

Local Gazetteers and Bodily Experiences: Maternal Health in Late Qing Shandong (1861-1911)

WeiQi Zhao

School of Humanities, Ludong University, Yantai, China

*Corresponding author: WeiQi Zhao, School of Humanities, Ludong University, Yantai, China.

Submitted: 26 December 2025 Accepted: 02 January 2026 Published: 09 January 2026

Citation: Zhao, W. (2026). *Local Gazetteers and Bodily Experiences: Maternal Health in Late Qing Shandong (1861 – 1911)*. *J of Gyne Obste & Mother Health*, 4(1), 01-09.

Abstract

The reproductive health among women in Shandong during the late Qing dynasty (1861–1911) exhibited pronounced class-based disparities. Drawing on 679 valid cases documented in local gazetteers and integrating perspectives from medical and gender history, this study employs quantitative and qualitative methods to examine reproductive patterns, health risks, and medical resource allocation across different social strata. Findings reveal that impoverished women, suffering from malnutrition and excessive labor, experienced a high incidence of acute conditions during pregnancy and childbirth; Commoners relied on folk herbal remedies, with widespread chronic fatigue; Officials' wives, though accessing professional care, still faced risks like advanced maternal age. Local gazetteers attributed structural health inequalities to individual morality through moralizing narratives, obscuring the underlying regional disparities in healthcare distribution. This interplay of geography, class, and discursive power determined women's health outcomes. Finally, this study reconstructs the historical reality of pregnant women in late Qing Shandong, providing crucial regional empirical evidence for understanding the history of reproductive health among Chinese women.

Keywords: Late Qing Dynasty, Shandong Provincial Gazetteers, Reproductive Patterns, Medical Risks, Maternal Health.

Introduction

Late Qing China underwent profound societal transformations, with women's health and living conditions increasingly becoming a significant focus of historical research [1]. Among these, childbearing, as a central event in women's life cycles, directly impacted population quality and family well-being. However, reconstructing the historical landscape of women's reproductive health remains challenging due to the scarcity of direct accounts regarding ordinary women's daily lives in traditional historical sources. Against this backdrop, local gazetteers demonstrate unique historical value due to their systematic compilation and extensive geographical coverage. Notably, the Biographies of Women (Lienv zhuan 列女傳) within these gazetteers document critical life information (marriage, childbirth, offspring, widowhood, longevity, and mortality, etc.) for tens of thousands of women, inadvertently preserving a valuable database for examining 19th-century female reproductive practices [2, 3].

Scholarship on Qing women's history and medical history has yielded substantial achievements. Susan revealed the complex interplay between state ideology and women's lives in 19th-cen-

tury China [4]. In regional studies, Li and Guo conducted in-depth analyses of Qing population behaviors using genealogies and other historical sources. However, systematic studies focusing specifically on the Biographies of Women in local gazetteers as core sources to examine women's reproductive health in a particular region remain scarce [5]. Existing research either emphasizes institutional analysis of the "exemplary women" phenomenon or focuses on family strategies, often failing to fully explore the information these records contain about public health and maternal health [6].

As a densely populated region with profound cultural traditions during the late Qing dynasty, Shandong Province boasts exceptionally comprehensive gazetteer compilations, providing ideal conditions for case studies. This paper aims to address the aforementioned research gap by examining late Qing gazetteers from Shandong's prefectures, states, and counties to answer the following questions:

1. What reproductive patterns among women in late Qing Shandong do the gazetteers reveal?
2. What significant health risks did women face within this

pattern?

3. How did the documentation methods of gazetteers simultaneously present and obscure these health issues? How can traditional medical texts and modern medical reports be integrated to evaluate contemporary reproductive technologies and maternal health more comprehensively?

Therefore, this study aims to transcend the moralistic narratives on the surface of gazetteers by grounding them in theoretical underpinnings and cross-verifying them with historical materials. It seeks to uncover the bodily experiences, medical practices, and health realities of women in Shandong during the late Qing period. Furthermore, it provides a historical case study from East Asian society to help understand the historical context of maternal health issues.

