Medical history of Hong Kong
Part I: Controlling fertility: the intrauterine device and biopolitics in Hong Kong, 1963-1974

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In the face of a persistent fertility decline in Hong Kong, if not globally, it is hard for today's generation to imagine that the city's population was once subject to state-funded fertility control programmes. Hong Kong's official initiative to control fertility began in 1936, when a group of British obstetricians and Chinese elites founded the Hong Kong Eugenics League after American birth-control activist Margaret Sanger toured the city.[1] The League provided contraceptive advice to working-class Chinese women in an attempt to eradicate the evils of abortion and infanticide.[2] By 1950, the League had been reorganised and renamed the Family Planning Association of Hong Kong (FPAHK), with the aim of dissociating itself from Nazi eugenics. It defined fertility control as a conscious choice, and aligned itself more closely with similar organisations worldwide.[3] Although the FPAHK's early aims encompassed a wide range of services including birth control, infertility treatment, and family counselling, its major mission was to advise and provide free or low-cost contraceptives to Chinese immigrants. Before contraceptive pill became available in Hong Kong in the late 1960s, the birth-control methods promoted to immigrants comprised condoms, female and male sterilisation, and the intrauterine device (IUD). As early condoms were not user-friendly and sterilisation was irreversible, most family planners encouraged working-class women to opt for the IUD, a long-acting reversible contraception. This gave women prime responsibility for fertility.

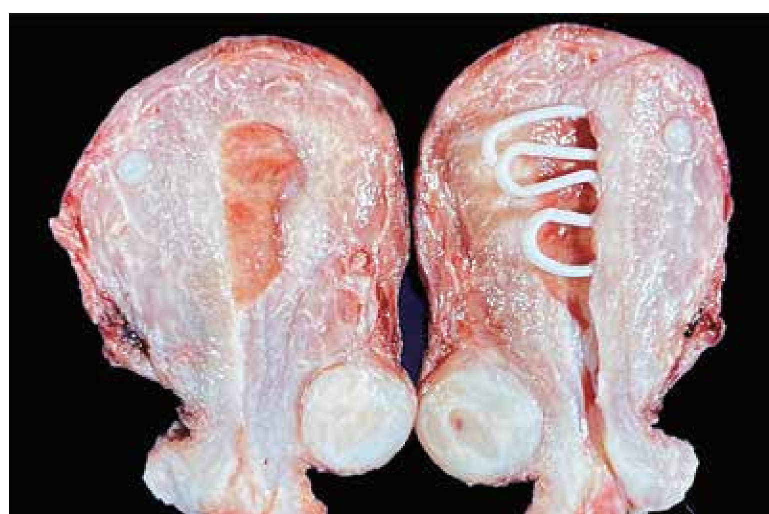

FIG 1. A Lippes Loop in the uterus with two leiomyomas. Image by Atlas of Medical Foreign Bodies, via Wikimedia Commons, licensed under Creative Commons Attribution-Share Alike 2.0 (CC BY-SA 2.0)

In Hong Kong, the IUD became popular only after 1963, when the Lippes Loop (Fig 1) was introduced to replace the platinum IUD that could easily scratch the uterus. The Lippes Loop, named after American gynaecologist Jack Lippes, was claimed by its inventor to be 'cheap, convenient, and cancer-free'.[4] A flexible plastic device that, in later versions, contained copper, it remained effective for up to 20 years once fitted by a doctor. Requiring a check-up every 6 months, the primary targets of the Lippes Loop were women with several children, working women, and those living in crowded tenements. By September 1964, the Population Council had granted the FPAHK an unconditional licence to manufacture the Lippes Loop. By 1965, the FPAHK had fitted the Loop in nearly 30 000 local women free of charge. Before the pill became popular in Hong Kong in the late 1960s, the IUD was the most common contraceptive, particularly among squatter patients who could not attend clinics for supplies because of their full-time work.[5]

Unlike existing scholarship on the refugee influx in the 1950s and the FPAHK's 'Two is Enough' campaign of 1975,[6] the story of the IUD is less about depopulation in early post-war Hong Kong. Birth rates had already begun to decline: Hong Kong's birth rate fell from 35.5 per 1000 population in 1961 to 25.8 per 1000 population in 1966—a decline of 27%.[7] Amid the rising popularity of the contraceptive pill and concerns over IUD side-effects, the number of IUD users began to drop as early as 1966. Nonetheless, despite global health scares surrounding the IUD, Hong Kong family planners continued to invest resources in maintaining the device for a specific group of women: those who were poor, uneducated, and perceived as unable to

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make their own reproductive decisions.

