

Population Policy and Eugenics in China

VERONICA PEARSON

Dismay has been expressed by the international psychiatric community at the Chinese government's intention of implementing a eugenicist birth policy through new legislation. Western psychiatrists cannot forget that in 1933, the German government passed the *Law for the Prevention of Offspring with Hereditary Diseases*, which was defined to include those with schizophrenia, manic-depression and learning disability. Between 1934 and 1939 350 000 compulsory sterilisations were carried out. This was followed by a euthanasia programme, resulting in the deaths of at least 70 000 mentally ill people between 1939 and 1941 (Meyer, 1988). These events are seared into the collective consciousness of Western psychiatrists, accompanied by a determination that it will never happen again. Yet from the Chinese perspective, eugenics is simply a matter of quality control, devoid of the moral implications that are so strong for those with a Western professional background.

From the Chinese viewpoint their population is dangerously large (nearly 1.2 billion, around 22% of the world's population with only 7% of the world's arable land) and too many of these people have a handicap. Based on the first ever national survey of people with a disability carried out in 1987 (Li, 1988), the projected figure is 51.64 million (only slightly less than the population of the UK). Of these, 10.17 million were intellectually impaired and 1.94 million were seriously mentally ill (although this may be an underestimate).

The Minister of Public Health announced a draft Eugenics Law at the Standing Committee of the fifth meeting of the National People's Congress in December 1993. It caused little stir in China but received a good deal of adverse publicity in the Western press. The aim is to 'prevent new births of inferior quality', particularly in underdeveloped and economically poor areas. Restrictions on marriage and childbirth are to apply to those with hereditary, venereal or reproductive ailments, severe psychoses or contagious diseases. The minister pointed out that as well as 10 million people with a learning disability, China also had another 10 million persons disabled from birth 'who should have been prevented through better controls'. Having become aware of the uproar this announcement

caused in the West, the English name of the draft was changed to the Maternal and Infant Health Care Law, but the Chinese name remains unchanged. The law was promulgated in October 1994 and will take effect in June 1995.

The law requires doctors to advise a couple to terminate a pregnancy if a hereditary disease is liable to result in a birth of a seriously sick or disabled baby, or if continuing the pregnancy would jeopardise the mother's life. The law states that abortions may only be carried out under this legislation with the agreement of the pregnant woman or her guardian (Article 19). With China's record in coercive birth control measures, many people find it hard to accept that assurance.

Historical continuities

This concern with eugenics has been a continuing theme in marriage legislation since the Communists began issuing regulations in the areas of China they controlled in the 1930s and '40s (Meijer, 1971). The National Marriage Law of 1950 prohibited marriage if one of the parties suffered a 'serious illness' such as venereal disease, mental illness, leprosy.

The 1981 Marriage Law, article 6(b) states:

"Marriage is not permitted in the following circumstances . . . Where one party is suffering from leprosy, a cure not having been affected, or from any other disease which is regarded by medical science as rendering a person unfit for marriage."

Clearly this leaves a great deal of space for individual interpretation by different provinces and municipalities. An authoritative commentary on the Marriage Law states that the law is not clear and that the relevant judicial and legislative organs have not yet issued any interpretations (Ren, 1988). Based on judicial practice, the two most important illnesses covered by article 6(b) are severe mental illness and mental retardation. The reasons given are that (a) severe mental illness usually develops in youth, that (b) people suffering from it cannot carry out their marital, parental, or civic responsibilities and (c) it is hereditary.

In 1986, the Ministry of Public Health and the Ministry of Civil Affairs issued a *Circular Concerning*

Pre-marital Medical Check-ups (Zhi, 1991). This states that the parties concerned can only complete the marriage registration formalities after they have undergone a medical examination, although there is the proviso that "since conditions vary from place to place, no fixed time for implementing the circular has been laid down".

The circular has three categories affecting marriage and childbirth. Marriage is prohibited between close relatives and between people who have very low intelligence. Marriage is to be postponed when one or both parties are suffering from schizophrenia, manic-depression or other psychoses. Marriage is permitted but childbirth forbidden

"... where either party whose inherited disease, such as schizophrenia, manic-depressive psychosis, or other types of psychosis as well as congenital heart disease is in a stable condition." (Zhi, 1991, p. 18)

The aim of the policy is quite clear:

"With the rapid development of eugenics, scientific research work into eugenics and healthier births broke new ground, and health care work in urban and rural areas greatly improved, thereby enabling eugenics to guide marriage and childbirth." (Zhi, 1991, p. 18)

It is often the practice for the Chinese government to have a 'trial run' of proposed legislation by implementing regulations, or trying out legislation in a few areas first. This seems to be the case with this circular. Provisions of the *Gansu People's Congress Concerning Prohibiting Reproduction by Intellectually Impaired Persons* also seem to have been a testing ground for national legislation. Gansu may have been chosen because it is one of the poorest and most backward of China's provinces, and is said to have an unusually large population of people with a learning disability. There are reputed to be some villages where there is virtually no one with a normal intelligence. Iodine deficiency disorder may well be a partial explanation of the problem in this area.

