



## THEORETICAL ARTICLE OPEN ACCESS

# Historical and Cultural Legacy of Post-One Child Policy: Is China Ready to Embrace Planned Oocyte Cryopreservation?

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**Received:** 7 October 2024 | **Revised:** 13 April 2025 | **Accepted:** 16 April 2025

**Funding:** The authors received no specific funding for this work.

**Keywords:** elective egg freezing | oocyte cryopreservation | planned oocyte cryopreservation

## ABSTRACT

Women's reproductive rights in China are shaped by geopolitical and cultural factors, resulting in restricted access to planned oocyte cryopreservation (planned OC). While the global discourse surrounding planned OC continues to evolve, China currently sanctions egg freezing for medical purposes exclusively in married women, while prohibiting its nonmedical application in single women. This stance contrasts with the growing recognition of planned OC's potential to address age-related fertility decline, particularly in the context of delayed marriage and childbearing. This paper offers a critical analysis of China's restrictive perspective on the role of egg freezing in family planning, which is notably influenced by the enduring impact of the one-child policy on societal norms. In response to the three foundational rationales posited by the National Health Commission for the prohibition of planned OC, this study presents clinical, public health, and social viewpoints contesting that banning planned OC has the potential to marginalize women and curtail their reproductive autonomy. We recommend deregulating planned OC to provide flexibility for women who might otherwise forgo having children due to participation in the labor force. By conserving fertility during career or personal growth periods, planned OC supports the nation's demographic objectives, harmonizing personal reproductive goals with the societal agenda. Planned OC, nonetheless, should not be viewed as a standalone solution to systemic issues like declining birth rate and should coexist with broader efforts to improve societal structures, such as work–life balance policies and affordable childcare, even though these changes may take time.

## 1 | Introduction

Low fertility rate is a global health crisis marked by a significant decline in the population's birthrate below the level necessary to maintain a stable population size (Schumacher et al. 2024). As societies age, this demographic decline further distorts population distributions, presenting critical socioeconomic challenges for public policies related to resource allocation,

healthcare needs, labor supply, and family planning (Lee and Reher 2011). In response to persistently low birthrates, many governments have introduced social incentives to create an environment conducive to increasing birthrates. These measures include monetary incentives, tax allowances, reduced working days, and expansion of child care support (Behboudi Gandevani et al. 2014; De Quinto et al. 2021; Bergsvik et al. 2021). Beyond social measures, policymakers have also

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## Summary

- This article contends that the prohibition of planned oocyte cryopreservation is both clinically and ethically contentious, while largely overlooking the decline in fertility rates in Mainland China, which is shaped by the lasting impact of the one-child policy and entrenched Confucian cultural norms that reinforce traditional gender roles.
- Single men are permitted to freeze their sperm, whereas single women are denied the same right for oocyte cryopreservation. This disparity has ignited discussions on gender equality and the misalignment between existing reproductive policies and contemporary societal needs.
- Outlawing planned oocyte cryopreservation may push younger generations toward fertility preservation abroad, leading to unregulated medical tourism and associated risks. Outlawing planned oocyte cryopreservation is both clinically and ethically debatable and may drive younger generations to seek fertility preservation abroad, leading to unregulated medical tourism and associated clinical, public health, and social risks. Establishing a regulated framework for planned oocyte cryopreservation within China could help mitigate ethical, clinical, and social concerns.
- Confucian bioethics, which emphasizes familial duty and societal harmony, can be interpreted as supporting planned oocyte cryopreservation.

relaxed biotechnological regulations, such as planned oocyte cryopreservation (planned OC), to allow women to pursue personal interests while preserving their fertility, which might otherwise diminish with age. Today, ultra-low fertility rates are evident in high-income East Asian societies, including Hong Kong, South Korea, Taiwan, and Singapore (Cheung and Lui 2024). Mainland China is quickly catching up (Zhang, Ding, et al. 2022). Unlike many East Asian regions, the People's Republic of China (PRC) government has hesitated to leverage technology to counter anticipated challenges fully, imposing various restrictions on planned OC (Zhao and Fu 2023).

