

ANNALES SCIENTIA POLITICA

VOLUME 5, NUMBER 1, 2016

ANNALES SCIENTIA POLITICA

Vol. 5, No. 1, 2016

QUANBAO, J. - YIXIAO, L. - SHUZHUO, L. - BASTEN, S.: Rational Persuasion, Coercion or Manipulation? The Role of Abortion in China's Family Planning Policies. Annales Scientia Politica, Vol. 5, No. 1 (2016), pp. 5 – 16.

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RATIONAL PERSUATION, COERCION OR MANIPULATION? THE ROLE OF ABORTION IN CHINA'S FAMILY PLANNING POLICIES

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China's recent history of family planning restrictions is well known. An increasing amount of attention has been paid to the role of abortion in both national and local policy implementation as well as individual-level decision-making. In this paper, we explore the recent history of abortion within the Chinese family planning policies within a broad bioethics framework. In particular, we explore themes of rational persuasion, coercion and manipulation at the various levels of implementation.

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Introduction

It is commonly held that there is a broad tripartite categorization of 'influence'. The first is 'rational persuasion', whereby the subject is influenced by a reasoned or rational argument. Generally speaking, this approach of influencing is permissible in a bioethics framework. The second method of influencing outcomes is through coercion; coercive efforts might involve the implementation of violent actions, pecuniary or other social disadvantage (or the threat of any of the above). The consensus here is that such actions are not permissible. But what is coercion? On the basis of works by Hobbes, Kant and Locke, we would consider coercion to be, at its most simple, circumstances where there is a relationship between the coercer and coercee; that there is an act of coercion by the coercer; and that the coercee responds (or changes an aspect of behavior) in response to that action. However, there is a great deal of debate about the definition,

meaning and execution of coercion – which has been further differentiated within philosophy by the transhumanist perspective (as characterized by Robert Nozick (1969), for example) and the bioconservative view (such as that of Alan Wertheimer, see (Wertheimer, 1987) for a review).

Here, then, the focus is on how the coercee is affected by the coercer, with the process of analyzing coercion grounded in a non-moral framework (Hasken, 2007). Wertheimer, on the other hand, strongly argues for a 'moralized baseline' based upon the economy of 'threats' (Wertheimer, 1987). According to Wertheimer, a threat is coercive when, if the threat is refused, the coercee will be worse off than he would have been had it been accepted; and that the coercee has no reasonable choice but to consent. This consent requires a contextually specific, moralized judgement (Hasken, 2007).

Moving beyond these interpretations, Gunderson (1979) states that 'There is nearly universal agreement that coercion is an evil... Even when it is necessary to avoid a greater evil or to attain a good, it is still a necessary evil' (Gunderson, 1979, p. 247). Anderson (2011) translates this into a practical dimension by stating that 'coercion is typically thought to carry with it several important implications, including that it diminishes the targeted agent's freedom and responsibility.' In this context, Anderson continues, 'it is [therefore] a (pro tanto) wrong and/or violation of right'. Finally, we must briefly consider the concept of harm as it relates to coercion. In the Millian (Mill, 1869) sense, 'the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.' As such, the link between 'the common good' and a coercive act is a highly contested, complex one where harm can delegitimize itself as an action if not correctly justified.

The third component occupies the ground between these two 'extremes'. Some scholars, such as Blumenthal-Barby, have explored this 'neglected space between rational persuasion and coercion in bioethics' (Blumenthal-Barby, 2012, p. 345) – not least because the definition of the two 'extremes' is so fraught with difficulties. (Indeed, a core textbook in bioethics

(Singer, 2008, p. 32) recognizes the 'fine line between persuasion and coercion'). This area is often called 'manipulation', though Blumenthal-Barby (2012) argues for this space to be relabelled as 'nonargumentative influence' with two subtypes, namely 'reason-bypassing' and 'reason-countering'.¹