Literature Review on Local Gazetteers and Reproductive Health Research

The compilation of Biographies of Women in the local gazetteers adhered to the moral imperative of “honoring chastity and loyalty,” primarily recording female archetypes such as “chaste widows” (Jiefu 節婦) and “virtuous women” (Lienv 烈女) who aligned with Confucian narratives of fidelity and filial piety, while excluding groups like remarried women and those who bore children out of wedlock [7]. This results in a representation of the reproductive histories of women who “guarded their chastity,” rather than the lived realities of all women, creating a structural bias in the representativeness of the research subjects. Simultaneously, the biographies predominantly feature formulaic narratives such as “bearing posthumous children,” “raising orphans to adulthood,” and “maintaining chastity for decades” [8]. This approach obscures the diversity of individual life experiences while reducing critical health information, such as specific illnesses and causes of death, to moralized expressions like “exhaustion-induced illness” (Laocui zhiji 勞瘁致疾) or “death from grief” (Aihui zu 哀毀卒). It poses significant challenges for reconstructing the true spectrum of diseases and mortality rates.

Despite this, The Biographies of Women in the local gazetteers retain unique value for research on reproductive health history, hinging on the conscious methodological approach of “critical utilization.” Their value is first manifested in the systematic nature of their information, spanning broad geographical areas, continuous time periods, and a unified format, facilitating cross-regional, long-term quantitative analysis and providing foundational data for historical demography research. Second, despite its narrative format, the relatively stable information on life events, such as marriage age, childbearing, widowhood age, and longevity versus early death, can serve as core demographic indicators. More significantly, beneath the moralistic surface of these texts, multiple layers of health implications can be extracted: for instance, the high infant mortality risk implied by “raising orphans to adulthood,” “exhaustion from labor” potentially indicating chronic health deterioration due to overwork, and “filial care for the mother-in-law” indirectly reflecting caregiving practices within the household [9].

To transcend the narrative limitations of local gazetteers, this study adopts a “mutual validation between internal and external sources” research strategy. Internally, it extracts quantitative data through structural analysis and critically interprets the health re-

alities underlying the texts. Externally, it engages in dialogue with three types of historical sources: first, traditional medical texts, revealing the prevailing reproductive knowledge system of the time; second, observation records by Western physicians who came to China in modern times offering an “othered” perspective on folk midwifery practices and disease conditions; and third, relevant entries in local gazetteers’ sections on customs (Fengsu zhi 風俗志) and local products (Wuchan zhi 物產志), supplemented by records from eighteen representative medical compendia which provide information on the treatment processes and medical resources available to pregnant women of different social statuses [10-12]. Through mutual corroboration and dialogue among multiple evidence sources, we can acknowledge the limitations of gazetteer materials while maximizing their potential as historical sources for reproductive health. It enables deeper engagement with Chang’s research paradigm of “from women’s history to gender history,” shifting the focus beyond women’s lived experiences to dissect the social power structures that shape their health experiences [13].

Theoretical Framework and Research Methods

To systematically address the research questions and effectively overcome the structural biases inherent in local gazetteer sources, this study adopts a hybrid research methodology integrating quantitative statistics with qualitative analysis. It employs gender history and Foucault’s theory of “the politics of the body” as its core analytical framework [14].

Data Collection and Theoretical Analysis

First, in data acquisition and processing, we conducted quantitative analyses in accordance with historical demographic principles. The research team systematically combed through the Biographies of Exemplary Women sections of local gazetteers from 96 counties across 10 prefectures in Shandong Province during the late Qing dynasty, establishing a database containing 679 valid samples. Sample selection criteria strictly adhered to whether key demographic variables (age at marriage and childbirth, number of offspring, offspring survival status, and maternal longevity, etc.) were recorded. This quantitative foundation enabled us to transcend individual cases and reveal macro-level systemic differences across social strata (poor women, commoners’ wives, officials’ wives, etc.) in reproductive patterns (number of births and offspring) and health outcomes (offspring survival rates). The statistical data in Table 1 directly reflect this analytical process, providing empirical support for the identification of structural inequalities in the distribution of medical resources.

