

Religion, History, Values, and Sexual and Reproductive Health Policy in China versus the U.S.

By Grace Tao

Author Bio

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Abstract

The UN's 17 Sustainable Development Goals (SDGs) lay a roadmap to better environmental sustainability, living standards, social equality, and more across developed and developing nations. Among those were goals designed to address gender inequality and promote female autonomy by ensuring widespread access to sexual and reproductive healthcare. However, a solution cannot be implemented before determining potential roots or agitators to the issue. This essay, through a comparison of policies in the U.S. and China, explores the correlation between a nation's culture and its citizens' access to sexual and reproductive healthcare. The outcome of this analysis suggests that American cultural values (Christianity, individualism, democracy, and openness) sometimes lead to reduced access to reproductive healthcare. Eighteen American states have enacted some form of termination ban, though contraceptives remain constitutionally protected. On the other hand, Chinese cultural values (collectivism, totalitarianism, utilitarianism, and privacy) correlate with increased access, as terminations and contraceptives are both legal and widely accessible. Prevalence rates of contraception and terminations in China result in fewer unmet family planning needs.

Keywords: American/Chinese culture, contraception, contraceptive prevalence, termination prevalence, birth control, religion and birth control, Christianity and birth control/terminations, American/Chinese Revolution, Mao Zedong, birth control policy, etc.

Introduction

Without proper access to sexual and reproductive healthcare, citizens become more prone to unintended pregnancies, which may have disastrous physical and psychological effects on both the mother and the child (CDC Jun. 2021), and by extension, harm future generations. Furthermore, restricting abortion access by law does not necessarily drive women to stop having abortions altogether—some may be “[compelled] to risk their lives and health by seeking out unsafe abortion care,” said Ana Langer, Professor of the Practice of Public Health and coordinator of the Women and Health Initiative at Harvard T.H. Chan School of Public Health (Roeder Dec. 2021).

Beyond the social consequences of unwanted pregnancies remains the fact that access to terminations and contraceptives is, as established by the UN, a human right (UN News, Jul. 2022). A subgoal of SDG 3 (well-being for all), SDG 3.7, is specifically aimed at ensuring universal access to sexual and reproductive healthcare services (family planning, education, etc.) Similarly, SDG 5.6, a subgoal of SDG 5 (gender equality) focuses on “[ensuring] universal access to sexual and reproductive health and reproductive rights” (UN). Yet how does the UN plan to execute such goals? Perhaps one approach could begin with an examination of a nation’s culture—one especially prominent and influential factor regarding policy.

The objectives of this paper were to define either the presence or absence of a correlation between culture and access to sexual and reproductive healthcare, using corroborating trends extracted from research on both the U.S. and China. It is vital to examine the potential for a correlation between culture, and sexual and reproductive healthcare policy to clarify the variables that either support or hinder reform to best foster change.

For clarity, in this research paper, a nation’s culture is defined by its religious beliefs, historical values, and attitude toward women. “Access” to sexual and reproductive health is defined by the laws regarding contraceptives and terminations, citizen sexual education, and the likelihood that the population will use the sexual and reproductive healthcare accessible to them.

Methodology

This essay includes a sample literature review of sources from the Google Scholar search engine, in which a qualitative analysis method was used. A quantitative analysis was used as well to address data gathered from the search engine Google Dataset search.

Discussion

Culture

As culture is an incredibly broad topic, and the differences between American culture and Chinese culture are vast, this paper aims to deduce the essence of both cultures by examining each nation’s religion, history, and history values, and view of women in society.

Religion.

To determine the differences in culture between China and the US, one must first examine one especially influential aspect of culture in the contraceptive/termination debate: religion. As evidenced by American debates over sexual and reproductive healthcare, religion is one prominent aspect of culture that influences not only a society but also its policies. The Pew Research Center, a nonpartisan think tank based in Washington D.C., conducted a Religious Landscape Study of the U.S., surveying over 35,000 Americans in 2007 and 2014 with a broad range of religious and political affiliations. Although the debate over contraception has generally calmed throughout the states, policy over terminations remains an interstate conflict, with most termination bans taking place in Southern states (Haines, et al. Dec. 2022). Through this study, one can examine the link between such sectional political divides and differences in religious beliefs. The findings are as follows: states with full bans including Texas, Oklahoma, West Virginia, Kentucky, Missouri, Arkansas, Alabama, Louisiana, and Mississippi, had a population that on average was 79.89% Christian (meaning Catholic, Evangelical Protestant, Mainline Protestant, Historically Black Protestant, and Mormon) and only 2.11% Atheist. Within these states, there appears little trend regarding the popularity of each branch, with the exception of Evangelical

