remained unpublished, never mentioned again for over 50 years.

I tried to search for information about the First National Conference on Anesthesia and see what other topics were discussed at the conference. However, there are no longer any records about it. I went to search for all papers about epidural analgesia around 1964. The closest research I found was the application of epidural analgesia in hysterectomy and tubal ligation surgeries. Among all the research about epidural analgesia in the 1960s, using epidural analgesia for childbirth is not one of these topics.6

Dr. Guang-bo Zhang’s manuscript written in 1964

Soon after the presentation of Dr. Zhang’s paper, the Cultural Revolution (1966-1976) began. She successfully preserved her unpublished article, notes, and slides throughout the Cultural Revolution by hiding them in a countryside location near Beijing.

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(Cai, Hu, Stellaccio & Wang, 2019). After the Cultural Revolution, Dr. Zhang thought of publishing her paper, but she concluded it would be difficult to find a journal willing to publish research more than ten years old.

In 2006, Dr. Ling-qun Hu started his No Pain Labor & Delivery project. As I discussed in Chapter One, Dr. Hu intends to promote epidural birth in China. After three years, Dr. Hu became interested in the history of labor pain relief in China. When he searched online, he found the Soviet Union's PPM method and the early attempt of acupuncture labor pain relief. He still wondered, when was the earliest attempt of epidural labor analgesia? He found out about Dr. Zhang and her research from another anesthesiologist at Beijing Medical University First Hospital. Impressed by Dr. Zhang’s work, Dr. Hu published her work in *Anesthesia and Analgesia Journal* in January 2019 and gave credit to all Dr. Zhang’s endeavors for her research and the preservation of her work. I am amazed by how her vision exceeded others for so many years. Considering the political atmosphere, her courage to hide her manuscript was both brave and visionary.

As I learned more about how the PPM method became the Lamaze Method in the West, I searched the Lamaze method on the Chinese internet. After countries like the UK and the U.S. adopted the Lamaze method, it was gradually refined and remained as a frequently used technique up until today. Interestingly, the Lamaze method also exists in China today, under the name of the Lamaze method, not PPM. On Baidu.com (the largest search engine in China), the Lamaze method is introduced as “created and modified by French Doctor Lamaze in 1952, and used in France, Europe, South America, the United
States, and Asian Countries.” Wanting to learn more, I went to CKNI.com again and searched Lamaze in Chinese (“拉梅兹” or “拉玛泽”). The earliest study was published in 2006. All studies on the Lamaze method focus on its effectiveness and the positive influence it has on patients. In recent years, its popularity has been growing quickly. I found numerous tutorials about it with one click. Most of them brand the Lamaze method as a healthy way for women to relieve labor pain for vaginal delivery.

The Lamaze method is presented as something imported, rational, and scientific. Its name, origin, and its extensive use in Western countries all adds exotic sense and persuasiveness to it. Although the practice of breathing techniques for smoother childbirth sounds reasonable (and I’m sure after years of development and practice it is no longer the method that relies on Pavlov’s conditioned reflex theory to reduce pain), no one ever mentions that the Lamaze method is not exotic, not imported, and not fancy. No one mentions that this method was practiced over 60 years ago in China under the name of the Soviet Union’s PPM method. Its old political implication has disappeared in the context of globalizing China. Its history has been lost.

From the use of PPM to deliver political propaganda, the neglect of pain on iron girls’ reproductive bodies, to the emergence of the Lamaze method as a Western imported concept, women’s laboring bodies are situated in the political climate and economic growth over the past decades. In the next chapter, I will discuss how women themselves are aware of labor pain and have formed a language to express it in modern China. From feeling pain to the expression of pain, women’s control over their own reproduction choice is being established.
Chapter 3

Speaking Pain, Acting Pain

As I progressed with this project, I observed that the expression of reproduction related pain among Chinese women has become more prevalent and proactive in recent years. My idea of writing about this topic started in early 2018. One year after, in 2019, I have witnessed how many Chinese women pushed this topic from the personal space to a discussion in the public space which creates high visibility and forms a collective voice.

At this moment, more questions came to me. What is unique about the painful sensation during childbirth, compared to other pain like stomachache or bone fracture? Why did bodily “pain” become so important in the noticeable trend of women’s awareness raising in recent years in China? Through addressing labor pain and other reproduction related pain, one who has suffered from it seems to constantly re-experience pain through their verbalization of the memory. Besides the process of self-healing, those who participate in reading and sharing these memories and experiences, are consciously resisting and uniting through the use of “pain” as a concept. For those of us who have not yet experienced labor pain, and others who refuse to give birth, why does the sensation of reproduction-related “pain” also echo in our minds?

In this chapter, I intend to explore the change of meaning of reproduction-related pain in contemporary China, and the process of how “pain” as an internal sensation has been verbalized or expressed externally. The feeling of pain and the expression of pain are two different processes. During the action of screaming out in pain, are there people
women are screaming to? What are the implications of expressing pain as an action, and why is comprehending such implications important in understanding the intricate power relationship in the event of birth between individuals and the state?

Since I use the phrase “reproduction related pain” quite often in this chapter, I need to clarify what I mean by it. Initially, my focus was solely on labor pain and its management. For example, the new policy to promote the use of epidurals in birth. It was through reading online articles and postings of women writing about their pregnancies and childbirth experiences, I realized the extent of pain women expressed is broader than merely labor pain. The lack of care from one’s husband during pregnancy is associated with exhaustion and pain; the conflict of beliefs around childbirth between a woman and her in-laws is painful; the husband and in-laws’ reluctance after childbirth is also “pain.” I have read many women’s heart-breaking stories about husbands who cheated on them during their pregnancies, or mothers in-laws who were unwilling to hire a Yuesao (a nanny who’s specialized in postnatal care) for them. Their description of mental stress and pain are always closely associated with the uneasiness of pregnancy, giving birth and parenting. Conflicts within one’s family contribute to mental stress and pain, as do the forced abortions and sterilization which have been practiced since the last century. These remain as a normalized fact in the back of women’s minds.