Second, for theoretical application and in-depth interpretation, we rely on qualitative analysis for critical exegesis. Numbers alone cannot explain the power dynamics underlying these phenomena. Therefore, we introduce a gender history perspective and Foucault’s theory of “body politics” as lenses for qualitative analysis. The former requires us to focus on women’s experiences as historical subjects. At the same time, the latter guides us to examine how local chronicle narratives function as a technique of power, subjecting women’s bodies and health to moral discipline. Specifically, we conduct meticulous, contextually informed readings of biographical texts. We dissect the real health risks obscured by formulaic moral discourses, such as “exhaustion leading to illness” or “grief-induced death,” revealing un-

derlying threats like postpartum infections, chronic strain, and psychological stress. We also deconstruct the maternal pressures and bodily toll concealed within glorified narratives like “raising orphans to adulthood” (Fu gu chengli 抚孤成立) or “maintaining chastity for decades.” (Shoujie shu shinian 守节数十年).

Ultimately, this study achieves “mutual corroboration of historical materials” through the integration of quantitative and qualitative methods. Quantitative analysis outlines the macro-level landscape and correlations. In contrast, qualitative analysis imbues the data with historical depth and theoretical richness, of-

fering an in-depth interpretation of how reproductive health was jointly shaped by geography, social class, and moral discourses. This methodological design aims not only to answer “what” but also to explain “why,” thereby achieving a multidimensional reconstruction of late Qing Shandong women’s reproductive health experiences.

Presentation of Women’s Reproductive Status

We categorized the information and summarized the characteristics of 679 valid samples, ultimately processing and presenting the findings in tabular form. As shown in Table 1:

Table 1: Women’s Fertility in Late-Qing Shandong Local Gazetteers

Mother Type	Fertility Patterns			Medical Risks		
	Number of Offspring	Number of Children	Survival Rate	Pregnancy Care	Postpartum Recovery	Widowhood Care
Poor Women and Servants (57 cases)	≤2	0-1	28.67%	Nutritional deficiency; Falls causing fetal injury; Untreated blood deficiency; Infection from unsanitary delivery practices.	Technology: No records. Resources: Poverty and overwork, traditional healers or folk remedies.	Living a life of hardship, passing away in middle age.
Commoners’ Wives (372 cases)	2-3	0		Chronic strain injuries; Low back pain; Distended chest and abdominal pain; Wind-cold cough and wheezing; Misdiagnosis of hidden pregnancy.	Technology: Hot decoction for treating dizziness; Warming meridian decoction for regulation, etc. Resources: Folk herbal remedies.	Established to care for orphans; Remained chaste until old age.
		1	64.7%			
		2-3	42.5%			
		Stepson/Adopted son	72.8%			
Officials’ Wives (245 cases)	≥2	1	73.2%	Premature labor in the third trimester; Malaria; Dysentery; Dizziness during fetal movement; Alternating chills and fever; Nourishing blood.	Techniques: Angelica and Astragalus Blood-Nourishing Decoction; Warming uterus decoction; Liver-Soothing and Blood-Activating (Xiaoyao San 逍遥散), etc. Resources: Medical Hall Obstetrics Prescriptions.	Family recognition; Passed away peacefully; Raised children well.
		≥2	68.7%			
		Stepson/Adopted son	74.3%			
Imperial Women (5 cases)	1-2	0		Imperial favor; Medicine bestowed; “Greetings.”	Imperial Medical Institute Medical Care.	Emotional counseling; Medicinal cuisine therapy.
		1	53.6%			
		≥2	46.2%			
		Stepson/Adopted son	63.7%			

Accuracy Analysis

The data foundation of this study stems from a systematic review of late Qing dynasty local gazetteers from Shandong Province. The research team, comprising members with professional backgrounds in history, demography, and textual studies, conducted multiple rounds of textual collation and content analysis. A standardized coding manual was developed to enable structured extraction and cross-validation of key variables, including marriage and childbearing ages, offspring survival rates, and maternal longevity, ensuring the scientific rigor and comparability of the data.