The global trend of delaying childbearing is influenced by a complex interplay of cultural, structural, economic, and relational factors. Cultural norms significantly impact women's decisions regarding motherhood (Baldwin et al. 2019; Baldwin 2018). Socialization processes stress the importance of career establishment before starting a family, while evolving societal norms around gender roles and family structures have granted women greater autonomy in making personal reproductive choices (Baldwin 2018). Structural factors such as industrialization and economic development have also facilitated increased female workforce participation, providing women with financial independence and career opportunities that often lead to postponed childbearing (Behrman and Gonalons-Pons 2020). The pursuit of higher education and professional qualifications extends before women consider starting a family (Mills et al. 2011). Economic considerations also play a crucial role in delaying fertility decisions. The rising costs of raising children, including expenses for education,

healthcare, and childcare, prompt many women to delay motherhood until they achieve financial stability (Mills et al. 2011; Cooke et al. 2012). Relational factors, such as the challenge of finding a suitable partner or committing to parenthood, further contribute to the late marriage and postponement of childbearing (Baldwin et al. 2019; Inhorn et al. 2018).

Fertility decisions sometimes being 'within or beyond women's control' (Cooke et al. 2012) and missing the optimal time for conception can lead to increased difficulties in conceiving later due to reproductive ageing, potentially resulting in infertility. To avoid future regrets associated with irreversible infertility, there is a growing global demand for planned OC as a solution to mitigate concerns related to age-associated fertility decline among single women (Argyle et al. 2016).

## 1.1 | First Legal Precedents Banning Planned OC in China

Amidst a global trend toward greater acceptance of planned OC, mainland China remains one of the few countries that legally prohibits oocyte preservation for single, unmarried women (Zhang, Wei, et al. 2022). Only women with a medical necessity are permitted to undergo egg cryopreservation, whereas unmarried men face no such restrictions for sperm cryopreservation.

The precedent-setting landmark case marked a significant moment in the discourse surrounding reproductive rights and gender discrimination in China (Wang 2024). In 2019, Teresa Xu, a single woman at age 31, was denied a planned OC procedure and subsequently sued the healthcare institution in Beijing for discrimination based on her single marital status. Her consulting physician recommended that she contemplate early marriage and childbearing instead. The court later ruled in favor of the hospital, citing regulations that restrict assisted reproductive technologies to legally married couples. The National Health Commission justifies its stance on three grounds to balance individual reproductive choices with public health objectives and societal values (National Health Commission of the People's Republic of China 2021; Yu and Zhai 2024):

1. First, the medical risks associated with planned OC, including complications from hormone treatments and the egg retrieval process, are inevitable.
2. Second, planned OC is seen as potentially counterproductive to national population policies that promote higher birth rates by encouraging delayed childbearing.
3. Lastly, there are concerns about the lucrative commercialization of reproductive technologies, which could lead to ethical issues and exploitation.

## 1.2 | Study Objectives

The case of Teresa ignited a broader debate among ethicists and legal experts regarding the ethical implications and legal

foundations of planned OC regulation in China (Zhao and Fu 2023). Based on the argument that planned OC contradicts national population policies promoting higher birth rates, the National Health Commission's rationale for outlawing planned OC is weak from public health, clinical, and social perspectives. We contend that the current Chinese prohibition oversimplifies the role of egg freezing in deferring childbirth and neglects the complex social motivations underlying its use. China's population decline and the trend of delayed marriage are not solely attributable to individual reproductive choices; they are also consequences of stringent population control policies implemented in the past.

The first section of the paper examines how historical birth-control measures (e.g., the one-child policy) and societal norms have contributed to external pressures hindering family formation for the younger generation. Factors such as family structure, socioeconomic conditions, gender roles, and opposition to restricted access to assisted reproductive technologies for women have collectively contributed to China's low birth rate. The discussion sets the stage for an intricate interplay between sociocultural factors and governmental policies that precipitate China's low birth rate. In the second section, we argue that planned OC should be recognized as a strategic component of national interest in population growth by preserving female fertility, addressing individuals' unmet reproductive needs and offering the option to freeze eggs for future use.

## 2 | A Review of Reproductive Rights in China

In the mainland China, the historical marginalization of women's reproductive rights can be traced to the political and economic framework of Socialism with Chinese Characteristics, which prioritized population control (Rodriguez 2023). Central to this approach was the subordination of individual reproductive choices to broader national interests in population suppression and demographic management. For example, the decades-long implementation of the one-child policy exacerbated the erosion of women's reproductive rights, leading to coercive measures such as forced abortions and sterilizations in some cases (Strawn 2009). Although the policy has been rescinded, its cultural legacy persists in specific segments of Chinese society.