Protestantism, which is usually dominant. The rate of Christianity is 9.29 percentage points greater than the mean rate of the United States as a whole, whereas the rate of Atheism is approximately 1 percentage point less than the national average. For clarity, Atheism is characterized by the belief that there is no divine power. This is not to be confused with Agnosticism, which is characterized by uncertainty as to whether or not there is a god or divine power. Meanwhile, states that provide unlimited legal access to termination, such as California, Washington, Oregon, Alaska, New Mexico, Minnesota, Illinois, New York, New Jersey, Maryland, Massachusetts, Vermont, Maine, and Connecticut had on average a population that was 64.64% Christian and 4.07% Atheist. The rate of Christianity is nearly six percentage points lower than that of the U.S. average, while the rate of Atheism is nearly 1 percentage point above the national average (Pew Research Center). Through this examination of religion in America, it becomes evident that higher Christianity rates generally correlate with lowered access to terminations, as the Christian population votes for legislators they deem to share their values. Beyond this, such a correlation also indicates how religion, namely, Christianity, might spur certain social taboos surrounding terminations that impact citizen access to sexual and reproductive healthcare.

China demonstrates, in contrast to the U.S., the role of atheism in influencing access to terminations, given that, as previously established, terminations at all stages of gestational development are legal in China. In terms of religion, Article 36 of the Chinese Constitution states that “citizens of the People’s Republic of China enjoy [the] freedom of religious belief. No state... public organization, or individual may compel citizens to believe in, or not believe in, any religion; nor may they discriminate against citizens who believe in, or do not believe in any religion,” and that “the state protects normal religious activities,” which are essentially any of five religions recognized by the Chinese Communist Party (CCP): Buddhism, Daoism, Islam, Catholicism, and Protestantism. There are certain boundaries on religious practices, however (“No one may make use of religion to engage in activities that disrupt public order, impair the health of citizens or interfere with the educational system of the state”).

The CCP itself is an atheist body, and although five separate religions are recognized,

it appears that the influence of the CCP is strong. Published by Pew Research Center, Committee of 100 (C100), an independent organization composed of Chinese-American citizens, reported on a 2007 study conducted by Horizon Research Consultancy Group, which revealed that only around 14% of Chinese adults were religious, the majority of which were Buddhist (at 12%). 2% were Christian— even divided between Catholic and Protestant, and less than 1% of adults identified as Daoist or Muslim (Pew Research Center May 2008). However, despite these numbers, it’s important to note that some Chinese citizens may uphold values embedded in religion, while not identifying or attaching themselves to any religious institutions. Unlike the U.S., the Chinese government is not democratic, therefore the values reflected in its policies are those of its Atheistic governing party, not its citizens.

With Atheist-to-Christian rates so polarized between the two nations, one can conclude major differences in culture, and by noting nearly equally polarized legislation on terminations, one can conclude both that the religious aspect of culture may find a correlation with such health policies, and that a greater Christian population will generally pair with limits on terminations.

Of course, religion is not the sole determinant of the consensus or divide over policy— a nation’s values also influence its society. Though having seemingly lost significance over time, a look at a nation’s founding may reveal the values and principles behind its government structure.

History and Historical Values.

In China, after the Civil War established national control of the Chinese Communist Party (CCP), party leader Mao Zedong took charge, brutally and tyrannically enforcing policies for the budding nation centered around the Communist values of collectivism and authoritarianism, often to disastrous avail. Mao focused on rapidly industrializing and modernizing the nation, enforcing harsh quotas upon citizens, indicating a budding utilitarian outlook (The Life Guide Dec. 2021). As a result, women’s lives dramatically changed under Mao, as they began involvement in the workplace— a role that greatly contrasts the culturally patriarchal nation China was before (Gao Sept. 2017). Though Mao’s reign ended

in the late 1970s, the mark he left on Chinese culture lingers— what remains is a value for the community, the greater good— and although the power of an individual ruler has somewhat subsided since, the Chinese citizenry is still subject to an undemocratic, authoritative government, which influences society through its legislation (The Life Guide Dec. 2021).