This article is the first historical study of the politics of the IUD in Hong Kong. Over the past decades, research on IUD use in the Global South has remained scarce, even though most users live in the region. In the 2010s, the IUD was the second most prevalent method of fertility control in the Global South, after female sterilisation, and ranked fourth in the Global North, after the pill, condoms, and female sterilisation.[8] Today, the IUD is the most popular method of fertility control in Global South countries such as China, Vietnam, and North Korea, and has high adoption in Global North areas including France, Scandinavia, and the US.[9] Scholars from the Global North have been the strongest opponents of the device. Feminist historian Andrea Tone described the IUD as a 'one-stop birth control'.[10] It worked because 'women could not control it'.[11]

In Hong Kong in the 1960s, the IUD was a biopolitical tool that technologically 'guaranteed female passivity at every stage of the reproductive process'.[12] It upheld physician authority in the management of female reproduction and rendered female users a monolithic group: poor, uneducated, and irresponsible in managing their own reproduction. As in the US, the IUD carried strong class and racial overtones. Most IUD users were women of Chinese origin who were poor, uneducated, or illiterate, and living in squatter areas. Hong Kong developed one of the most successful IUD programmes, drawing the attention of Alan Guttmacher, president of Planned Parenthood. Guttmacher compared his observation of IUD insertions in Hong Kong to ballet: 'The best IUD manipulator I have ever observed was in Hong Kong.... [Dr Wong's] record was seventy-five insertions in three hours[,]... that is one every two minutes and twenty-four seconds. Dr Wong kept three nurses busy helping her. One was supervising the removal of the panties of the next patient, the second nurse soothed the brow of the patient on the table and the third passed instruments to Dr Wong. I have never seen such graceful hands, such exquisite economy of finger movement; there wasn't a false motion. I regret that I am not a choreographer, for a ballet of IUD patients with the ballerina making Dr Wong's finger and hand movements would be a sensation'.[13] In Guttmacher's ballet, these poor, uneducated women in Hong Kong were reduced to 'identical, submissive parts', passing along 'the continuous IUD-insertion assembly line'.[14]

Hong Kong family planners did not promote the IUD in isolation. They relied heavily on foreign aid. During the 20th century, family planners in East Asia partnered with external agents to advance their demographic goals. They were not passive recipients of assistance. Rather, they actively shaped policies to address local needs.[15] The same applied to the FPAHK. Since its inception, the FPAHK received financial support from the British Commonwealth, including the Unitarian Service Committee of Canada and Cambridge Women's Welfare Association.[16] By the mid-1960s, four IUD clinics in Hong Kong's resettlement estates were funded by Oxfam, a British-funded charity focusing on poverty relief.[17]

Above all, the US was the FPAHK's most fervent supporter in exerting geopolitical influence in Asia during the Cold War. Since the early 1960s, the American Friends Service Committee had financed the employment of FPAHK field workers and birth-control clinics.[18] In 1966, the American social demographer Ronald Freedman, head of the University of Michigan Population Studies Centre, began collaborating with the FPAHK. One of his major contributions was to support the FPAHK's IUD project. The FPAHK opened its first intrauterine contraceptive device clinic in 1963 to provide IUDs to women free of charge.[19] By 1964, around 10 000 IUD insertions had been completed.[20] In 1965, FPAHK President Daphne Chun set a target of fitting 30 000 IUDs in local women free of charge, with actual insertions reaching 29 651.[21] Freedman supported the FPAHK's IUD campaign for women over 35 years of age, but the public began to raise concerns about possible side-effects, such as ectopic pregnancy.[22]