The research methodology combines quantitative statistical analysis with qualitative interpretation. Quantitative analysis reveals macro-level variations in reproductive patterns and health outcomes. At the same time, qualitative examination of case studies, such as “Pan Sheng’s Wife” and “Du Erniang,” unearths the health implications embedded within narratives. This dual approach cross-validates findings and grounds the data in historical experience.

Historical sources were employed with an emphasis on “mutual corroboration between internal and external records.” Beyond

core gazetteers, cross-validation was conducted across multiple sources, including medical texts and modern medical reports, to correct recording biases. The study prioritized situating individual cases within broader socioeconomic and power structures while remaining fully aware of the limitations imposed on conclusions by the selective nature of gazetteer documentation.

Results

Each reproductive pattern observed in Table 1 is associated with specific health risks. While aligning with Fang's findings on virtuous women in the Jiangnan 江南 region during the Qing Dynasty, these patterns also exhibit unique characteristics due to the particularities of Shandong Province [15].

Class Differentiation in Reproductive Patterns and Medical Risks

Table 1 data reveal significant disparities in reproductive patterns and medical risks among women of different socioeconomic strata, reflecting structural inequalities in healthcare resources. Poor women typically gave birth no more than twice, with 0-1 surviving offspring and a mere 28.67% survival rate. The terminology used to describe their deaths underscores the health crises faced by women at the bottom of society due to malnutrition and excessive labor. Commoners typically gave birth 2-3 times. Survival rates for families with one child reached 64.7%, but dropped to 42.5% for families with multiple children. Conversely, families with adopted children saw survival rates rise to 72.8%, indicating that the financial burden of raising multiple children negatively impacts survival rates. At the same time, the adoption system provided a buffer for childless families. Among official wives, those with two or more births achieved a 68.7% survival rate for offspring ≥ 2 , while adopted and stepchildren reached 74.3%, demonstrating the gentry class's advantage in offspring continuity through economic and cultural capital. The survival rate for multiple children among imperial women (46.2%) was lower than that for only children (53.6%) and adopted children (63.7%), further confirming the general survival disadvantage of multiple children.

Thus, social status and geographical distribution jointly shaped the reproductive records in local gazetteers. Biographies of poor women were widely distributed, reflecting more universal health risks. At the same time, records of the official and gentry classes were concentrated in political and economic centers, serving as a means of moral commendation. This interwoven social stratification based on identity and geography meant that even with similar reproductive patterns, women from different classes faced fundamental differences in health pressures, access to medical resources, and modes of representation.

The Survival Dilemma of "Childless Widows"

Childlessness and widowhood form a prominent theme in the biographies of exemplary women, with their survival struggles and health crises being particularly pronounced. For widowed women, the absence of sons meant a dual fear of losing their clan identity and facing old age without support. Their lives were often forced into paths such as "serving their deceased husband's parents" or "adopting a nephew as heir." As recorded in the Emperor Guangxu 光緒 era's Revised Gazetteer of Dengzhou Prefecture (Dengzhou fu zhi 登州府志):

Madam Zhang, wife of Pan Sheng, became a widow at twenty-two with no children. She vowed to preserve her chastity, devotedly cared for her widowed mother-in-law, adopted her nephew as heir, raised him to adulthood, and endured over forty years of hardship before passing away.

張氏，潘勝妻，年二十二而寡，無子。氏矢志守節，孝養孀姑，繼侄為嗣，撫育成立，苦節四十餘年卒。

While this practice of adopting a son formally perpetuates the family line, the process is fraught with internal familial tensions [16]. The health and character of the adopted heir introduce future uncertainties, imposing long-term psychological burdens on women. From a health perspective, childless widows often endured greater psychological strain. They sometimes needed to reinforce their moral legitimacy through extreme filial acts (such as "cutting flesh to treat a parent" 割股療親), which directly harmed their bodies. Simultaneously, lacking the comfort and support of biological children, their physical and psychological vulnerability in old age became more pronounced. Local gazetteers frequently extol their "enduring virtue," yet rarely address this group's potentially higher risk of depression and weaker coping abilities in the face of illness. It highlights the selective presentation of health realities within moral discourse [17].