The modern United States still adheres to the government structure and principles designed by its founding fathers 240 years ago. Wary of the dangers of a monarchical rule, writer of the Constitution James Madison drafted a democratic government system, where the citizenry would have power on an unprecedented level during the 18th century. But with this newfound democracy would come a rigorous legislative process, which required a two-thirds majority vote from elected legislative bodies to pass laws, slowing the process as a value for the people's favor trumped action— a conflict that still plays a role in modern-day policy debate. Individualism is also a key characteristic of American culture, borne from the expectations of the Bill of Rights— a document securing American individual rights over the government (Brinkley 2017). In summary, modern Chinese history suggests a societal value for the community, while American history indicates a general value of the individual.

Women's Role in Society

Data may offer insight into the general societal view of women in a nation, which is integral to assessing how that nation's culture might influence access to sexual and reproductive healthcare. The World Bank found that while mothers in China are not guaranteed the same workplace position after maternity leave, while American mothers are offered more protections (The World Bank), indicating a difference in women's values— in China, it seems as if women are pressured to remain in the workforce rather than pursue motherhood, whereas, in the U.S., workplaces offer women more support in pursuing motherhood. Furthermore, though neither nation explicitly mentions gender in its Constitutional nondiscrimination clause, women from China and women from the U.S. play an active role in government, with the percentage of legislative seats being occupied by women at 24.2% and 19.4% respectively (The World Bank Aug. 1998).

Though the culture of either nation cannot be summarized quickly, as it pertains to this research paper, the essence of American culture tends to be more individualistic and Christian, whereas China is more collectivistic and Atheistic. American society seems to place greater emphasis on women as mothers, whereas Chinese society appears to pressure women to fulfill the role of workers.

Accessibility to Sexual and Reproductive Healthcare

To determine true citizen accessibility to sexual and reproductive healthcare, namely birth control, this paper examines the legality, education policy, and usage regarding contraception and terminations.

Legality

One must first assess the legality of widespread access to contraceptives and terminations to determine accessibility. In China, the law surrounding sexual and reproductive healthcare is simple: Contraceptives (condoms, IUDs, sterilizations, etc.) are not only legal, but free of charge (Perkins, et al. 1980), and terminations are legal with no suggested gestational limit (Center for Reproductive Rights). The history of birth control legislation hints at a general trend of accessibility: Shortly after an overpopulation crisis, the CCP enacted the first of three family-planning policies in the late 1970s— the infamous one-child policy (per family), which effectively controlled Chinese population growth and fostered economic recovery through its strict enforcement. However, such strictness prompted widespread forced abortions, sex ratio imbalances, and female infanticide (Hesketh Jun. 1997). In 2015, the one-child policy would evolve to become a two-child policy to deal with population aging, before the CCP would enact the three-child policy in May of 2021. Two months later, the CCP repealed all family-planning policies, but the history of these policies is not entirely irrelevant to China's modern state of termination and contraceptive usage (Fitzpatrick Jul. 2009).

In the United States, citizen access to contraception and terminations has been almost entirely dictated by landmark Supreme Court cases, each setting a legal precedent for Constitutional interpretation— as opposed to a legislative initiative, which amends the Constitution directly. The 1965 Supreme Court ruling of *Griswold v. Connecticut* determined that citizens were entitled to a Constitutional “right of privacy,” marking the beginning of an era that would spur legal precedents in favor of federal access to sexual and reproductive healthcare, beginning with contraceptives and later extending to terminations with the Supreme Court ruling of *Roe v. Wade* in 1973. The Summer of 2022, would see an overturning of the latter case in *Dobbs v. Jackson Women’s Health Organization*, reverting the individual right to terminations back to state legislatures, while federally mandating accessible abortions for cases of medical exceptions. As of November 2022, 13 states have enacted full bans on abortion, and 5 have enacted partial bans (20, 18, 15, and 6-week bans based on one’s LMP, or date of one’s last menstrual cycle) (The New York Times Nov. 2022). These states, as previously established, tend to be spread throughout the South and Midwest of the nation, and are far more religious (with a greater Christian population) than China. All other states have either blocked legislative attempts to ban abortion or retain either complete or limited legality by banning state abortion funding, etc. These states tend to be geographic to the North of states banning abortion, and, as previously established, have higher atheism rates than their legal opposites.