It is within this tripartite framework that we consider the history of China's family planning policies over the past three decades, with a particular focus on activities related to abortion. We begin with a discussion of the design and implementation of the policies in the late 1970s and early 1980s, and show how this was framed very much in the language of 'rational persuasion' and a 'common good'. This has been a constant throughout the various reforms and transitions of the policies over time. It is a commonly held view that many Chinese citizens believe that family planning restrictions have been a success for the country; but this is not an adequate reflection of whether 'rational persuasion' was a defining characteristic of the policies. Secondly, we move to an in-depth discussion of one particular element of the shift from 'persuasion' to 'enforcement', with a particular focus on the role of abortion. Here we suggest that the language of the 'common good' and 'rational persuasion' is very much diluted/polluted by the language (and action) of coercion. Finally, we move towards a discussion of the extent to which harm is present and whether it therefore acts as a form of delegitimacy in a Millian sense. We suggest that, indeed, harm is present.

The 'pre-history' of the one-child policy

Long before China implemented the stringent one-child-per-couple birth control policy, the relationship between population and economic development had been the subject of heated debate. In the late 1950s, Coale and

^{&#}x27;Reason-Bypassing Nonargumentative Influence' refers to 'influence that operates by bypassing a person's reasoning capacities and often their awareness, with examples including framing, setting up defaults, setting up the environment a certain way, and priming using subconscious cues' (p. 349). 'Reason-Countering Nonargumentative Influence', on the other hand, operates by 'countering a person's reasoning capacities, with examples including social norms/pressures, inducing affective states, playing on desires' (2012).

Hoover (1958) proposed a classic theory that extra births in a high fertility context would have a negative impact upon economic development, providing strong scientific evidence for birth control measures. This view was confirmed by many further studies in the 1950s, which identified the negative correlation between high fertility and economic development (Birdsall, 1977). As a climax to this activity, Club of Rome researchers argued forcefully that it was necessary for developing countries to implement immediate and draconian population control policies in order to solve their crises (Greenhalgh, 2008).

In China, a broader family planning policy had been discussed and implemented from the early 1950s; yet because of Chairman Mao Zedong's ambiguous and pronatalist attitude, the firm implementation of a birth control policy did not occur until the 1970s. In the spring of 1979, Deng Xiaoping and Chen Yun issued a number of directives on family planning in order to limit population growth. Deng commanded that policies and laws be stipulated to curtail population growth. When Li Xiannian introduced the "one is best, two is most" policy to Chen Yun in 1979, Chen replied, "Be tougher, stipulate clearly that only one is permitted". Several months later, the Chairman of the Central Committee of the Chinese Communist Party (CCP), Hua Guofeng, proposed making 'concrete measures' to reward couples who give birth to only one child. After Hua's suggestion, the "Only one is permitted" policy was implemented nationwide, both in urban and rural areas (Liang, 2014). As Greenhalgh (2008) observes, by the end of 1979 the three most powerful leaders in China, Deng Xiaoping, Chen Yun and Li Xiannian, all supported a strong antinatalist population policy. In addition, the one-child policy had already been implemented in 1979 (Liang, 2014). In this sense, therefore, within a bioethics framework the history of family planning in China from the 1950s to the late 1970s was very much grounded in a scientifically driven narrative of 'rational persuasion' (albeit with some statutory restrictions imposed by the end of the period). This 'scientific rationalism' was carried forward to the next phase of the design of family planning restrictions.

Along with his group of researchers, Song Jian, an outstanding missile expert in China in

the late 1970s, crafted a narrative of a Chinese population crisis using western ideas. According to their projections, China's population would expand so dramatically, and at a historically unprecedented pace, that rapid population growth and overpopulation would deplete natural resources, destroy the environment and prevent China from achieving its rightful place in the world. They therefore suggested that the only solution was for national decision makers to immediately implement a one-child-percouple policy, irrespective of the social and political costs (Greenhalgh, 2008). Despite the fact that the data used by Song Jian and his colleagues for their projections were not intended to be applied to real populations (Hvistendahl, 2011), and that their very long-range population projections were seriously flawed by the lack of reliable demographic data at that time (Greenhalgh, 2008), the combination of the relative lack of qualified demographers and the determination of national leaders meant that these leaders were easily convinced of the necessity - and feasibility - of such a policy in the name of science. As such, China readily transformed Song's suggestions into basic state policy.