### 2.1 | Population Transition and Reproductive Health Policies in Socialist China

China's population and reproductive health policies have been pivotal to its social and economic development, characterized by a dynamic interplay between pronatalist and antinatalist measures. Since its inception, China has rigorously regulated human reproduction, with women's bodies serving as a primary site of intervention. The Chinese Communist Party's involvement in reproductive health began during the Chinese Civil War, initially targeting improvements in maternal and child health in rural areas. These early efforts paved the way for more aggressive population control measures later. With the establishment of the People's Republic of China in 1949, a pronatalist

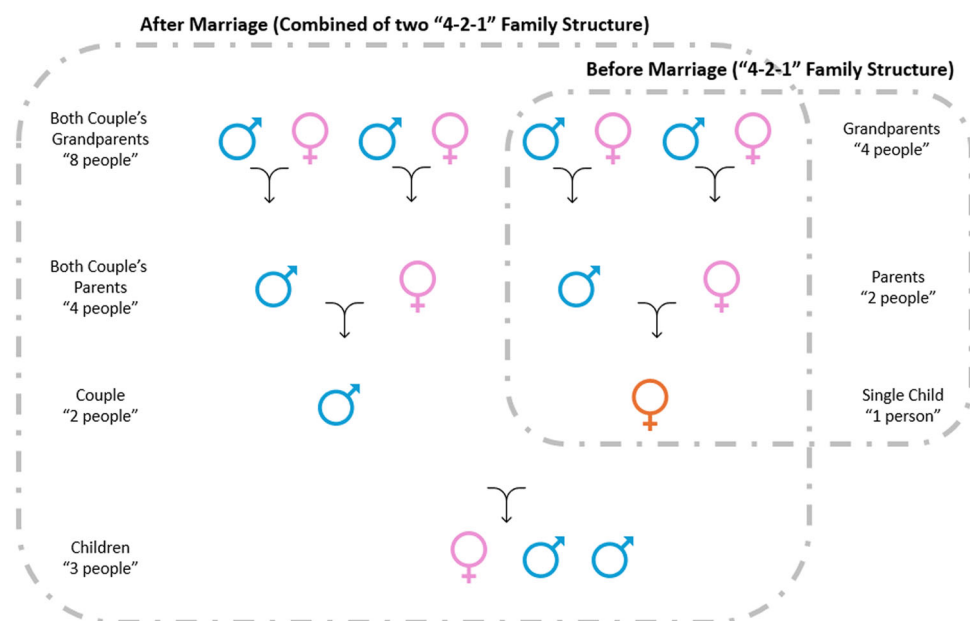
approach emerged, encapsulated by the ideology that "the more people, the more achievements." (He 2016) This stance reinforced traditional gender roles, primarily positioning women as mothers (Davis and Friedman 2020).

Despite an initial pronatalist emphasis, China soon adopted measures to control population growth. In the early 1950s, birth control, abortion, and sterilization services were introduced and framed as measures to improve maternal and infant health (Rodriguez 2023). This shift was precipitated by rapid population growth (Hao 1988) and food shortages (Rodriguez 2023). By the early 1970s, the government standardized birth planning with a "later, longer, fewer" policy (Feng et al. 2016; Chen and Fang 2021) encouraging delayed marriage, increased birth spacing, and smaller family sizes. In 1978, the government further restricted births under the slogan "one is best, two at most" (Rodriguez 2023), a prelude to the one-child policy (1979–2015). This policy, one of the most stringent in Chinese and global histories, limited most families to one child, with some exceptions. Families in rural areas were allowed a second child if the firstborn was a girl. It was enforced through economic incentives for compliant families and penalties (e.g., fines or dismissal from work) for those who violated it (Hesketh et al. 2005). While effective in reducing fertility rates (Feeney and Yu 1987; Guo et al. 2019; Zhao and Zhang 2010; Searchinger et al. 2013), it led to coercive measures and social-gender imbalances in modern times that men in China had difficulties finding a wife (Zhou and Hesketh 2017). In response to an ageing population and declining birth rates, the government gradually eased family planning policies and introduced the two-child (2016–2020) (Feng et al. 2016) and three-child policies (2021–present) (Duan 2023). However, these policies have thus far failed to reverse the downward trend in fertility (Yang 2023; United Nations Department of Economic and Social Affairs 2017; Yang, Jiang, et al. 2022; National Bureau of Statistics of China 2021).