In essence, though contraceptives are legal and unchallenged in that legality, there is a great divide between the two nations in terms of termination policy, and even within the American states. Terminations are far more accessible in China than in the U.S., and within the U.S., accessibility varies in concurrence with state geography and religion.

Education

Accessibility is not purely limited to legality. Contraceptives and terminations are accessible in part due to education programs that make citizens aware of the sexual and reproductive healthcare available to them. By examining the state of sexual education in both nations, one can better assume the state of accessibility.

In 2008, China enacted a policy that required up to fourteen hours of health education per year at all educational levels, and within that, required sexual education. Objectives were to provide information on premarital sex, self-protection, sexual assaults, as well as HIV and AIDS— which of course are all vital in terms of raising student awareness of sexual and reproductive healthcare, however, a study found that given the lack of assessments in health subjects, Chinese schools tend to lightly cover such topics. Furthermore, evidence-based programs do not exist, and government evaluation of these health courses is insufficient (Leung, et al. Feb. 2019). Beyond school, a 2007 study revealed the following on adolescent sexual education: “Sources of sex knowledge among adolescents on various topics (puberty, sexuality, and STI/HIV/AIDS) differed by the level of taboo associated with these topics in Chinese culture. The percentage of adolescents obtaining knowledge for puberty, sexuality, and STI/HIV/AIDS from teachers declined by topic (45.4, 30.7 and 18.4 percent, respectively), while the percentage of adolescents obtaining knowledge from television/movie increased by topic (6.7, 12.2 and 27.5 percent, respectively). Adolescents obtained knowledge on topics with less taboo (e.g. puberty) from teachers and obtained knowledge on topics with more taboo (e.g. sexuality, STI/HIV/AIDS) from mass media, such as movies or TV shows. Parents were the primary source for sex knowledge on less taboo subjects. Doctors were the primary source for STI/HIV/AIDS knowledge. Sexually active adolescents obtained sex knowledge mainly from peers or mass media, while those adolescents who were not sexually experienced identified teachers and parents as the main sources of sex knowledge” (Zhang, et al. 2007). This clarifies the state of Chinese society regarding sex knowledge matters and hints that citizens are likely granted privacy when it comes to matters of sexual and reproductive health, furthering accessibility as people, though potentially misinformed by mass media, have personal autonomy in their decisions.

In America, the state of sexual education is slightly more complicated— there’s no official federal policy, thus standards vary by state. Sexual education is often woven into Physical Education programs, and objectives include providing information on anatomy, human reproduction, sexual abuse, gender identity, sexually transmitted diseases, and infections. These programs also aim to promote healthy attitudes toward

human sexuality and empower youths to define and pursue healthy relationships. Abstinence and safe sex are also encouraged. Though similar to China, few evidence-based programs exist. Unlike China, America conducts strong evaluations of these courses (Leung, et al. Feb. 2019). Furthermore, there are seemingly fewer taboos around sexual education in American society, as a 2017 Guttmacher Institute report found that “In 2011–2013, 70% of males and 78% of females aged 15–19 reported having talked with a parent about [either]... how to say no to sex, methods of birth control, STDs, where to get birth control, how to prevent HIV infection [and/or] how to use a condom,” and that “‘Formal’ sexual health education... generally takes place in a structured setting, such as a school, youth center, church or other community-based location [and] is a central source of information for adolescents” (Guttmacher Institute 2017), highlighting the culture around sexual education: American society seems less reserved (compared to Chinese society) when it comes to such discussions, with adolescents not only largely freely conversing with parents on the matter, but also learning primarily in public settings. However, this may also hint at how the American population is more subject to these outside influences (from schools, youth centers, churches, etc.) when it comes to making personal decisions.

In summary, standards of sexual education are slightly different in each nation, with China’s societal taboos perhaps slightly influencing the nation’s lacking sexual education compared to the US. Members of Chinese society seem less inclined to discuss matters of sexual and reproductive health compared to American society, thus potentially allowing its citizens more privacy regarding personal decisions. Meanwhile, in America, such taboos do not exist, perhaps indicating less autonomy and personal choice regarding contraception and terminations for its citizens.