'Rational persuasion and the common good': shaping family planning policies

The Chinese central government campaigned to promote the post-1979 birth control policies in the name of the common good. In the official discourse by the Chinese government, family planning policies would benefit individuals and families, relieve the pressure on the environment and resources, fit the longterm interest of all Chinese people, and even advance the well-being of all humankind. In 1980 the Central Committee of the CCP delivered the 'Open Letter of the CCP Central Committee to the General Membership of the Communist Party and the Membership of the Communist Youth League on the Problem of Controlling Population Growth in Our Country', stating the effects of rapid population growth. Apart from the costs to individual families through greater levels of dependency, it was argued that the state would need to significantly increase educational expenditure, facility investment and greater levels of state financing through income generation for their education and employment. It was argued that rapid population growth would also lead to over consumption of natural resources, aggravating existing environmental problems and worsening the living conditions of the population. Finally, if it was not kept in check, the demographic increase would result in difficulties in providing food, clothing, housing, transportation, education, medical care and employment for the entire population, therefore limiting the state's capacity to reduce poverty and 'economic backwardness'.

In this sense, the 'Open Letter' did indeed appeal to 'rational persuasion' for the 'common good'. In order to limit the population size to 1.2 billion and as a means for all people to reap the benefits of 'modernity', the State Council appealed to all citizens to give birth to only one child. While the central government did not list concrete measures for implementing the policy, strict demographic indicators were indeed set. In order to 'promote' the one-child policy and ensure that these demographic 'targets' were met, physical apparatus at all levels were subsequently established. In 1981, the National Family Planning Commission was established, followed by a top-down establishment of family planning administrative organs. Since then, the network of family planning has extended from the national level to the more local levels of province, municipality, county and town. At the village level, the village leader is responsible for birth control (Nie, 2005). Already the distinction between 'persuasion' and 'coercion' was beginning to blur.

While the administrative teams were being put together, relevant provisions were added to the law. In 1980, the revised Marriage Law obligated citizens to practice family planning. This was reinforced by a directive in the 1982 Constitution stating that: "both the husband and the wife have an obligation to practice family planning". In 2001, the Law on Population and Family Planning restated the civil obligation of practicing family planning (Nie, 2014). Yet it is important to note, despite this, the relatively weak statutory framework of the Chinese family planning regulations. Firstly, the 'Open Letter' was conceived as an exhortation to citizens 'advocating' population control policies rather than a stated law. As Wang et al. note, "the one-child policy strategy strangely was never issued as a government order nor

written explicitly in Chinese law" (Wang, 2013). Secondly, when parents have more children than they are allowed under their particular family and geographical entitlements, the relevant organ imposes not a 'fine' but a 'social maintenance fee' to cover the additional expenses to the public purse of the 'out-of-quota' child. This therefore suggests that the primary ideal of the state is to ensure the implementation of birth control policies through 'rational persuasion', as evidenced from a relatively weak statutory framework and a strong grounding in 'science', which has been the hallmark of most pronouncements on family planning in China. For example, the notion of 'four hundred million births into poverty have been averted' is a globally known claim about the policy (Wang, 2013). However, the presence of a large surveillance network, as well as the pecuniary and other penalties associated with transgressing the boundaries set by the state, mean that the policy clearly strays outside of being solely concerned with 'rational persuasion'. Indeed, the Chinese government has been enthusiastic and confident about its ability to make people's private reproductive behavior compatible with the national goal of reducing population growth (Li, 1995). Despite this, since the early 1970s (if not before), coercion has been an integral part of China's birth control policy (Aird, 1990). The Chinese family planning programme remains highly coercive throughout the process; central policies have resulted in many forced abortions, as well as other coercive activities, in the birth control campaign (Nie, 1999). As Banister (1987) put it: "[China] makes extensive use of compulsory family planning..., forced sterilization, compulsory IUD acceptance, forced IUD retention, and forced abortion". In the following section we consider in greater depth some of the more unabashedly coercive elements of the family planning policies - namely the execution of abortions. As we shall see, with the pressure to achieve specific short-term goals, the birth control policy has often been carried out against the popular will by means of a variety of coercive measures, and in many places direct enforcement measures have been used as key tools in policy implementation (White, 1994).