The Pressure of Motherhood in the "One-Child Succession"

The reproductive pattern of "one-child succession" highlights the extreme vulnerability of maternal and infant health in traditional societies. In environments with poor medical conditions and extremely high infant mortality rates, widowed mothers placed all their hopes and the responsibility for family continuity on their sole son, subjecting them to immense physical and psychological pressure. As recorded in the Yizhou Prefecture Gazetteer 沂州府志 compiled during the Emperor Tongzhi 同治 era, a typical case illustrates:

Li Dagu, widowed early, bore a posthumous son. She spent her days spinning and weaving, teaching her son to study by lamp-light. For twenty years, the clatter of the loom and the glow of the lamp were her companions. By the time her son entered the county school, she had grown frail from toil and fell ill. She passed away not long after.

李大姑，夫早逝，遺腹生子。氏紡績度日，課子夜讀，機聲燈影相伴二十載，子入邑庠，氏已勞瘁成疾，未幾卒。

Local gazetteers frequently describe scenes of "children studying late into the night amid the hum of sewing machines and flickering lamp light." Behind these accounts lies the chronic health depletion suffered by mothers who endured prolonged sleepless nights, excessive labor, and nutritional deficiencies. From birth, the health of an only child became the constant concern of ordinary mothers like Li Dagu. Any common childhood illness, such as smallpox or measles, could escalate into a life-threatening crisis due to scarce medical resources. Often, the care for an only child consumed all her energy, sometimes reaching levels of "over-protection" or "over-expectation." This prolonged mental strain and physical exhaustion easily led to chronic health issues like neurasthenia and digestive disorders. Simultaneously, within the ethical framework of "a widow following her husband's death to her son," the widowed mother and her only son formed an extremely centralized and closed family unit. Compared to the potential sibling support found in families

with multiple children, mothers in only-child households face greater difficulty obtaining substantive childcare assistance or emotional solace from other family members, resulting in more profound feelings of loneliness and helplessness. The academic success of the only child is often attributed to the mother's virtue. In contrast, the chronic physical strain, eye disorders, or various anxiety-induced mental and physical illnesses accumulated by the mother during this process are overlooked in the narrative.

Indeed, the health of an only son directly determined a mother's fate. Should her sole child die young, she faced not only immense emotional devastation but also utter despair in terms of clan obligations and social standing. This "double blow" had devastating effects on women's health. However, local gazetteers often downplayed it as mere "exhaustion from labor" (Laocui chengji 劳瘁成疾), a simplistic narrative that minimized individual health trauma.

The Reproductive Loss of "Widows with Many Children"

In traditional thinking, having many children was regarded as a blessing. However, for widows, "many children" meant multiplied losses from childbirth and the pressure of raising them. As recorded in the Emperor Guangxu era's Revised Gazetteer of Caozhou Prefecture (Caozhou fu zhi 曹州府志):

Du Erniang, widowed with three sons, lived in poverty. She toiled in the fields by day and spun by night, raising her sons until they each married and established themselves. She passed away at the age of fifty-six, and people spoke of her diligence.