I went back to research on how labor pain is portrayed in recent Chinese history. Apparently, systematic expression of labor pain from women themselves is a new thing in recent China. Historically, there is limited information on women’s perspectives on labor pain in China, as well as in many other countries. By citing women’s perspectives, I
mean how women themselves speak, write, sing or express their understanding of the inevitable fate of painful childbirth. How women themselves—whether they have given birth or not, prepare to give birth or not, and those who are not able to give birth due to health reasons—view the role of reproduction related pain in relationship to their identity as women. In this chapter I will try to answer these questions by examining women’s writing, cultural productions and recent women’s awareness raising on the internet.

Customs around childbirth in China shifted almost completely in the past century. My goal here is not to investigate how it shifted, but to emphasize how women’s subjectivity grew stronger through the shift, and to examine the change in women’s expression of reproduction-related pain, especially labor pain. While the expression of labor pain was not a theme in traditional Chinese culture, there were alternative explanations offered in understanding the inevitableness of labor pain. In the next section, I will discuss how the suffering of childbirth was interpreted in traditional Chinese culture.

Interpreting Labor Pain

In the late Qing Dynasty, the space where birth happens was considered as taboo for men. Men were excluded from the delivery room, usually the bedroom, due to the belief that their presence in the delivery room would bring them bad luck. In the book Customs Around Giving Birth in China (《中国生育礼俗考》), Licheng Guo discusses customs around pregnancy and birth in China from ancient times to the early 20th century (Guo, 1979). According to her memory, in Peking, which is the old name for Beijing before the establishment of the PRC, the custom of excluding men from the delivery
room was prevalent, and men usually did not enter the delivery room unless the newborn was a boy. The delivery room was called the “dark room” (暗房). The belief was that if men entered the delivery room, it would cause women to suffer from dystocia.

The bloody scene of childbirth was closely associated with filthiness, which not only excluded men from participating in childbirth but segregated women from their husbands when they suffered from labor pain. The sense of “filthiness” created myths and shame around childbirth. The suffering of giving birth thus remained a private topic among women themselves. Similar to my discussion in Chapter 2, the government declared such customs of banning men from entering the delivery room as a feudalist and ignorant misbelief. During the Suku (telling of one’s suffering in the past) encouraged by the CCP, this custom helped form the story of oppression against women in the “old China.”

The effort to combat labor pain is not new. Before using epidural analgesia, other ways of pain relief were practiced on a small scale. These efforts, including the use of opioids, the Soviet Union’s psychoprophylactic methods, and the use of acupuncture, reflect the progression of contemporary China’s obstetrics science as well as socio-economic development. However, all these efforts were not able to combat the nature of labor pain: it cannot be eliminated by any known method other than using anesthesia. Surely, we can reduce it, but we are not able to erase it. Meanwhile, culture and religion provide ways of explaining the inevitable fate of pain. In Western society, the Bible provides an explanation of painful childbirth as a punishment to mankind. In Genesis 3:16, The Punishment of Mankind, “I will make your pains in childbearing very severe;
with painful labor you will give birth to children. Your desire will be for your husband, and he will rule over you.” (New International Version, Genesis 3:16) As the founding religious concept, this explanation made up the basics in accepting labor pain and was connected to patriarchal control in marriage.

While in Western culture, the early effort of eliminating labor pain challenged the religious significance, in Chinese culture, stories about childbirth are told differently. Long influenced by Buddhism and Confucianism, Chinese culture does not specifically associate labor pain with sin and expiation. Buddhism acknowledges the suffering of mankind, and there are eight kinds of sufferings. These eight sufferings are “birth, aging, sickness, and death, plus the suffering of having to part from those whom one loves, the suffering of having to meet with those whom one hates, the suffering of being unable to obtain what one desires, and the suffering arising from the five components that constitute one’s body and mind”. (Nichiren Buddhism Library, 2019)

The very first one of these sufferings is birth or being born (生). The suffering of birth symbolizes the start of life’s journey and the beginning of all other sufferings. Although related to the birthing body, the suffering of childbirth mostly addresses the new born and reveals the loneliness that is the fate of every human being after departure from the mother’s safe womb. One’s life journey is viewed as practice through sufferings. This endurance will compensate for one’s “障碍” (obstacles) brought from the previous life and will benefit one’s next life.

For women who suffered from childbirth pain, religion provided an explanation. The Blood Bowl Sutra(血盆经) is a Buddhist text which originated in China during the eleventh to the twelfth centuries. This was not one of the most authentic Buddhist texts,
but a text deducted from a Buddhist text, which contains earlier concepts of the Blood Bowl. The Blood Bowl appeared in Buddhist texts earlier as the shape of a religious tool. During the eleventh century, the Blood Bowl was associated with bleeding in childbirth, menstruation or abortion. In the Taoist culture there is a similar concept called “Blood Lake,” which is considered a concept appropriated from Buddhist concepts. In ancient Chinese culture, people believed there is a lake of blood in the Naraka, or the “hell” (direct translation from Chinese). Women who died during or after giving birth would be thrown in the lake of blood once they entered the Naraka. Thus, the chanting of the Blood Bowl Sutra and attending events related to it could save women from their afterlife suffering in the blood lake. In addition, one’s children were encouraged to chant the Blood Bowl Sutra for their mother, which would help her to achieve the eternal existence that surpasses the reincarnation.