Abortion and the 'targeting of agent's freedom and responsibility'

For the one-child birth control policy, the State Family Planning Commission developed a birth-quota system, in which the target number of children allowed to be born in the coming year was allocated to each province. The provincial government then stipulated the exact number of children permitted to be born in every prefecture government under the provincial jurisdiction (Li, 1995). Through the administrative bureaucracies at all levels, birth quotas were passed down to units at the levels of the city, county, and then town and village (Huang, 2002). Officials at all levels often took these ambitious population goals extremely seriously, in order to demonstrate their organizational capacity and political commitment. In order to achieve their targets and pass their performance evaluation or even exceed the average level, officials who were personally responsible for meeting the quotas, from the provincial level to the village level, would use whatever methods necessary. Contraception and sterilization were the first-choice methods, but for those out-of-quota births, people in charge of, and responsible for, the family planning programme had to rely on abortion to achieve their targets (Rigdon, 1996).

The view of the Central Government regarding coercion has oscillated over time, from a tacit acknowledgement of acceptability in the early 1980s towards a more determined opposition; yet local authorities often saw coercion as the only means by which fixed targets for the fertility rate and birth quota could be met. Indeed, there is something of a contradiction between national and provincial pronouncements on this matter. Even in the 'Open Letter' of 1980, it states that every family planning worker should be a propagandist (publicist) who should help the masses with their ideological and practical problems; should never commit illegal acts (in family planning work) by force; and should dissuade others from committing illegal acts by force.

At the provincial level, however, the way in which family planning regulations were written meant a significant degree of scope in interpretation. To quote a verbatim extract from Article 23 of the 1991 *Population and Family Planning Ordinance* of Henan Province: 'For

whatever reason, remedial measures must be taken to terminate [an] unplanned pregnancy' (1998). Similarly, Article 18 of the 1998 Population and Family Planning Ordinances of Guangdong and Shandong Provinces state that 'Remedial measures should be taken for unplanned pregnancy at an early stage' (1998). Article 19 of the 2001 Management Measures for Family Planning issued by Guizhou Province stipulates that 'remedial measures should be taken for women of unplanned pregnancy' (2001). These so-called 'remedial measures' are taken to refer to abortion only, which would be performed on women who had an unplanned pregnancy as well as where the pregnancy was caused by IUDs and ligation failure (2008). The central and provincial policies have permitted - and assured - (at least indirectly) that local cadres can, and sometimes must, use coercion in their work (Nie, 1999).

In 1991, to strengthen the implementation of the strict policy, the 'one-vote veto' directive was issued, which connected family planning achievements directly with the cadre's promotion opportunities and other benefits (Jiang, Li, Feldman, 2014). Cadres who succeeded in meeting their quotas were eligible for bonuses and promotions, whereas they would risk a reduction in salary, disciplinary sanctions, demotion or even discharge from their post, if they failed. This pushed cadres harder to limit births with physical force, and abortion served as the last protection for local authorities from failure to meet their preset demographic targets (Tu, Smith, 1995). So pressured were they by the demands of the national policy, local officials often had no choice but to resort to coercion and physical violence (Nie, 2014).