### 2.2 | Historical and Cultural Legacy of China's One-Child Policy

The "4-2-1" family structure, stemming from the one-child policy, encompasses four grandparents, two parents, and a single child (see Figure 1) (Cao et al. 2015). This arrangement imposes significant caregiving responsibilities on the single child, who must support both parents and grandparents (Bedford and Yeh 2019; Bai 2019b). Even when adult children live independently, the caregiving obligations persist (Fan et al. 2014; Gu et al. 2017; Zhan 2002). Research highlights that younger generations struggle to reconcile eldercare demands with their aspirations (Bifarin et al. 2023; Gui and Koropecjy-Cox 2016; Fong 2004), particularly in areas where professional success is highly prioritized (Fong 2004). These challenges and escalating living costs have led many young couples in China to delay or forgo parenthood (Yu and Liang 2022; Obendiek 2016).

The caregiving demands intensify for single child who marry, often resulting in an "8-4-2-3" family structure due to longer life expectancies and the three-child policy (2021–) (Kwete et al. 2021), meaning that two working adults may be responsible for caring for up to 12 elderly relatives and 3 children.



**FIGURE 1** | Family structure before and after marriage in China.

This burden predominantly falls on postpartum women, who are expected to balance household responsibilities and career ambitions (orange character in Figure 1) (Gao et al. 2024).

Many women of childbearing age are choosing to forgo parenthood, partly due to the cultural imposition of traditional gender roles. Confucianism, a cultural ideology, imposes a rigid hierarchical structure that subordinates women to men throughout their lives (Fang 2012). Some ethical codes advocate female chastity, requiring women to adhere to feudal ethical standards such as ‘wifely virtue’ and the ‘Three Obediences and Four Virtues’ (Gao 2003). These prescribed gender roles constrain women’s career aspiration as they are expected to assume primary responsibility for domestic chores and childcare. Women who aspire to pursue professional careers frequently encounter inquiries about their marital status and childbearing plans during job interviews (Darity and Mason 1998). This bias is further exacerbated by the three-child policy, which has intensified employment discrimination against women (Zhang 2018; Yang 2015; Shao 2020). Employers, fearing potential absences due to maternity leave, are more reluctant to hire or promote women, impacting both professionals in male-dominated sectors and those in low-skilled occupations (Zhai et al. 2021). Additionally, fertility policies (Cai 2010) and regional security systems (Mohabir et al. 2017) in China create significant hindrances to women’s fertility intentions. Women must choose between starting a family and pursuing their careers and men do not face equivalent pressures.

### 3 | Elective Egg Freezing: A Tool for National Population Policy to Preserve Fertility

In the following, we offer clinical, public health, and social perspectives contending that banning planned OC for non-medical reasons is a narrow approach that may lead to policies marginalizing women and limiting their reproductive choices in response to the three NHC rationales for banning planned OC.

#### 3.1 | Planned OC is Clinically Safe and Effective

The safety and effectiveness of planned OC as a fertility preservation method have been widely recognized by professional societies such as the European Society of Human Reproduction and Embryology (ESHRE Guideline Group on Female Preservation et al. 2020) and the American Society for Reproductive Medicine (Practice Committee of American Society of Reproductive Medicine 2021). In their latest guidelines, these societies endorse planned OC as a safe and effective fertility preservation strategy based on the most recent scientific evidence. Therefore, it is misleading to assert that planned OC poses greater medical risks for women than IVF, as both treatments address infertility, whether present or future. Moreover, it is crucial to consider the potential benefits, particularly for women who may delay childbearing due to personal, educational, or professional reasons. By freezing their eggs earlier, women can reduce the cycles required to achieve better egg quality and improve their chances of having a live birth. In contrast, older women need more drugs and cycles to obtain more and better-quality eggs, leading to more health risks and financial burdens. Thus, if the Chinese government raises concerns about the medical risks associated with planned OC, it is vital to consider the risks of using this technology, including IVF for medical reasons.

While it is acknowledged that all medical interventions come with inherent risks, the advancements in the field of planned OC have significantly enhanced its safety and effectiveness. Current evidence indicates that planned OC stands as a viable and secure option for fertility preservation in women (Ethics Committee of American Society of Reproductive Medicine 2024). Despite a potential decrease in success rates with age, women who undergo egg freezing at a younger stage still have a strong likelihood of achieving successful live births (Cascante et al. 2024). Hence, the focus should not solely dwell on the potential medical risks associated with planned OC, but rather on evaluating whether the anticipated benefits outweigh these risks on a case-by-case basis.