杜二娘，夫歿，遺三子，家貧。氏晝耕夜紡，撫三子皆娶婦成立，卒年五十六，人稱其勞。

Du Erniang's narrative metaphorically represents multiple health challenges. Repeated pregnancies and childbirth inherently pose a series of risks to a woman's body, including postpartum hemorrhage, infection, and nutritional depletion. Without access to effective obstetric care and nutritional supplementation, each birth drains the mother's vitality. Frequent pregnancies and lactation periods make it difficult for a mother's body to recover fully, leaving her vulnerable to health issues such as anemia and osteoporosis. Second, economic pressures and grueling labor. Raising multiple children alone demanded immense physical labor (spinning, farming, housework) and financial strain. Local gazetteers celebrate such women as paragons of "blessed longevity" through records of "raising three orphaned children to adulthood" (Fu san'gu chengli 撫三孤成立) or "five generations living under one roof," (Wushi tongtang 五世同堂) yet these narratives obscure the health toll widowed mothers paid to sustain their households. To feed their numerous children, they worked beyond endurance. Their health deteriorated under the dual pressures of chronic fatigue and inadequate nutrition, with chronic strain injuries, chest and abdominal pain, and other complications becoming commonplace. Third, emotional exhaustion and the dilemma of resource allocation. Multiple children meant more family responsibilities, such as education, marriages, requiring the widow's sole decision-making and management, creating immense psychological pressure. With limited resources, fairly distributing food, clothing, and affection while preventing sibling conflicts was a daily challenge. This persistent emotional strain similarly eroded her mental health.

Moreover, eldest sons and daughters are often forced to assume the responsibility of helping their mothers raise younger siblings at an early age. This role substitution, in which the eldest daughter becomes like a mother or the eldest son like a father, while alleviating the mother's burden to some extent, also reflects the harsh reality of labor-force reproduction within families. It highlights the helplessness mothers face when unable to bear the burden alone, forcing them to rely on their children. The local gazetteers emphasize the successful outcome while downplaying the hardships of the process, which inherently obscures the real risks to reproductive health.

The Identity of Stepchildren and Adopted Sons

Beyond natural childbirth, adoption (establishing an heir) served as a common strategy for childless widows in late Qing Shandong to navigate clan pressures and secure their livelihoods. However, this process was equally fraught with tension. While adoption provided identity continuity within the clan system, it involved intense internal family negotiations. As recorded in the Emperor Xuantong 宣統 era's General Gazetteer of the Shandong (山東通志):

Madam Sun, wife of the magistrate of Wucheng, had no children of her own after her husband's death. She adopted a nephew from her husband's family as heir. She raised him with great strictness. Later, when he passed the imperial examinations, Madam Sun was already gravely ill.

(武城)知縣內眷孫氏，夫故無出，繼族子為嗣。婦撫之甚嚴，後中科舉，已病深。

This "strict upbringing" implies emotional barriers and psychological strain in non-biological mother-son relationships. Precisely because adoption involves power dynamics between the birth family and the stepmother, persistent interpersonal pressures threaten mental health [18]. Consequently, the adopted son's well-being and character directly determine the widowed mother's material support and emotional comfort in her later years. This uncertainty imposes long-term psychological anxiety upon women.

From a health perspective, the relationship of adoption subjects widowed mothers to multiple, persistent pressures. The emotional bonding between non-biological mothers and sons carries inherent tension. The idealized expression, "nurturing as if their own" (Fu ru ji chu 撫如己出) in local gazetteers often obscures the daily friction and psychological strain stemming from emotional distance and lifestyle differences. To establish stable nurturing relationships, widowed mothers must invest extraordinary emotional labor. It sustained physical and mental commitment inflicts profound damage on their health. The health status of stepchildren directly exacerbates the childcare burden. If the child is frail and frequently ill, the widow bears the high cost of care alone without adequate medical support, easily becoming physically and mentally exhausted. More complexly, adoption can trigger disputes with the biological family over property, education, and other matters. Long-term navigation of these structural interpersonal tensions, coupled with constant intervention from the biological family, not only threatens the widow's mental health but may also impact her physical state through emotional stress.

Discussion

Quantitative analysis and case studies, respectively, reveal the class-based disparities in reproductive health and bodily experiences. To delve deeper into the underlying logic of these disparities, the following discussion will explore three dimensions: the hierarchy of medical resources, the politics of the body, and geographical space.