Chun, a renowned obstetrician and the first Chinese Professor of Obstetrics and Gynaecology at The University of Hong Kong, was the main driver of the IUD programme. Having grown up in Hong Kong and received her education at The University of Hong Kong, Chun understood the city's challenges intimately. In 1963, she compared the IUD and contraceptive pill by describing Hong Kong's dire situation, pledging to 'find a method which is economical, harmless, effective, convenient and acceptable to the majority of our people, who are poor and housed in quarters shared with others'.[23] Costing only 6.5 Hong Kong cents annually and associated with a low dropout rate owing to its long-acting nature, the IUD was hailed by Chun as superior to oral pills, which cost as much as HK$3 a month and relied on a woman's compliance.[24]

Chun's confidence in the IUD led to a rapid expansion of services. By 1966, 28 of the 46 female birth-control clinics offered IUDs. Contraceptives were usually provided based on economic need and family size, and IUD insertions were performed free of charge.[25] Nonetheless, success was short-lived. From 1966 onwards, the number of new IUD patients dropped considerably. The FPAHK initially attributed this to six cases of ectopic pregnancy,[26] and later to the 1967 Riots.[27] Yet family planners also noted evidence of women's growing agency: '... they usually come on the recommendation of a friend who has used the method successfully. Many

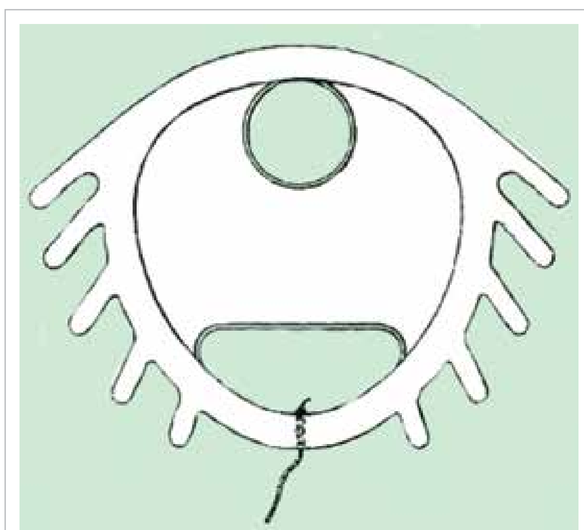

FIG 2. Sketch of a Dalkon Shield intrauterine device. Image by RatchickAndy, via Wikimedia Commons, licensed under Creative Commons Attribution-Share Alike 3.0 Unported (CC BY-SA 3.0)

of these women do change to newer methods later.'[28]

Global efforts to promote the IUD among users in the Global South, including Hong Kong, particularly among women with more than four children, were nonetheless increasing.[29] In 1968, the World Health Organization, under the International Fertility Research Programme, conducted a medical trial of the Dalkon Shield (Fig 2) in Hong Kong, inserting the device into 1200 women.[30] Three years later, over 10 000 women were fitted with the Dalkon Shield at FPAHK clinics. The Dalkon Shield's unique design distinguished it from previous IUDs, but its multifilament strings and side fins were suspected of inducing pelvic inflammatory infection, uterine perforation, and spontaneous septic abortion, as well as being linked to at least four deaths in the US.[31] The FPAHK stopped inserting the device in 1974 and issued a recall for its removal due to safety concerns. To this day, it remains unclear whether any local women claimed damages, largely because of their low literacy levels. In 1974, the FPAHK enlisted local women as volunteers to test the still-experimental, American-made Alza-T.[32]

The silence surrounding the Dalkon Shield in Hong Kong, despite the global health scare, is striking. In 1974, FPAHK President Ho-kei Ma, who succeeded Chun, described numerous cases in her research on Hong Kong's experience in which the Dalkon Shield had perforated the uterine wall, conjecturing 'whether the fins on the sides of the Shield help it to erode into the uterine wall.'[33] This description invites us to reflect on the users' passivity and their silence.

The story of the IUD in Hong Kong reveals how family planning technologies stratified society. Under the guise of women's reproductive choice, the IUD became a means through which physicians, state actors, and international organisations exerted authority over poor, working-class women's bodies. The persistent use of IUDs between 1963 and 1974 among this marginalised group suggests that the project was not about managing population growth, but about determining which women's reproductive futures mattered to the modernising city—a critical reflection that informed the city's medical and scientific progress.[34] The near silence in local historical memory surrounding the Dalkon Shield, coupled with the absence of legal claims or compensation for affected women, underscores how the consequences of this biopolitical project continue to be absorbed silently by those with the least power to contest it.

Notes

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