As the bottom rungs of the state apparatus, township and village birth-planning cadres were obliged to enforce provincial and municipal policy as part of their official duties (Greenhalgh, 1994). Under the constraints of the specific quotas set by provinces, cities and counties, family planning work had been one of the most important tasks for township organs. In Shaanxi province at the turn of the 1990s, in an attempt to improve birth control performance, many areas introduced economic mechanisms linking family planning to land allocation and other resources under the control of grassroots cadres (Greenhalgh, Zhu, Li, 1994). However, it soon became apparent that

such economic mechanisms were insufficient. In the 1990s, a township party secretary in Henan province said, "To be honest, nothing could be achieved in accordance with the current legislation". He continued to say that "it is inevitable to break the laws if the tasks assigned by the superiors are to be seriously implemented" (Cao, 2013).

The practice of abortion was therefore deemed essential in meeting the targets of the birth control policy. In a survey of four villages in Shaanxi, one out of every four village women married in the 1970s had had an abortion by 1987, and one in eight had undergone the trauma of a second or third trimester abortion (Geenhalgh, 1994). In rural areas, mandatory pregnancy testing was performed by township family planning staff every 2 - 3 months on all married women under the age of 50, and the village and township family planning authorities jointly decided whether a pregnancy was to be permitted or terminated (Wu, Viisainen, Hemminki, 2006). According to a 1982 report by Guangdong family planning authorities, 80% of the 624,000 abortions in the province were performed "by order", and one-third were in the sixth month of pregnancy or later (Banister, 1987). The survey by Nie (2005) showed that over two-thirds of women considered their abortion to be 'caused' by the family planning policy. There were two respondents who declared that most of the abortions were caused by the restrictions in fertility policy. Another respondent said that the prevailing family planning policy led to forced abortions; and that while some were performed on a voluntary basis, most were the result of "having no other choice".

Forced abortions continued into the early 1990s, but had dramatically declined in scale by the end of the decade. On 23 January 2007, Zhang Weiqing, director of the National Population and Family Planning Commission, emphasized at a news conference that induced abortion was a common problem in many countries, and that the state did not view it as a measure for family planning. It has been clearly and officially stated that "induced abortion" is no longer to be employed as a means of implementing Chinese family planning policy (Han, 2013). However, in practice, induced abortion is still one of the primary measures for family planning in various parts of the country.

For example, in some counties of Guangxi Province in 2009, it was reported that family planning authorities performed some 48 abortions in a day; in a county of Hunan province in 2010, those officials who performed abortions during concentrated periods of activity would receive a reward of 600 RMB (around 100 USD) per aborted child within quota and 1,000 RMB (around 160 USD) for each aborted child outside of quota (Hu, 2011). Arguably the most notorious recent case is the forced induced birth performed in Ankang prefecture of Shaanxi province in the summer of 2012. The mother was a 23-year-old woman with a child. As she and her family were unable to pay a fine of 40,000 RMB (around 6,600 USD) for an ineligible second birth, she was detained and her seven-month fetus was aborted. The disclosure of this news triggered outrage and wide discussion among both netizens and more traditional media outlets (Liang, 2014).

To conclude this section, therefore, we are clearly able to identify the presence of coercion in the implementation of family planning policies in China, especially through the act of forced abortion. In the final section of this paper below, we return to the discussion outlined at the start concerning the *justification* of these coercive acts as a 'necessary evil'. In the meantime, we progress with our agenda to consider the (Millian) notion of 'harm' in the history of abortion in China, focusing on the relatively under-studied health consequences of women who underwent abortions in the implementation of the birth control policy.

'Harm', abortion and family planning policies in China

It is estimated that a total of 200 million abortions were performed in China during the 1970s and 1980s (Zeng, 1991), with a further 295 million cases of induced abortion from 1980 to 2012 (NHFPC, 2013). Clearly, many cases of abortion in China have been, and are, entirely voluntary. However, as we discuss above, at least in the early years the vigorous promotion of family planning work was a key motivating factor behind some of these abortions (Yu, 2012). Since the early 1970s, therefore, many women have been required, persuaded and even forced by the authorities to abort fetuses against their will (Nie, 1999).