### 3.2 | Planned OC Is a Public Health Intervention to Prevent Reproductive Aging

From a public health perspective, planned OC appears to be a viable preventive option for women to extend their reproductive potential, provided it is ethically permissible after informed consent (Ethics Committee of American Society of Reproductive Medicine 2024). However, some bioethicists argue that planned OC is an overly individualistic and inadequate response to systemic inequalities (Petersen 2021), as it places the burden on women to navigate work–life balance challenges that are inherently rooted in workplace structures and societal norms (De Proost et al. 2022). This focus on planned OC may detract from addressing deeper issues such as inflexible workplace policies, societal pressures, and the lack of supportive infrastructure. Additionally, there is concern that planned OC might engender false hopes regarding the deferral of motherhood. Experts caution against overestimating the efficacy of cryopreserved oocytes, as the success rates may fall short of women's expectations, leading to potential disillusionment (Ethics Committee of American Society of Reproductive Medicine 2024). Women may still face significant obstacles in aligning their careers with their aspirations despite the availability of egg freezing (Ethics Committee of American Society of Reproductive Medicine 2024).

The societal implications of utilizing planned OC as a solution to combat declining birth rates require longitudinal observation. If the goal is to help women prevent reproductive aging to achieve motherhood in the future, it achieves this objective. Research indicates an increasing number of women stored oocytes for non-medical reasons and that approximately 1 in 10 women revisit clinics to utilize their cryopreserved oocytes (Yang, Wu, et al. 2022; Johnston et al. 2024; Ben-Rafael 2018). A Taiwanese research group conducted a retrospective analysis involving 645 women who underwent 840 oocyte freezing cycles between November 2002 and December 2020. The overall usage rate was 8.4% (54 out of 645). After a storage duration exceeding 10 years, the probabilities of thawing oocytes were 10.6%, 26.6%, and 12.7% for women who cryopreserved their oocytes at ages  $\leq 35$  years, 36–39 years, and  $\geq 40$  years, respectively (Yang, Wu, et al. 2022). In Australia, a retrospective cohort study was conducted over a 10-year period to examine the patterns and usage of 3082 egg freezing cycles and 645 thaw cycles, of which 61 thaw cycles (9%) were for nonmedical purposes (Johnston et al. 2024). A systematic review also reported that 10.8% of the women returned to use their frozen eggs (Kirubarajan et al. 2024).

These findings highlight several important implications. First, the relatively low overall usage rate suggests that while planned OC provides a valuable option for fertility preservation, many women may ultimately not utilize their stored oocytes. This could be due to various factors, including changes in personal circumstances, advancements in reproductive technologies, or the natural decline in fertility with age. Second, the variation in thawing probabilities across different age groups underscores the importance of age in determining the success of oocyte preservation. Women who freeze their oocytes at younger ages tend to have higher probabilities of successful thawing, which may influence decisions regarding the timing of elective egg freezing. Lastly, these results emphasize the need for comprehensive counseling and realistic expectations for women considering

elective egg freezing, ensuring they are well-informed about the potential outcomes and limitations of the procedure.

These low usage rates should not overshadow the primary goal of planned OC, which is to allow women to safeguard their fertility. The decision to freeze eggs is often driven by the desire to preserve future reproductive possibilities and psychological reassurance (Inhorn et al. 2022), and mere utilization figures should not diminish its significance.

#### 3.2.1 | Planned OC Achieves Gender Equity

In mainland China, single men are allowed to cryopreserve sperm to safeguard future fertility, but single women face stringent restrictions on oocyte cryopreservation on the grounds that the medical procedures for planned OC are more invasive than those undergone by men (Liu and Li 2020). This prohibition highlights a stark representation of gender inequality, and the rationales for banning one while allowing the other lack defensible arguments, especially when considering the safety and efficacy arguments previously mentioned. While biological disparities between male and female fertility exist, the unequal fertility opportunities between genders are primarily rooted in societal constructs. This disparity underscores the need for a more equitable approach to reproductive rights that acknowledges and addresses gender inequalities.