Because the event of giving birth was considered bloody and filthy, women who gave birth generated enormous sins. On the other side, filial children are expected to be loyal to their mothers to compensate her suffering in pregnancy and childbirth. This seemingly self-contradictory thought established a solid ground for the Blood Bowl Sutra, for its logic linked together the misogynist culture, filial piety obligation, and the desire to reduce suffering in the afterlife. The painful experience of giving birth created both sin and salvation. The Blood Bowl thoughts shaped women’s need to be saved through their own efforts and their children’s endeavors. It also individualized women’s reproduction-related pain, associating it with one’s own fate and afterlife. In the end, a woman and her children must be responsible for their own escape from sufferings on the way to chasing eternal peace (Song, 2012.)
The Blood Bowl Sutra has gradually disappeared in recent Chinese history. The indication of childbirth as a filthy event which supported the Blood Bowl no longer has a place in contemporary China. From my understanding, the address of “hygiene” as a path to modernity during the early PRC and the hospitalization of childbirth, progressively diminished the clean/filthiness binary, and new discourses like eugenics and maternal health substituted for it. Labor pain, along with all reproduction-related pain, are no longer connected with superstitious beliefs about one’s suffering and afterlife but is associated with more practical concerns in the secular world. The expression and address of labor pain now has a different destination, one that reflects women’s active pursuit of a narration in which women are not written as objective figures.

Confucianism, on the other hand, honored the positive quality of endurance and regarded the act of revealing pain as a symbol of weakness and lack of endurance. Although the clean/filthiness metaphor disappeared, the concept of “endurance” of pain is still in the mainstream culture. The concept of “忍” (rên, endurance) has melted into the nation’s spirit. Expression of pain occurring on individual bodies for personal reasons are often excluded from mainstream discussion.

Writings in the first-person regarding laboring women as objects of childbirth are limited. In ancient Chinese literature, writers were often men, and childbirth was mostly written as part of family history (传宗接代) instead of women’s telling of their own experiences. The birthing female body is more like a container for the newborn, and a passageway to the secular world. We can find traces from Chinese mythology. One of the most famous characters in Chinese mythology is the Monkey King. As a Buddhist character, which gradually blended into the secular culture, the Monkey King is a figure
representing supernatural powers and a rebellious spirit. In the 16th century Chinese classical novel Journey to the West, the Monkey King is depicted as a monkey born by an “egg shaped rock” (石卵) who sits on a mountain top without biological parents. The Monkey King then acquired superpower through Taoism training, which adds mysteriousness and power to his personality.

In Chinese, we use “jumped out of the stone” to describe the Monkey King’s magical birth. The stone produced a stone egg, and the womb-like stone egg bursts. The split of the stone suggests the intensity of his birth. However, “pain” as a sensation of childbirth is absent from the story. “Birth” is depersonalized in this story, as is corporeal suffering. The stone is not subject to pain, and it serves as a background to the Monkey King’s mysterious story. Despite the minor suggestion of the womb-like stone egg, the birth process of the Monkey King is almost “genderless” as well as “painless.” The purpose of this stone birth story is to address the Monkey King’s identity of being parentless, which challenges the mainstream culture of clanship. His birth expresses his rebellion, because he doesn’t need to be respectful of any clan relationship. In his rebellion fight in the Heaven, the Monkey King challenges the Jade Emperor (the Daoism God who governs the world) by starting a riot in the Heaven, and ultimately forced the Heaven to recognize his self-claimed title “The Great Sage, Heaven’s Equal” (Wu, 2006). The Monkey King, as a parentless figure whose birth doesn’t give him the obligation to be filial, challenged the father figure in Taoism.

While parentless, and challenging the father figure, the process of Monkey King’s birth can’t be accomplished without the metaphor of the womb. I have argued that the tale of being borne by an “egg shaped rock” (石卵) removes physical sensation, including
pain endured, from the birthing body. I believe it shows the secondary place of labor pain in the traditional patriarchal culture of childbirth. The muting of women’s voices, including limited literacy and power to shape knowledge, led to the limitation of space in which the women who gave birth can use the first-person voice to express their feelings. In the challenge of the orthodoxical hierarchy in Taoism and its father figure, the birthing mother is now absent and only the orphan carries on.

Putting Her Pain into Words

Women’s literature in modern China challenged such traditions by featuring women writing about labor pain in a different way. In these novels, the birthing body is no longer the container or simply a passage way to the secular world. Rather, it is subject to severe pain and torture, and yells, screams, and is resentful of the inevitable destiny of motherhood. Unlike the silent tradition, female writers blend their own perspectives and experiences into their texts. Compared to the motherhood and filial duty discourse, some female writers from the early 20th century chose to disapprove the honored “good motherhood” and to criticize the suffering of giving birth. Xiao Hong is one of them. Born in 1911, in her short life of 31 years, Xiao Hong left the world with progressive literature. She especially paid attention to the topic of women’s suffering in childbirth, a seldom discussed topic in the previously male-dominated literature world.

In Xiao Hong’s literature, laboring women are not given a halo of motherhood and honored as in other mainstream writings. Instead, they return to an unwrapped, even barbaric status with pain that almost tears one’s body apart. Before Xiao Hong, the bloody description of childbirth, especially written by female writers, was a taboo. As I
have mentioned, in traditional culture, childbirth is often related to the sense of filthiness. When childbirth is discussed, it usually addresses the greatness of motherhood, or the virtue of endurance. The direct expression of labor pain reflects how women’s literature went through a revolutionary change in the early twentieth century.

As a female writer who had real experience with pregnancy and childbirth, Xiao Hong’s language does not have any filter or embellishment in her writings. She even expressed a loathing attitude to the suffering of giving birth. In multiple books, she made an analogy between human pregnancy and birth to animals, addressing the bloody and brutal reality of the action of giving birth when peeling off the shell of civilization. In The Death of Wang Asao (Xiao, 1933), Wang Asao died shortly after giving birth. When people find her in her room, she lies on the bed, and the bed sheet is completely covered in blood. Next to her on the bed is a “tiny and new animal,” who died about five minutes later. In Xiao Hong’s words, when Wang Asao dies, “her eyes look like a giant shiny bead, although shiny but they can’t move. Her mouth is widely open, scaring like an ape, and her teeth are desperately protruding outwards.” (Xiao, 1933)