Gansu's rules are tougher than the Ministries of Public Health and Civil Affairs' circular. They categorically state that intellectually impaired persons considering marriage must be sterilised. They also state that an intellectually impaired person who is already married but pregnant must have an abortion (with no provisos concerning the stage of the pregnancy). Officials involved in this process are exhorted "to do a good job". If they do not and intellectually impaired persons are allowed to reproduce, the officials shall be administratively punished (demoted, promotion delayed, severely criticised) and fined; likewise guardians. It has been reported that 1000 women were sterilised during the

first year after these regulations were implemented (*Inter Press Service*, February 7, 1994). Contraception does not seem to have been considered.

Eugenics and birth control

For the Chinese, eugenics is intimately bound up with their very rigorous population control programme. The first goal of this programme is fewer but healthier babies with the prevention of birth and genetic defects (Peng, 1994). This policy really began to bite at the beginning of the 1980s.

"At present, we advocate one child for every couple. How to ensure that the one and only child born to a couple is healthy and intelligent has become a common concern. Therefore, spreading the knowledge of eugenics and adopting practical measures to improve the hereditary qualities of our children has assumed a more pressing significance." ('Medical Experts', Foreign Broadcast Information Service Daily Report, 1980, quoted in Banister, 1987, p. 222)

In 1983 an exhibition of severely deformed fetuses was held in Beijing. A spokesman for the Family Planning Commission was reported as saying that "our aim is the gradual preparation of public opinion for a law on eugenics" (*South China Morning Post*, 2 November 1983). The same report recalled the *People's Daily* causing a sensation in 1980 when it published an article that gave a list of people who should not be allowed to breed, including imbeciles, haemophiliacs and the colour blind, all of whom, it was claimed, were unproductive and a danger to society.

To the Western observer this policy is misguided on two grounds. First, it is morally unacceptable. Second, it is not effective. At least one of the illnesses mentioned in the 1981 Marriage Law, leprosy, is largely unrelated to heredity. The policy assumes that we know infinitely more than we do about the heritability of mental retardation, schizophrenia and manic-depressive psychosis. Many instances of learning disability are not hereditary, such as those caused by perinatal trauma or iodine deficiency disorder. Indeed, the government estimates that 80% of intellectual impairment in China is caused by the latter (*Beijing Review*, 11 November 1993). Thus stopping such people from having babies, logically, is not about heredity but about concerns as to who will look after the baby. Child-rearing is generally a family affair in China. Any resulting child would be most unlikely to end up as a charge upon the state. Indeed, from the family's point of view, if the learning disabled or mentally ill adult does not have a child then who will look after parents and grandparents in their old age? The majority of people do not have pensions and especially in the rural areas the issue of children

to protect one from a destitute old age is extraordinarily important.

The International Pilot Project on Schizophrenia has established that the course of the illness seems to be more benign and the outcome better in developing countries and in rural areas (Jablensky, 1987; Leff, 1988). One reason for this may be the existence of greater family support. China continues to be a family oriented society where the majority of people with schizophrenia are primarily cared for by family members (Phillips, 1993; Pearson & Phillips, 1994). To the Western observer, this is a wonderful resource and great strength within the Chinese system of care. It should be preserved and strengthened, not undermined by the clumsy attempts at social engineering that eugenics represents.

There is no doubt at all that Chinese psychiatrists are very concerned about the heritability of schizophrenia (Fang *et al*, 1982; Liu, 1983; Xun, 1986). Some see it as a justification for restricting marriage and childbirth. Both Fang *et al* (1982) and Xun (1986) are troubled by the higher birth rate among people with schizophrenia among whom, for a variety of reasons, birth control acceptance is not high. One reason is that birth control workers are afraid of them and reluctant to approach them or mobilise them in the face of resistance, in the way that they would other members of the population. The researchers advocate the use of law to restrict marriage and childbirth for people suffering from schizophrenia and frankly advocate a policy of eugenics and compulsory sterilisation. Xun's research involved a population of 250 people with schizophrenia who were sterilised in the Xiang Tan Psychiatric Hospital in Hunan Province, between 1972 and 1983. Likewise, Fang mentions that 22% of his sample of people with schizophrenia were sterilised.

Account has to be taken of the fact that the Chinese do not necessarily share Western priorities. Autonomy, individuality, privacy, the right to have as many children as wanted are selfish values. What is encouraged and valued is concern for the greater good and an ability to fit into the group, rather than to stand out from it. Furthermore, they live in a harsher world. Many people alive in China today remember severe famine, civil war, the horrors of the Japanese occupation and the Cultural Revolution. These are not conditions that encourage a kinder, gentler view of the world. Sterilisations and abortions are already part of their lives through the one-child policy (Banister, 1987; Aird, 1990). They are not inflicted on people with a mental illness or learning disability exclusively. Such a fate is part of many people's lives.