We argue that a nuanced interpretation of low fertility rates should acknowledge the historical evolution of population policies and cultural legacy as examined in previous sections. Despite women's career objectives, they frequently face considerable societal expectations, particularly from preceding generations, to conform to traditional timelines regarding marriage and childbearing. These pressures catalyze a growing interest in planned OC, which empowers women with greater agency over their reproductive schedules, alleviating the tension of synchronizing professional pursuits with biological imperatives. Choosing planned OC is a strategic maneuver for women to navigate the complexities of contemporary society, addressing concerns over declining fertility and enhancing the overall quality of life. Planned OC should not be viewed as an isolated intervention but as a component that operates in tandem with broader societal reforms. Its implementation does not negate the necessity for progressive structural changes. Addressing women's multifaceted challenges demands systemic enhancements, including work–life balance initiatives and access to cost-effective childcare services. While realizing such comprehensive reforms may be protracted, planned OC emerges as a viable and practical alternative for women balancing professional ambition and reproductive considerations within the evolving societal landscape. Advocating for the legalization of planned OC reconfigures cultural perceptions of motherhood and aligns with China's enduring family values and visions for reproductive futures.

### 3.3 | Implementing Regulatory Framework Helps Mitigate Ethical Concerns

Outlawing planned OC would not deter the younger generation but would compel them to seek alternative options outside

mainland China through medical tourism. Ge and Tian conducted a discourse analysis of single women who chronicled their egg freezing journeys of egg freezing on Xiaohongshu, a prominent social media platform in China (Ge and Tian 2025), mapped a global perpetuation for medical tourism including the United States, Denmark, France, Japan, United Kingdom, Thailand, and Canada. Another media outlet interviewed a Chinese expatriate working in Japan. She mentioned that she had never considered social egg freezing due to social stigma, limited information, and strict regulations in China. However, after seriously considering planned OC, she decided to freeze her eggs before returning to China. She believes this decision has expanded her options for life planning and provided greater flexibility for her future (Wood 2024). One of the primary concerns with medical tourism is the lack of regulation and quality assurance in regions offering these services, which can result in a higher incidence of complications, failed treatments, and permanent harm. Language can also be a barrier, causing much unintentional harm from misunderstanding. Moreover, patients may be exposed to inadequate decision-making processes, inaccurate information, or misleading marketing tactics—raising significant ethical concerns. When patients travel abroad for fertility treatment, accessing appropriate follow-up care can become difficult, particularly as policies regarding storage periods vary from country to country. These inconsistencies may ultimately compromise treatment outcomes. The emotional and psychological burden can be intensified by the additional stress of traveling overseas and navigating an unfamiliar healthcare system and financial models.

We advocated that deregulating planned OC offers women the flexibility to preserve their fertility, allowing those who might have otherwise forgone having children entirely due to age-related fertility decline to opt for having biological children later. Hong Kong, a special administrative region of the PRC, has exercised different legal standards and allowed planned OC for more than two decades. This progressive stance contrasts sharply with the stringent restrictions in mainland China. Ethical apprehensions associated with planned OC can be alleviated through the implementation of a robust regulatory framework ensuring that the practice is conducted ethically and safely, addressing concerns about medical invasiveness and societal impacts. Therefore, an outright ban on planned OC would not be a judicious approach.

#### 4 | Confucian Bioethics in the Context of Planned OC

Based on autonomy-focused frameworks, Western discussions advocate for planned OC to bolster reproductive autonomy. This framework might not be feasible in China, where Confucian philosophy underpins public policy focusing on collective responsibility. Adopting planned OC in China encounters substantial resistance due to the belief that technological interventions disrupt the natural course of reproduction. Confucian ethics emphasize the cultivation of harmonious interpersonal relationships and the maintenance of societal order (Huff 2021). Below, we briefly discuss Confucian bioethics based on the NHC's rationales for banning planned OC (Wang 2024).

First, the NHC is concerned about the inherent medical risks associated with the procedure of planned OC, which can include complications arising from hormone treatments and the egg retrieval process. Therefore, they have banned access to this technology for nonmedical reasons. From a Confucian perspective, *ren* (benevolence) emphasizes compassion and empathy toward others (Zhang and Zhang 2016). Planned OC is perceived as contrary to benevolence because it introduces unnecessary medical risks and uncertainties, such as the potential loss of oocytes during thawing, conflicting with the principle of *ren*. However, prohibiting such technology could also be detrimental to women's best interest. Planned OC embodies benevolence, as it allows women to preserve their fertility and mitigate the stress associated with age-related fertility decline. Planned OC promotes holistic health by enabling women to delay childbearing until they are personally and professionally ready, which aligns with benevolence. This underscores the importance of enabling women to make informed decisions about their reproductive futures, enhancing their quality of life and contributing to their holistic well-being.