In the Field of Life and Death (Xiao, 1935), Xiao Hong created a character named Jinzhi. Regardless of the midwife’s warning, her husband insisted on having sex with her before she’s about to labor. In Xiao Hong’s words, Jinzhi suffered so much before her labor: “The pregnant women with her still bulging abdomen sat in silence, her body drenched with cold water. She dared not move a single muscle, for like the child of a patriarchal society, she lived in dread of her man….This poor women—had there been a hole beside her, she would have jumped in. Had there been poison beside her, she would have swallowed it. Feeling hate and contempt for everything, she nearly kicked over the
window sill. She was willing to break her own legs if necessary. Her body was being torn to shreds by the heat, as though she had entered a steaming vessel.” (Xiao, 1935)

Xiao Hong’s work bluntly revealed the oppression women and their reproductive bodies have to go through under the patriarchal culture of childbirth. Her powerful language also challenged the motherhood myth, pointing out women’s vulnerability from suffering labor pain. Jinzhi’s vulnerability doesn’t only come from her body which is almost on the edge, but also her abusive husband who has no empathy to her suffering. In the Tale of Hulan River, when a woman called Mamian just gave birth, “outside the window, a pig is also giving birth to piglets.” (Xiao, 1942) The synchronization of woman giving birth and animal giving birth implies Xiao Hong’s critical challenge to the myth of recognizing great and humane motherhood through enduring the pain of giving birth.

Male writers also produced literature that addressed reproduction related pain. Some of these works are very influential. China’s first Nobel Prize in Literature winner Mo Yan in his award-winning novel Frog depicts “Gugu,” the narrator’s aunt. Gugu was born as the daughter of a Communist and was trained as a midwife during the early PRC’s effort in training “new” midwives of the state (Mo, 2016). After her pilot fiancé attempts to escape to Taiwan, she herself becomes politically “toxic” and was humiliated during the Cultural Revolution, which followed in a few years. After the end of the Cultural Revolution, the government implemented the countrywide population policy, leading to forced abortions for all unauthorized pregnancies, as well as forced sterilization. Gugu strictly obeyed the state’s policy with the help from her assistant, brought terror to the village by performing the insertion of IUDs and conducting abortion
surgeries. After her retirement, she hand-crafted hundreds of dolls representing all the fetuses she destroyed as a way to seek inner peace.

Many descriptive passages in Frog are written in a bloody and ruthless tone, especially the narration on the abortion process. Reading these paragraphs was disturbing to me and almost gave me physical responses similar to pain. My stomach cramped as I got nervous, and when the words of how the fetus was removed from the womb, I could almost sense the tension rising from my lower body. Both the female writer Xiao Hong and the male writer Mo Yan write about women’s reproductive bodies. While Xiao Hong wrote about giving birth in the early 20th Century in rural China, Mo Yan’s writing about abortion is based on the ‘80s background of the One-Child Policy. In Xiao Hong’s writing, the state is absent. Jinzhi’s fear of her husband’s abuse and her suffering in giving birth together portrays her tragedy. The source of oppression is the patriarchal culture, which was still very mainstream in rural China at the time.

However, in Mo Yan’s Frog, the patriarchal culture of childbirth and obsolete customs around birth are not major sources of conflict. Although they are important parts of the novel, the most critical lens actually comes from the debate around forced abortion and sterilization, connected to the one-child policy. For those of us who have only heard of the strictest time of the policy, this book gives an honest review of the ruthless execution of the policy. On the one hand, Mo Yan criticizes the practice of forced abortion and sterilization in rural China, especially how the control over women’s reproductive body escalated to the political sphere, became an everyday topic and incited fear in people. In addition, he writes about the ways that the execution of this policy connected with government officers’ career performances. After the promotion of PPM,
the “iron-like” metaphor of the female working body, and forced abortions and sterilization again put women’s reproductive bodies under close discipline of the government.

In these two different settings written by male and female authors, the sources of “pain” are different. The question of “why childbirth is painful” is answered differently. Both of these authors’ depictions of reproduction related pain point in one direction that it lets readers understand and empathize with physical pain from giving birth, forced abortion and forced sterilization. The depiction of physical pain leads to reader’s mental “pain,” and through experiencing the mental pain—the uncomfortable feeling from reading—the authors’ messages are conveyed.

In The Body in Pain, Elaine Scarry writes that pain is inexpressible. A person in pain cries and groans before proper language can take place. Scarry calls this the “unsharability” of pain. The unsharability of pain is achieved through its resistance to language (Scarry, 1988). “Physical pain does not simply resist language but actively destroys it.” In Xiao Hong’s writing, Wang a’Sao is only able to scream during her difficult childbirth (after which she died): no proper language can emerge from her mouth. As a female writer, Xiao Hong was able to express the inexpressibility of Wang a’Sao’s pain in writing, especially through her use of metaphor. The inexpressibility of labor pain comes from pain itself, as well as thousands of years of taboos around childbirth and putting labor pain into a secondary place.

In my next section, I will continue my discussion of how reproduction related pain is expressed and represented through means more than language, including visual representation on stage and on TV. By referencing stage plays and TV dramas that are
current and/or popular in contemporary China, I will analyze how they reflect viewers’ complex attitudes towards reproduction related pain, especially labor pain and pain related to abortion. Connecting with my earlier discussion on the historical background of labor pain, I will discuss the meaning behind “pain” when talking about labor pain in contemporary China.

Visualization of Labor Pain

Birth Story is a non-fictional community-based stage play that debuted in 2019 in Beijing. It is produced by Beijing Mulan Community Service Center along with assistance from the Central Academy of Drama. Established in 2010, the Mulan Community Service Center is a non-profit organization aiming to serve female migrant workers in Beijing. The Birth Story’s entire storyline is based on interviews conducted in the migrant worker community, and the vast majority of actors are non-professional actors from the community who are female migrant workers. The play is written based on the childbirth and abortion experiences of Xiaoyu, a woman who is a migrant worker in Beijing, who worked as an hourly paid housekeeper and babysitter. Providing care work to those who are able to afford it, Xiaoyu herself has undergone two childbirths and three abortions. She suffered greatly in these painful experiences, both mentally and physically. (天天快报, 2019)

Xiaoyu is now 44 years old. The first two times she was pregnant, she gave birth to her two sons. In the three following pregnancies, she had no choice but to terminate the pregnancies. She and her family do not have the financial ability to support one more child. When she tells her story the interviewer notes, “she’s so calm and it almost sounds
like she’s telling a story of someone else.” (Zhang, 2019) Her story is used word for word in the script, especially highlighting her experiences giving birth and throughout the abortion process.