While the vast majority of abortions do not lead to any physical harm, unprofessional surgery can lead to significant harm. Complications can develop even in instances of small mistakes, and infection can be caused by the lack of strict pre-operative disinfection and lax operation of asepsis techniques during the operation (Yao, Wang, 2002). This, indeed, has often been the case in China, particularly in rural areas (Zhu, Li, 1997).

During the early stages of the implementation of the one-child policy (1979 - 1983), the incidence of abortions skyrocketed in China. So-called 'barefoot doctors' were the primary actors in birth control procedures and abortions. However, such 'barefoot doctors' were often inadequately trained and/or lacked the necessary facilities or equipment to perform safe abortions (Rigdon, 1996). In poorly equipped rural clinics, the deficiencies in training and facilities were compounded by the large number of late-term abortions. Since there were a large number of women from many villages requiring abortions under the strictures of the birth control policy, many doctors were unable to devote their entire attention to each case (Li, 1996). The family planning service station in Linfeng county of Hunan province conducted a survey of women suffering from complications following abortions prior to 1983, which showed that 90% of respondents were operated on temporary scaffoldings in the village. In one village in particular, 13 women had ligation operations in a villager's home on the same day, among whom eight were hospitalized due to serious postoperative infections (Zhu, 1988).

In some cases infertility was the unintended outcome for many women. However, forced abortion can have many other 'harmful' outcomes, including more general poor health effects. Some patients who suffer from complications as a result of unprofessional abortions may be unable to resume their usual working life, or even experience difficulties in self-care. In the summer of 1995, a random survey was conducted among 300 women of childbearing age resident in 12 villages in 10 provinces nationwide. The survey found that health damage caused by improper family planning operations accounted for about 10% of all women interviewed, most of which were the result of unqualified family planning officials performing the operations (Zhang, 1999). In 2005, a survey of two villages in Shandong province showed that women suffering from apparent sequelae following family planning operations accounted for 7% and 9% of the total number of fertile women respectively (Kong, 2011). These circumstances can lead to a double financial burden, where (e.g. anti-inflammatory) medicines become the major item of household expenditure (Kong, 2011). A survey of 2,840 women conducted in seven provinces in 1994 indicates a potential negative psychological impact, with reported feelings of loss and guilt, and anxiety about unpredictable recovery from the operation and future childbearing. This can then translate into interpersonal and relationship problems (Zheng, 1996).

In terms of abortion, therefore, we must be careful to differentiate between 'voluntary' abortion and 'forced' abortion. But, of course, the definition of 'forced' is itself highly contested. In general, the higher profile cases discussed here involve the active involvement of family planning cadres in determining the outcome of a pregnancy (i.e. through abortion). However, how do we classify women who have 'voluntarily' submitted themselves for abortion through wanting to avoid an out-ofquota birth? While not 'forced' in the physical sense of the word (at least as defined by the egregious behavior of some cadres outlined above), the element of 'choice' is certainly heavily curtailed for such women. Of course, a third dimension is the presence of sexselective abortion which, it is often argued, has been exacerbated by the family planning policies themselves (Zhu, Lu, Hesketh, 2009). Therefore, unpicking purely 'voluntary' abortions from those where the family planning policy (and its administrative network) have implicitly and/or explicitly been involved is extremely difficult. Despite this ambiguity, the evidence seems to suggest that the key cause of abortions in recent years was due to an inconsistency of individual desire with the requirements of the family planning policy (Qiao, 101). The likelihood that a pregnancy will be aborted is strongly determined by official family planning policy and regulation (Tu, Smith, 1995). A study ranging from 1979 to 2010 indicates that the likelihood of individual abortion is correlated with the stringency of the family planning policy: the more stringent the family

planning policy, the more likely married women are to undergo an induced abortion (Wang, 2014).