Second, the National Health Commission aims to align its policies with national population strategies to increase birth rates. Planned OC is viewed as potentially counterproductive in this context, as it may lead to delayed childbearing, conflicting with efforts to promote earlier family formation. Confucian ethics, particularly the principle of *yi* (righteousness), emphasize morally upright actions that prioritize community welfare over individual desires, raising ethical concerns about the use of planned OC. Chinese cultural norms traditionally advocate for childbirth within marriage, guided by Confucian values of family harmony, filial piety, and the continuation of the family lineage through legitimate marital unions. Critics argue that planned OC diverges from these values, allowing same-sex couples or single women to pursue motherhood outside a marriage contract, affecting societal stability and relationships within families and communities (Bai 2019a). This, however, is an overgeneralized concern and could be mitigated with an ethical framework in place to prevent motherhood outside marriage (Ngan et al. 2025). Planned OC can be reinterpreted as fulfilling filial duty by enabling women to plan for the welfare of their families and future generations. By allowing women to have children when they are emotionally, financially, and socially ready, planned OC contributes to family stability and societal welfare. This perspective supports family cohesion and ensures that children are born into nurturing and prepared environments, aligning with Confucian ideals of familial and societal harmony.

Finally, the potential legalization of planned OC raises concerns regarding the commercialization of reproductive technologies, presenting ethical dilemmas and the risk of exploitation. Through a Confucian lens, the concept of *zhi* (wisdom) signifies the prudent application of knowledge for the collective welfare (Fan 2013). It could be posited that overreliance on planned OC may be unwise, as it could encourage women to delay childbirth to a degree that increases the likelihood of pregnancy and delivery complications. This heavy reliance on technological interventions might be perceived as a lack of foresight and sound judgment. Additionally, the principle of *he* (harmony) highlights the necessity of maintaining equilibrium between

individuals and their surroundings (Wei and Li 2013). Planned OC has the potential to disrupt this harmony by altering the natural reproductive timeline and potentially leading to societal imbalances. For example, if a significant number of women choose to postpone childbirth, it could result in demographic shifts that impact the stability of generational support structures and community dynamics. While harmony underscores the importance of balance between individual nature and technology, this concept is not static and advocates for the adaptation of evolving cultural and social norms. This principle can play a vital role in guiding the evolution of women's roles and lifestyles. In this case, in the principle of harmony, it could argue that the use of planned OC balance modern women's need and reproductive health decision-making.

## 5 | Conclusion

Deregulating planned OC offers women greater flexibility, particularly those who might otherwise forego having children due to participation in the labor force. Planned OC aligns with China's demographic goals by preserving women's fertility during career development or personal growth, harmonizing individual reproductive aspirations with societal priorities. China's pronatalist policies, such as the three-child policy, seek to encourage larger families, and OC indirectly supports these objectives by broadening reproductive choices. This approach reduces the pressure on women to choose between professional advancement and family life at a specific time. Furthermore, the effectiveness of fertility preservation techniques like OC is substantiated by medical research, making it a credible solution to address challenges related to the timing of fertility without compromising long-term reproductive potential.

Planned OC, however, should not be viewed as a standalone solution to systemic issues such as declining birth rates and gender inequality. It can coexist with broader efforts to improve societal structures, such as work-life balance policies and affordable childcare, although these changes may take time. Planned OC is a public health intervention that allows women to make informed plans for their reproductive futures. A more holistic approach would entail multifaceted governmental interventions that transcend the domain of assisted reproductive technology. To alleviate parental pressures, such policies must consider providing adequate social support systems, including affordable childcare, parental leave, and flexible work arrangements. Moreover, ethical considerations surrounding the use of planned OC, such as access equity, potential long-term health implications, and the psychological impact on individuals and families, warrant careful examination. Addressing gender equity, supporting families, and dismantling barriers to male and female participation in family life are equally important within the broader context of societal reforms. Only then can we ensure that the responsibility for demographic shifts is shared equitably and that solutions are aligned with the principles of justice and inclusivity.

## Ethics Statement

The authors have nothing to report.

## Consent

The authors have nothing to report.

## Conflicts of Interest

The authors declare no conflicts of interest.

## Data Availability Statement

Data availability is not applicable to this article as no new data set were created in this study.

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