One of the actresses, Qi Yuxia, has had one experience of giving birth. According to Qi, every time she reads her line, she can’t help but think of the scene of abortion surgery: a doctor takes out pieces of flesh of the fetus, and there is the sound of a heartbeat. The heartbeat is not from the birth of a life, but from a life that’s fading out. In her mind, she sees countless women lying on the ground, curling their bodies up in pain. The scene in her head is so big that she cannot see the end of it. Every time she acts her part, she feels pain in her belly, and she would secretly put her hands on her belly (Zhang, 2019).

The story of Xiaoyu is so private, yet powerful and relatable. Many women, including the actress Qi Yuxia, have found themselves in Xiaoyu’s story. While Xiaoyu’s description of her own abortion experiences are told in a calm tone, her action of telling and her words are so powerful that these words resonate among other women who have had similar experiences. What is most important here is that women can relate to each other in the process of self-revealing, even when the revelation is painful. In addition, this exemplifies how pain from childbirth and abortion can be expressed verbally: as both written expression (the script) and verbal expression (reading the line). Expressions of pain do not only happen through cries and screams, they can also be carried out through calm language, yet this language is accumulated through countless times of self-reflection and struggle.
From a bodily perspective, female migrant workers are often essentialized to working bodies, providing repetitive and basic physical labor day by day. Female migrant workers in China are often from rural areas, and with limited levels of education, they are excluded from office jobs. They migrate to urban areas to seek job opportunities, usually in factories or the care work industry. Their visibility through representations is low and often stereotyped. Their emotional needs, thoughts and struggles have rarely been addressed in mainstream culture. Their own childbirth and parenting experiences are full of obstacles brought by the household registration system as well as educational policies in the city. Not many schools are open to their children who usually don’t have local residency. Living in the same city, many of them fail to enjoy the medical resources urban residents have, and they often cannot afford to stay at home too long to take care of their newborns. Some of them work as housekeepers and babysitters while their own children are left behind in the village, taken care of by grandparents of the child (Fu, Su & Ni, 2018).

Providing physical labor has another implication: the body is open to wear and tear. Bodily “abrasion” is taken for granted and normalized on these working bodies. However, through the lens of gender, we can find that all these bodies which are regarded as “depletable” in society, should be given the same dignity as middle class women whose reproductive bodies are discussed more often. This stage play challenges the absence of such a lack of dignity and the normalization of their “depletable” bodies. The existence of the stage play is a cultural creation by these women, as well as a way of “screaming” their painful birthing experiences. The contributions of female migrant workers to China’s fast growth economy doesn’t guarantee them more stability. Rather, it
increases their vulnerability due to their limited access to medical resources and social welfare. Not many of their employers are willing to pay their social welfare, not to mention that many of these women are working as babysitters or are working independently.

From the private space to the stage, these women exhibit their reproduction related pain, taking the sense of shame and taboo around the female birthing body away. In the rural areas where they are from, childbirth is still a very private topic. According to Qi Lixia, even her mother-in-law never talked about how to give birth with her. Qi has a childhood memory of a woman in her village who died giving birth. Her blood was everywhere on the bed sheet. This memory made Qi afraid to give birth one day. After she did give birth, she felt a cutting-like sensation when she urinated. She had no one to turn to and regarded it as a normal feeling after giving birth. It was not until her discussions with her friends in the Mulan Community nearly twenty years later that she realized she had experienced a vaginal tear. No one had ever discussed it with her at the time.

In comparison to how the official discourse portrayed women’s reproduction related pain, in this stage play, female migrant workers’ telling of their own reproduction related pain challenges the official discourse. The expression of one’s suffering and pain is no longer a tool to support or dismantle a belief system. Rather it recognizes pain itself, which ultimately unites these women, forming a sisterhood that challenges the silence and taboo around women’s birthing bodies. They challenged the injustice they had suffered, and the absence of stable social support for them as migrant workers. These women as migrant workers and actresses shouted out their pain from giving birth, from
abortion surgery, but most importantly, they shared the emotional pain they had suffered. The expression of pain cannot be accomplished without the telling of mental suffering. Physical pain itself remains as a sensation until mental pain comes in, which is what moves viewers and echoes with them.

Born in the 90’s, my generation is the famous generation living under the One Child Policy. This world-renowned population control policy left me no sibling to grow up with, but it also left me spoiled from love from all my family members. I am an only child to be cherished, to be fostered and to be given high hopes. Such scarcity helped to weaken the traditional value of boy preference in contemporary China. It of course never erased it, but I have never felt I was not taken seriously in my family.

At the same time, the wish for prosperity in my family was growing. Strict population control aroused my mother’s yearning for a bigger family, the kind she grew up in. Maintaining a very close relationship with her siblings, she deeply holds the idea about siblings’ mutual love. Witnessing my generation’s loneliness at home for siblings to play with, she firmly believes that I should have multiple children, at least two, so they can keep each other company. When the one child family became a norm, she projected her longing for breaking state control and returning family prosperity onto me.

As a young woman, I have had a very clear consciousness since I was a girl: me, and my peers are expected to “have children” one day. Woman as mother is one of the common images we encounter daily, and we have a vague idea about giving birth in the future. However, discussions about giving birth often end in one destination: to honor motherhood. Childbirth is painful, and Chinese children are taught that their mothers are great because they endured extreme labor pain for us. Such description of labor pain
melted into our understandings and imaginations of childbirth. With no younger sibling, I am unaware of my mother’s pregnancy-childbirth process. Stories about the pain she endured, the deep scar on her belly from C-section surgery, and the kind of motherhood I was taught to honor together contributed to the reason why I should be a filial child. It also kept echoing in my mind, and ultimately influenced my decision to write on this topic for my MA thesis in Women’s and Gender Studies. This is also how I transfer my personal experience and feeling from everyday experiences as a woman to knowledge production.