I have never come across even one incidence of a mentally ill person being forbidden to marry and have

children despite extensive experience of Chinese psychiatric hospitals. The existing regulations are largely ignored. This is admitted publicly (Liu & Jia, 1994). The reason given is that the health system is already overburdened and the resources are not there to perform the necessary examinations. Privately, Chinese psychiatrists tell me that they do not have the heart for such work. To forbid marriage and children, on a personal level as opposed to on paper, is just too cruel. This situation might change because of the national law, but to implement it the government would have to increase the resources available to the health services (currently 3.2% of GDP (World Bank, 1992)). Based on current performance (Pearson, 1995) that does not seem very likely.

Chinese psychiatrists are very concerned to be seen as scientific. If a procedure, technique or idea is described as such, it is high praise indeed. Associated with this is their very biological orientation towards psychiatry and the causes and treatments of disease. In my view, at least part of this is self-protection; it is much harder to turn the biological into the political.

For Western psychiatrists to argue that eugenics is morally wrong is unlikely to produce a good effect for it immediately sets up in the minds of the Chinese the spectre of cultural imperialism. They have tried to reassure us that their policies are entirely unlike Hitler's, thus there is no cause for Westerners to be troubled; they do not see the connection between what they are doing and what Hitler did. Any opposition to this law from Western countries is going to be very much more effective if it eschews the moral high ground and focuses on the fact that such a policy cannot produce the desired results; that in short, it is not scientific.

Acknowledgements

I am grateful to Dr Linda Johnson of the Faculty of Law, The University of Hong Kong for generously sharing information regarding the law in Gansu with me.

References

- AIRD, J. (1990) *Slaughter of the Innocents: Coercive Birth Control in China*. Washington, DC: The AEI Press.
- BANISTER, J. (1987) *China's Changing Population*. Stanford: Stanford University Press.
- FANG, Y. Z., ZHANG, L. J., GUO, B. H., *et al* (1982) A survey of the marital state and family planning behaviour of schizophrenics. *Chinese Journal of Neurology and Psychiatry*, 15, 204–206 (in Chinese).
- JABLENSKY, A. (1987) Multicultural studies and the nature of schizophrenia; a review. *Journal of the Royal Society of Medicine*, 80, 162–167.
- LEFF, J. (1988) *Psychiatry Around the Globe* (2nd edn). London: Gaskell.

- LI, R. S. (1988) General discussion on the Chinese 1987 survey of the handicapped. *Population Survey*, 4, 125–127 (in Chinese).
- LIU, J. H. & JIA, J. T. (1994) *Medicine and the Law in the People's Republic of China*. Paper presented at a conference *The Taniguchi Foundation, 19th International Symposium, Division of Medical History*. September 4–10, Fuji Institute of Education and Training, Shizuoka, Japan.
- LIU, X. E. (1983) A family history study of patients with psychoses, epilepsy and mental retardation. *Chinese Journal of Neurology and Psychiatry*, 16, 99–102.
- MEIJER, M. J. (1971) *Marriage Law and Policy in the Chinese People's Republic*. Hong Kong: Hong Kong University Press.
- MEYER, J. E. (1988) The fate of the mentally ill in Germany during the Third Reich. *Psychological Medicine*, 18, 575–581.
- PEARSON, V. (1995) Health and responsibility; but whose? In *Social Change and Social Policy in Contemporary China* (eds L. Wong & S. MacPherson). Basingstoke: Avebury Press (in press).
- & PHILLIPS, M. R. (1994) Future opportunities and challenges for the development of psychiatric rehabilitation in China. In *Psychiatric Rehabilitation in China; Models for Change in a Changing Society* (eds M. R. Phillips, V. Pearson & R. W. Wang). *British Journal of Psychiatry*, 65 (suppl. 24), 11–18.
- PENG, Y. (1994) China's experience in population matters: an official statement. *Population and Development Review*, 20, 488–491.
- PHILLIPS, M. R. (1993) Strategies used by Chinese families coping with schizophrenia. In *Chinese Families in the Post-Mao Era* (eds D. Davis & S. Harrell), pp. 277–306. Berkeley and Los Angeles: University of California Press.
- REN, G. (1988) *A General Survey of Marriage Law*. Beijing: Chinese University of Politics and Law Press (in Chinese).
- WORLD BANK (1992) *China: Long Term Issues and Options in the Health Transition*. Washington, DC: World Bank.
- XUN, M. (1986) The problems of birth control in schizophrenic patients. *Chinese Journal of Neurology and Psychiatry*, 19, 335–338.
- ZHI, M. (1991) Pre-marital medical check-ups. *Women of China*, 1, 18–19.

Veronica Pearson, D. Phil, Department of Social Work and Social Administration, The University of Hong Kong, Pokfulam Road, Hong Kong

(First received 8 December 1994, final revision 3 January 1995, accepted 12 January 1995)