How do we 'judge' this? If we determine the outcomes in the bioethics frameworks outlined in the introduction, we can certainly identify evidence of coercion, and we can certainly identify evidence of harm. In terms of the latter, we are able to frame this outside of a moral framework by simply referring to the inadequate way in which abortions were performed by 'barefoot doctors' and other personnel.

Interpretations and conclusions

China's recent history of family planning restrictions, at first glance and without any knowledge of their workings, bear many of the hallmarks of the 'rational persuasion' model of behaviour change. Based upon a clearly scientific discourse, the policies were designed for the 'common good', where local officials were meant to be 'propagandists/publicists' rather than 'enforcers'. The common good has long served as the basis for the moral necessity of population control and citizens' fundamental duty to practice family planning (Nie, 2014). Indeed, if we just considered these narrow terms of the 'common good' and positive individual outcomes judged by the expected top-down outcomes, we might be able to view the policies as a 'success'. According to data collected in the late 1990s in three provinces of Jiangsu, Anhui and Yunnan, interviewed women related family planning to the country's positive economic situation and attributed their ability to prosper to having fewer children to support (Jiang, Hardee, 2014). Indeed, until recently there was widespread 'support' (again narrowly defined) for the policies. Leading demographer Wang Feng, for example, suggested that in the late 2000s only 30% or so of Chinese citizens were adamant that the family planning restrictions should be discarded, compared to maybe 90% today (Kaiman, 2014).

Yet the translation of the aims of the family planning policies into practice did entail a degree of coercion. As White (2006) puts it: 'What had begun as an effort to slow population growth by encouraging fewer births became a state-mandated program of birth rationing...What began as a concern to prevent population growth from undercutting economic

advances became a relentlessly determined effort to force human production to submit to the will of the state' (White, 2006, p. 245). Greenhalgh and Winckler (2005) go further: 'By world-historical standards, China's birth control program has been exceptional in its hostility to women. It is women's bodies that have been made to bear the burden of contraception and abortion, and women's private and public selves that have been diminished by the policy's prescriptions and social sequelae' (Winckler, 2005, p. 3). Women's bodies indeed appear to have been the vehicles for the enforcement of the birth policies - the notion of 'maleness' or qi often precludes vasectomies or other birth control methods that put the responsibility on men. Evidence produced by state-controlled media shows that coerced (both implicitly and explicitly) abortion was used to implement the national birth control policy, often against the interests and wishes of individuals (Nie, 2005).

We once again return to the bioethics framework set out in the introduction. In order to curtail population growth for the 'common good' as well as for individuals, the Chinese government had to adopt whatever measures that were necessary to achieve this end. Coercion was thus considered a necessary measure for the good of society (Nie, 1999). It is not for us as authors writing in the early 2010s to 'pass judgement' on the decisions taken more than three decades ago. This is for a number of reasons. First, it is almost impossible to adequately distinguish the desired outcome trajectory from that which occurred. The 'Open Letter' was indeed couched in terms that suggested a voluntary adherence to the policy, but we simply do not know what the 'true' intentions of the designers of the policy were in terms of levels of coercion and the 'harm' principle. Secondly, we need to embed the discussion of policy design and implementation in the context of the era. As noted elsewhere (Basten, Jiang), the population history of China prior to 1980 was a turbulent one, with rapid population growth following long-term stagnation (coupled with the disasters of the 1960s). Decisions on the future of population growth were therefore set against this extreme backdrop and, as we have highlighted earlier, on the basis of potentially misleading data. This is critical to our interpretation of the 'harm principle'. Thirdly, given the complex, decentralized nature of government in China and the characteristics of Chinese local administration, it is almost impossible to unpick the actions of individual cadres from the broader context in which they operate. We have shown a degree of 'ambiguity' in both the letter and the 'spirit' of the regulations, which means it is often difficult to identify an agent upon whom to ascribe 'blame' for some of the more (or even less) egregious examples set out here.