As members of the one-child generation, most of my peers are also unaware of their mothers’ pregnancy-birth process. Such absence has distanced us from the allegedly dangerous childbirth, and instead we learned about it from visual representations on screen, stories we read, and heard from small talks we had with family members. Instead of witnessing the process in real life, many of us acquired our beliefs about childbirth first from visual representation, like dramas on TV.

As one of the most prevalent TV drama genres in contemporary China, Palace Drama is a type of TV drama evolved from a larger category of historical drama. Stories in historical dramas often take place in ancient China and are full of contemporary imaginations of the past. These imaginations include costumes, architecture, food, art, medicine and more. Many of the historical dramas are not accurate reflections of history, but they do cite historical archives and give respect to basic historical facts. Among all historical dramas which started to occupy the TV market from the late ‘90s and early 2000s, palace dramas started to appear as a sub-category in late 2000. Unlike other historical dramas which can take place anywhere, palace dramas’ setting is mainly in the
Forbidden City, or in other places that are in accordance with the dynasty on which the script is based.

The storylines of palace dramas often involve portrayals of extreme labor pain during childbirth. The core of these palace dramas is the struggle between the emperor’s wife and concubines that include conspiracy and other traps to put one’s enemies into damaged positions. Pregnancy and childbirth are important elements contributing to conspiracies to set someone up or to gain power and status in the Forbidden City. For example, if two concubines are enemies in the drama, one might secretly drug the other one during her pregnancy, leading to abortion or death during childbirth. In contrast, if one gets pregnant, she would be extra careful to not let others find a chance to drug her. In these dramas, more children mean greater power and higher status in the Forbidden City, as well as the future possibility of becoming the dowager and avoiding the risk of being eliminated by the enemy in power. The process of childbirth in such plots is presented as something dangerous that one has little control over. The pain of miscarriage and painful childbirth appear in nearly every palace drama. The frenzy of obsession with imagining painful childbirth is essential to palace dramas’ plots. Without such plots the conflict of drama would be greatly weakened, and writers wouldn’t be able to carry the storyline forward.

In my discussion, I will use Empresses in the Palace as an example of….

Empresses in the Palace came out in 2011 and was a game changer for the palace drama in mainland China. It tells a story of how Zhenhuan, the emperor’s favorite concubine, fell in love with the emperor’s younger brother during her exiled time in a Buddhist temple. After her return to the Forbidden City, the suspicious emperor killed his brother.
As revenge, Zhanhuan infuriates the emperor on his deathbed by revealing her affair, and the fact of the real father of their twin children, which directly leads to the emperor’s death. It remains as the most influential palace drama.

In Zhenhuan’s story, her four pregnancies are all associated with the shifting of power and signify changes in her life path. Her first pregnancy ends in a miscarriage, resulting from physical punishment ordered by Concubine Hua, the most powerful concubine at the time. Zhenhuan’s miscarriage led to the emperor’s apathetic attitude to Concubine Hua for a long period of time. Concubine Hua is a character who frequently exhibit her power over other concubines by ordering punishments or setting them up. Zhenhuan showed deep sadness after her miscarriage, which is not only a reflection of her attitude but also a powerful tool against Concubine Hua’s authority in the palace. Using her grief, Zhenhuan started to turn her suffering on losing the child into a weapon of contention against Concubine Hua. Zhenhuan’s last time of pregnancy also ends up with miscarriage. However, she secretly induced the abortion herself, and enraged the Empress to push her, convincing everyone that her miscarriage resulted from the Empress’s physical attack.

In the birthing scenes, the Emperor is excluded from the delivery room. As I have stated, in traditional Chinese customs, the delivery room is considered as bloody and filthy, and will ruin men’s luck. In the two scenes Zhenhuan is giving birth, “pain” is the strongest visual element addressed. Her painful screaming and sweating face all convey the message of her hard time. Her suffering is closely associated with her status in the Palace: more children means prosperity and thus more power in the Forbidden City.
I’m obsessed with the frequent depiction of abortion and labor pain in palace drama. Ways of doing harm to others’ pregnancies are so different, even seeming “over the top” sometimes. The writers’ obsession with abortion/miscarriage and painful childbirth scenes at times confuses me. Some of the plots simply cannot work in modern medicine; only the concept of “traditional medicine” can offer space to fulfill these imaginations. For example, Zhenhuan later found out her first miscarriage is not a result from Concubine Hua’s punishment but from a cream given by An Lingrong, another concubine who is an expert in spices and perfumes. An Lingrong gifted Zhenhuan a scar remedy cream and used musk in making the cream. Musk is believed to cause miscarriage. As a revenge, Zhenhuan send flowers to An Lingrong regularly during An’s pregnancy. During An’s birthday night, the emperor paid a visit to her. Zhenhuan had spilled some aphrodisiac in the flower that day. When the flower blooms, the emperor can’t help but having sex with An, which leads to her painful miscarriage.

Research reveals that the miscarriage rate and infant mortality rate is higher in the royal family than the average rate (Lee, Feng& Campbell, 1994). Such increase of death is understood as the power conflict’s sacrifice. Palace drama grapples with this concept and magnifies it, making “reproduction” a critical event in the storyline which often carries the story forward. In Palace Drama, reproducing the successor to the royal power is the most important task for these women, and the pain of childbirth and abortion reflect the pain of their shattered lives under the imperial power. In an environment where they can’t participate in normal political, economic and civil life, “reproducing” the imperial power is also one of the few major events within the imperial system they are able to participate in.
In a nutshell, palace drama reflects not the history but how people today think. The historical setting is just borrowed as a space where contemporary stories take place. The relationship between a woman and her mother-in-law is now portrayed as the concubine and the emperor’s mother (the dowager) on TV. One becomes a dowager and the emperor becomes an emperor because the old emperor has died, which makes the “father” figure invisible in the patriarchal environment. The relationship with the mother-in-law thus remains as the only parental relationship. The conspiracies and battles in the drama often offer only one destination that is the ultimate victory of one party and the total defeat of others.