Usage

Legality and education are all very important, however, nothing demonstrates accessibility more directly than citizen usage. If citizens are not using what’s available to them despite legal and educational support in a nation, the country’s societal influence becomes apparent.

In 2019, the UN, drawing from “contraceptive prevalence by individual methods for 164 countries or [areas] that [had] at least one survey estimate available since the year 2000,” explained in its Contraceptive Use by Method 2019 Data Booklet that, based it’s the latest survey of 342,920 Chinese women aged 15-49 in 2017, the contraceptive prevalence rate was 69.9% among the population in 2019. IUD was the most common form of contraceptive (at 26.2%), closely followed by male condoms (23.2%), then female sterilization (14.1%), birth control pills (2.4%), male sterilization and rhythm measurement (1.1%), other methods not mentioned in the survey (0.9%), withdrawal (0.6%), and implants (0.2%). There was no predicted prevalence of injectable contraceptives. That same study demonstrated that, based on the latest survey of 74,685 American women aged 15-49 in 2015, the 2019 prevalence rate of contraceptives among the same population was 61.4%, with female sterilization and birth control pills being the most common forms of contraceptive (13.7%) followed by male condoms (9.3%), IUDs (8.3%), withdrawals and male sterilization (4.3%), implants (2.7%), injectable contraceptives (2.3%), rhythm measurement (1.4%), and “other methods” (1.6%). The general trend between the two nations is that American women seem more reluctant to use contraceptives than Chinese women. Although women from both nations commonly use temporary methods of birth control (male condoms in China and male condoms and birth control pills in the U.S.), it appears that certain methods such as IUD and female sterilization are more prevalent in China, where women will not have to pay expenses.

With the influence of legislation set aside, the divide between the 2.4% of Chinese women and the 13.7% of American women who prefer the pill (a temporary and easily removable form of contraceptive) furthers the notion that the societal value of women as mothers is greater in America, as Chinese women seem to prefer more permanent or difficult-to-remove methods. A 2022 estimate by the World Bank calculated the rate of unmet contraceptive needs in percentage points for married or in-union Chinese women aged 15-49. The median value was 3.3%. As for American women of the same age and status, the study estimated that the median value was 5.5%. Among the same demographic, the median rate of women with unmet needs for family planning was 14.7%, and their Chinese counterparts faced a

far lower median value of 5.0% (The World Bank). The needs of women are not as different from the polarized nature of sexual and reproductive healthcare accessibility and culture between the two nations. It appears that these rates are a demonstration of such differences and their effects.

The number of abortions that occur in China trumps American numbers as well. While China averaged 9.7 million abortions per year from 2014 to 2018 (Liu, et al. Sept. 2021), America averaged around 630,000 abortions per year during that same frame (Kortsmit, et al. Nov. 2020) Given that these are numbers from years before the overruling of *Roe v. Wade* in America, the great difference between the two nations is evidence of individuals' reluctance, as opposed to legal restrictions.

Conclusion

In essence, it's evident that culture, particularly a nation's religious beliefs, historical values, and attitude toward women bears some correlation with access to sexual and reproductive healthcare (laws around terminations and contraceptives, widespread sexual education, and use of terminations and contraceptives). The U.S. demonstrates that widespread Christianity, individualism, and openness regarding sexual and reproductive health correlate with lessened access, if not at least controversial access. China demonstrates that widespread Atheism, collectivism, the value of women as workers, and reluctance towards conversations about sexual and reproductive healthcare correlate with greater access.

Limited access is damaging: not only will families be forced into futures unfavorable and potentially detrimental to them, but women, in particular, will face the dangers of either losing an amount of personal autonomy or opting for dangerous "back alley" procedures (Roeder Dec. 2021). Additionally, children born into families not yet ready to nurture them will face significant disadvantages. Overall, this is a matter of human rights—namely, the right to equal opportunity and treatment regardless of gender (SDG 5), and by extension the right of all to accessible contraceptives and terminations (SDG 3).

Yet even with this rationale present, it seems that little progress has been made as of late (regarding the U.S. Supreme Court decision, which overturned the federal right to terminations for at least the first semester). Rhetoric is powerful on parliament floors—but to truly incite change, one must understand the complexities and weight behind the issue. Evolving access to sexual and reproductive health either must include or result in some form of cultural change. And to acknowledge this is to understand what policy evolution ought to truly entail.

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