There is certainly no shortage of critics of the Chinese family planning policies, both within and outside of China. Aside from the critiques above from a bioethics perspective (see especially the work of White and Greenhalgh), it has also been strongly argued that the 'success' of the policies in terms of curtailing population growth have been exaggerated, not least through the highly contested claim of '300 million births into poverty being averted'. This particular claim has been comprehensively debunked by Wang et al. (2013), who examine comparable declines in birth rates in other countries not characterized by the kinds of policy seen in China, as well as Bayesian modelling based upon the sharp fertility decline of the 1970s and, again, the experience of other countries. They conclude that the 'one-child policy' is an 'ill-conceived policy that has prevented Chinese individuals and families from having the number of children they desire' (Wang et al., 2013, p. 123). They continue that

'it is a policy that has forcefully altered family and kinship for many Chinese, has contributed to an unbalanced sex ratio at birth, and has produced effects that will be felt for generations, with its burden falling disproportionately on those many couples who were forced to have only one child... In other words, at the same time as the demographic effect of the one-child policy in controlling population growth has been exaggerated, its long-term impact on Chinese society has been underappreciated (emphasis added) (Wang et al., 2013, p. 123).

In this paper we have set out to demonstrate that while the discourse of the family planning policies may have been couched (and possibly even designed) in the 'rational persuasion' and 'common good' model, the execution was coercive. There is clear evidence of coercion both in the transhumanist conception of the choices available to the coercee and the bioconservative framework of moralized reaction to threats. The day-to-day interplay of these two narratives might, however, be located somewhere between these two extremes where citizens alter their own behavior within a confined framework. Within a traditional bioethics framework this might be termed 'manipulation'. If, however, we return to Blumenthal-Barby's (2012) schema outlined in the introduction, this might be better referred to as 'Reason-Bypassing Nonargumentative Influence'. This, as a reminder, is 'influence that operates by bypassing a person's reasoning capacities and often their awareness, with examples including framing, setting up defaults, setting up the environment a certain way, and priming using subconscious cues' (Blumenthal-Barby, 2012, p. 349). This certainly appears to be an appropriate lens through which to view much of China's family planning policies.

In sum, while we do not feel it appropriate to 'pass judgement' on the Chinese family planning policies from the perspective of a bioethical framework, we might conclude with a few words of caution for those who advocate the implementation of similar policies for other parts of the world. Recent apocalyptic visions of the implications of global population growth (such as Stephen Emmott's (2013) remarkably successful book Ten Billion) have pushed demography to the top of the policy and media agenda. Humans have been called a 'plague on the earth' by leading naturalists (UKHP, 2013). Based upon the purported success of 'averting' hundreds of millions of births with strong environmental benefits (see (Porritt, Monbiot, 2009) and (McDougall, 2010) for examples of this), there is a widely held view among many online commentators - especially those writing 'below the line' - that the implementation of policies similar to the Chinese one-child policy would be beneficial, if not perhaps even a 'necessary evil'. According to a report by the formerly named Optimum Population Trust (now Population Matters), while one-child policies are 'generally counter-productive and liable to discount human rights... in extreme situations, where states or regions may be almost uninhabitable through environmental damage, [they] may become unavoidable' (Guillebaud,

2007). Suffice to say many online commentators take a less balanced view. For those advocating such policies, we therefore submit for their consideration our argument that whether the intended policy instruments are based upon science and improving the common good, and designed to be executed through 'rational persuasion', the evidence from China suggests that coercion in implementation and harm in outcome is likely to be an outcome, intended or otherwise. When it comes to reproductive liberty, it has been argued that coercive state intervention is never justifiable, even if it is socially beneficial (Nie, 2014). We might conclude, based on the evidence from China presented here, that inadequate constraints on the power of governments and states in making and implementing public policies, and social engineering projects through proscriptive birth control, may result in both societal - and individual - level problems (Nie, 2014).

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