Why is imagining and presenting the pain of childbirth so important in palace drama? Why is the depiction of conspiracy, which escalates the level of labor pain, essential to the plot? Why do the moments of screaming, bleeding and crying matter so much in the drama? The pain from patriarchal dynamics within the family, the pain from boy preference and to carry on the family line, and the pain from the patriarchal culture of childbirth come together in birthing scenes in palace dramas. Only through scenes of screaming, crying, yelling, bleeding after miscarriages and during giving birth can these hidden pain be told to the audiences. For example, when Zhenhuan woke up from a coma after her last miscarriage, she lies on the bed, opens her eyes and says to the Emperor in a very weak voice:” the child?” The character uses her physical and mental pain to show her grief to the Emperor after her miscarriage, addressing the crime of murdering the Emperor’s descendent committed by the Empresses. Zhenhuan’s carnal sacrifice helps her to gain unparalleled power in the Palace.
In all palace dramas, to fully present the feudal customs, the emperor is always kept outside the delivery room. “Delivery room is a bloody and filthy place, you can’t go inside the room, and otherwise it will affect the luck of the country!” When the emperor waits anxiously outside the delivery room of his favorite concubine, people around him say this to him. Of course, palace drama is not the best source to learn about history. The custom of keeping men outside of the delivery room is a real tradition in ancient China. However, its use in palace drama does not reflect only history, but anxieties in the present. My interpretation of this scene is it’s an unconscious reflection of men’s absence from reproduction related labor, from birth to parenting. Because of the emperor’s unchallengeable absence in the drama, the responsibility of men’s role in the delivery room remains unquestioned.

There are reasons behind the frequently use of abortion and painful childbirth scenes in Palace Dramas. This pain for “prosperity” and the sacrifice for the “clan” thus has colluded with competition for imperial power. Pain of childbirth, as a common sense of our modern viewers, is addressed and placed in a dangerous situation in the struggle for power. Through our spectatorship of the visualization of pain, such pain has been stripped away from purely physical pain. It has been mingled with a patriarchal language of “pain” and projected into our daily reality.

Regularly using abortion and childbirth scenes to push the storyline forward is unique to palace dramas. I have never seen this as part of the plot in other drama genres. As a central source of conflicts, scenes of childbirth and abortion reveal one single fact: that we as Chinese audiences can understand and even resonate with the pain of forced abortion and the patriarchal culture of childbirth. We as viewers recognize the existence
of such “pain” in real life. Though not loud, these memories are still echoing in the back of our minds. These memories are the unspeakable pieces of individual and collective experiences of all the reproduction related pain, from the inside of our own bodies, to our family stories, and the stories we’ve heard and witnessed.
Conclusion

For a long time in Chinese history, labor pain was not considered a “problem” to be solved, or a medical condition that required intervention. I observed that in China, the recent awareness raising around childbirth pain relief, is a consequence of medical technology development as well as women’s subjective efforts in practicing their agency. Combating pain is not only asking for physical relief, but for the spiritual freedom unleashed from the history of women’s suffering being minimized. There is a long path from endurance to challenging the inevitability of pain. In this sense, framing childbirth pain as a “problem” to be solved draws upon a new language. Asking for pain relief in labor is to admit childbirth pain, to address one’s subjective feelings and to challenge the moral obligation around “motherhood.” By doing so, childbirth pain is no longer a secluded experience not to be discussed. Customs and practices in Chinese history regard birth as an event in which pain is part of the formula that reinforces the stereotypes around birth. In pain we suffer and in pain we endure.

Today, with an increasing number of young women who are willing to talk about their experiences with labor pain, the screams “out of pain” have passed outside the walls of the delivery room. Labor pain, along with all other reproduction related pain, does not only happen in the room in which it took place. It is no longer an individual event in a private space. The scream itself is not the calling for change, but the verbalization and visualization of the scream, the recognition that pain should not remain at a secondary place and reflections on women’s subjectivity and reproductive rights, are calls for change. The tragedy of Ma Rongrong became a turning point for labor pain management
in China. Ma's death revealed the tension between women's reproductive rights, family ethics and the nation's medical system. With her death, the public started to seriously pay attention to what was regarded as ordinary: the pain of childbirth.

With the implementation of the policy of promoting epidural birth, the National Health Commission will have appointed 913 public hospitals in China to provide this service by 2020. These hospitals are located in every province. More developed provinces have a greater number of hospitals listed, which means they already possess medical resources that are enough to support the service. With a clear shortage of anesthetists, such goal seems to be a bit radical. For so many years we have not been able to provide widely accessible epidural birth service, how can the service rapidly be changed within two years? The high rate of Cesarean surgery is partially due to the profit-driven and time saving concerns for some public hospitals. With the pilot program promoting epidural birth, epidural service is possibly going to be included under the coverage of the National Healthcare system. This will create new challenges for hospitals: epidural birth takes more time than Cesarean birth, and under the current healthcare system it won’t bring the same income to hospitals.

In addition, the imbalance of medical resources already causes extremely different ratios of epidural birth services in urban and rural areas. Some maternity hospitals in top tier cities have epidural birth rates around 70%, while many hospitals in under developed areas don’t even offer the service (Xinhua.net, 2019). If public healthcare will cover epidural birth services, hospitals will face huge challenges to balance cost and profit. If
not, the high cost of epidural service can still be expensive for many families in rural China.

While my thesis is not able to assess the implementation and influence of the policy after 2020, I note that some of the 913 hospitals listed are hospitals that previously collaborated with No Pain Labor Delivery, the NGO I discussed in Chapter 1. No Pain Labor Delivery has visited 99 hospitals in China over the past 10 years, providing workshops to local doctors on details of operating epidural births. These hospitals, which benefited from their workshops, are all able to conduct epidural births before the National Health Commission’s policy requires it. Although their names are on the list of the 913 hospitals that are supposed to be conducting pilot programs on providing epidural birth, however, the official media fails to recognize No Pain Labor Delivery’s decade of contribution before the policy.

Outside forces like private hospitals and No Pain Labor Delivery’s participation changed the childbirth market in China. While the prior creates a service of comfort, love, and is connected with a higher social class due to its cost, the latter tries to benefit as many doctors and patients as possible through its assiduous work. Interestingly, private maternal and infant health hospitals love to brand themselves as more humane. Their brands are often associated with Westernized names or service standards. As doctors and nurses based in the U.S., members of No Pain Labor Delivery chose to visit mostly public hospitals, although they claim they wouldn’t mind the nature of the hospital. Over the years, they pay visits to hospitals in second and third tier cities more and more often.
Besides the state’s effort to rapidly promote epidural birth, it is necessary to recognize that the health care market for maternal and infant health is a booming market that attracts attention from many parties. The growing popularity of private maternal and infant health hospitals, as well as their branded childbirth services with higher costs, together constructed the economy of giving birth in today’s China. From giving birth in private hospitals to full-time nannies, money now becomes a measure for love and privilege. Participating in the economy of childbirth, some women established or reinforced their status within their family, proved their husbands’ love and exhibited a modern way of self-care.

This is an ongoing project that doesn’t only see the state and its population policy as negative and women’s bodies as passive embodiments for the practice of political ideology. Rather, I believe women are constantly practicing agency through active participation and can even re-write reproduction policy’s agenda. Ultimately, topics of “labor pain” and pain management in the public sphere do not only represent the sensation of pain itself. Yet promoting labor analgesia is an extension of the traditional population policy in terms of its logic and ways of execution. Discussion of labor pain and all reproduction related pain includes women’s reflection on their living experiences under the population policy. From forced abortion in the One-Child Policy era, the medicalized childbirth with high cesarean birth rate, to the termination of the One-Child Policy, woman’s reproductive body has gone through much political and medical intervention that makes women need an outlet to speak. Talking about labor pain, the pain of forced abortion and postnatal bodily problems become the outlet for women.
From this perspective, the pain that Ma Rongrong’s tragedy tore in our hearts can never be eased by the promotion of labor analgesia.

Growing up in Chinese culture, I was unconsciously influenced by the culture around reproduction, including the absence of the subjective discussion of pain. Pain had always taken a secondary place in the event of birth in ancient China, and this thought remained mainstream until recent years. Even in China’s population and maternal health related policy, this tendency is still clear. In Chapter 1, I argued that the policy addresses the importance of maternal and infant health (which is important as well) yet failed to be attentive to labor pain. Prenatal check-ups, maternal health, infant health and the effort to reduce infant mortality rates all contributed to the country’s efforts to increase the quality of its population. In Society Must be Defended, Foucault argues that biopolitics deals with population as a political problem. Technology is used as an intervention to achieve the political goal of sovereignty, which intervenes in the birth and death of its population. In the event of birth, new citizens of the county are being born, and the priority for the state is to ensure the new born become the governable subjects, from their potential productivity to their identity. While free but required prenatal checkups ensure health and safety, they also filter out those less productive bodies for the society. Hospitalized childbirth ensures maternal and infant safety and bundles birth with household registration system at the same time.

On the other side, reproduction is not counted as productive activity in the traditional socialist mode of production. If it is, then labor pain should have been counted as a cost of production, and women would have the bargaining power and language to ask
for protection, which in this case is anesthesia. Women’s laboring bodies are not bodies contributing productive labor. While giving birth to the citizens of the state, all these sufferings are kept in the personalized and private area as the physical pain of the individual.

Two years after Ma’s tragedy, expression of reproduction related pain among Chinese women has become a frequently mentioned topic on the internet. Younger women are especially proactive in their expressions. Some of them show a denial attitude on giving birth in the future. Unlike topics like LGBTQ rights, childbirth is a safer topic to talk about in China. It recognizes the existing family structure and is not contrary to the population policy. To talk about women as mothers who are giving birth is a safe topic, and the addressing of labor pain is acceptable as well, since it calls for solutions like labor analgesia, rather than directly rejecting the “duty” of motherhood. Thus, discussing physical pain becomes an outlet for the long-term social pain women have suffered while reinforcing the structure of nuclear family.

In addition, talking about labor pain is a topic that welcomes all women’s participation, regardless of their experiences with childbirth. It is capable of mobilizing more women compared to topics that only certain groups of women are interested in. Through mourning Ma Rongrong’s tragic suicide and asking for epidural birth services, more and more women are participating in the action of challenging the patriarchal culture of childbirth. In the process of forming a collective voice that shapes the topic, women themselves start to share what used to be kept as shameful secrets, such as stretch marks that won’t go away, or defecating during child birth. The expression of mental pain
and social pain through discussing labor pain creates a sense of connection, making it
easier to relate with people. Since everyone experiences physical pain in different forms,
the metaphor of social pain is now comprehensible to many audiences. Women’s pain
suffered under the patriarchal culture of childbirth is no longer a vague experience but a
relatable feeling to those who have not or will not be giving birth.

The laboring body and its pain suffered has always been a metaphor. In the age of
PPM and Iron-girls, women’s reproductive bodies were closely associated with political
ideology. The female reproductive body became the embodiment of this. Reproducing
new citizens for the state is itself a site for political practices. With the impact of
population policy, medical intervention is constantly used as a tool to meet policy’s
requirements. In recent years, the need for and promotion of labor analgesia, also
participated in discourses around women’s laboring bodies. However, there is now a gap
between the intention for promoting pain relief like labor analgesia and the pain women
are really screaming out of: that is the struggle between the state’s need to increase birth
rate and the patriarchal culture of childbirth that only epidural is not enough to cure.
Chapter 1


Chapter 2


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