The Hierarchical Structure of Medical Resources and Health Inequalities

In Table 1, among the poor women and servants, pregnancy-related illnesses primarily consisted of acute conditions such as hematemesis and vomiting with diarrhea leading to dehydration (57 cases). Postpartum, due to nutritional deficiencies and excessive labor, many succumbed to untreatable “blood wasting” (blood consumption disease). Commoners’ wives predominantly suffered from internal heat coughs and chronic fatigue (372 cases), relying on folk herbal remedies for postpartum recovery. Official wives, though receiving professional medical formulas, still faced risks like dizziness from fetal movements (245 cases). This unequal distribution of medical resources profoundly impacted health outcomes across social groups.

In fact, the medical support available to pregnant women constitutes a complex system comprising family-based, folk remedies, and social networks, heavily constrained by their socioeconomic status. Within traditional families, folk therapies rooted in everyday experience served as the primary means of addressing health issues. The herbal knowledge of older women, postpartum dietary adjustments (such as consuming brown-sugar millet porridge and meat broth to replenish blood), and basic nursing techniques formed the initial medical safety net. The “filial care for parents-in-law” (Xiao shi jiugu 孝事舅姑) of the local gazetteers also indirectly reveals the basic daily assistance that may exist among family members. This non-professional care becomes a vital reliance when members fall ill.

Within the traditional healthcare system, access to resources exhibited distinct hierarchical characteristics. The family sphere constituted the most fundamental level of medical care, relying on experiential knowledge passed down through generations. However, this oral tradition proved highly unstable and ill-equipped to address complex illnesses. When family care proved insufficient, folk midwives (Wenpo 穩婆) became the primary point of assistance. However, their professional competence varied greatly, and unsanitary practices led to high rates of puerperal infections. Notably, the opening of coastal treaty

ports introduced new medical resources to parts of Shandong. Western-style hospitals established in port cities like Yantai and Qingdao began offering modern obstetric services to the local elite [19]. However, these resources remained highly concentrated in urban areas. The gentry class could access relatively superior medical care by hiring professional physicians and obtaining proprietary medicines. In vast rural areas and barren mountain regions, pregnant women still primarily relied on traditional midwifery practices or sought “medical treatment and exorcism” through Buddhist or Taoist rituals, which offered only spiritual solace.

Thus, the resources available to women in Shandong during the late Qing dynasty for maternal health formed a highly unequal structure: its foundation rested on fragile, fragmented family experiences and folk knowledge; the middle layer comprised intermittent, unreliable community support lacking professional expertise; while the pinnacle of professional medical care and institutional assistance remained virtually inaccessible. This severe imbalance in resource allocation meant that many preventable health risks ultimately resulted in tragedy, profoundly affecting women’s reproductive outcomes and quality of life.

Longevity and Moral Narratives: The Classification of Life Journey

Figure 1 reveals a stark social reality: the distribution of longevity among women across different social strata forms a strict gradient from high to low. While 43.2% of official wives reached the advanced age range of 70–80 years, no poor women were recorded in this bracket, exposing a vast chasm in life expectancy between social classes. Particularly startling is the early mortality rate among women aged ≤ 30 : the proportion for poor women and maidservants reaches 21.4%, far exceeding that of commoners’ women (8.7%) and officials’ wives (3.1%). This starkly reveals how women at the bottom of society endure the most severe survival pressures from the earliest stages of life. The distribution pattern for the 40–60 age bracket strongly suggests that women from the lowest strata endure excessive physical strain prematurely, compressing their life spans into relatively younger years. While the distribution of commoner and official wives in the 60–70 age range is initially similar, the gap widens dramatically thereafter. It profoundly demonstrates that due to long-term chronic physical strain and the scarcity of late-life care resources, the survival advantage of ordinary commoner women in old age pales in comparison to that of gentry women who enjoy sustained resource support. As shown in Figure 1:

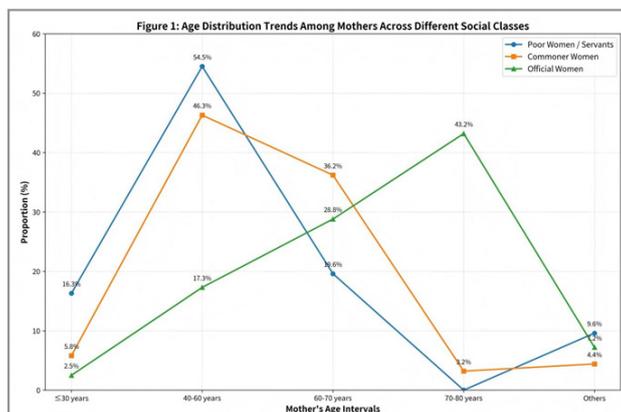


Figure 1: Age Distribution Trends Among Mothers Across Different Social Classes

Moreover, the Taiping Rebellion (1850–1864) and the Nian Rebellion (1852–1868) further exacerbated the rift caused by this stratification of the jinshu system. notes that the Qing government’s massive resource requisitioning in Shandong to suppress the rebellions intensified local tax burdens, leading to rural economic decline and widespread hardship [20]. Against this historical backdrop, the survival conditions of women at the bottom of society were particularly dire. They not only endured the direct impacts of war but also faced deteriorating healthcare conditions exacerbated by economic recession. Meanwhile, Western-style hospitals established by missionaries in Yantai 煙臺, Qingdao 青島, and other locations did provide obstetric services to Chinese pregnant women. However, research by Rogaski indicates that these resources primarily served the urban elite, having limited impact on the vast majority of rural women [21].

Compilers of local gazetteers moralized these structural disparities. Through the interpretive framework of “Heaven’s favor bestowed upon the virtuous” (Tiandao fu shan 天道福善), they attributed the longevity of privileged classes to personal virtue while blaming the early deaths of impoverished women on “exhaustion leading to illness.” This narrative strategy not only obscured the reality of unequal access to medical resources but also

naturalized and moralized health inequalities. In fact, differences in lifespan reflect disparities in access to survival resources across social strata, as well as varying capacities to cope with health risks. Women from the gentry class, who had access to better medical care and living conditions, naturally achieved better health outcomes. Conversely, women from the lower classes, subjected to the combined pressures of war, poverty, and scarce medical resources, inevitably faced more fragile life journeys.

Regional Imbalances in Medical Geography

The disparities in reproductive health among women in Shandong during the late Qing dynasty were not only reflected across social strata but also exhibited distinct spatial and geographical characteristics. Geographically, medical resources followed a pronounced “center-periphery” pattern. Political and economic hubs like Jinan Prefecture concentrated the province’s finest medical resources, with government-established medical bureaus, pharmacies, and private physicians hired by the gentry forming a relatively comprehensive healthcare network. In contrast, peripheral prefectures and counties such as Yizhou and Caozhou suffered from extreme scarcity of medical resources, forcing communities to rely on non-professional healthcare providers in the long term. As shown in Figure 2:

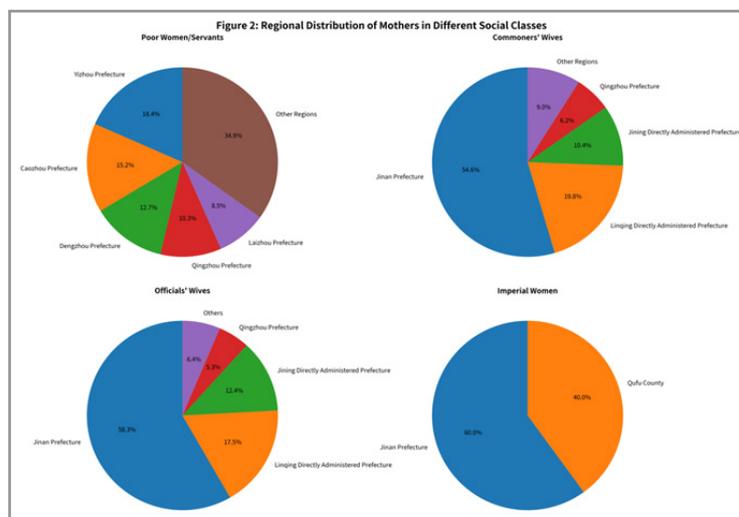


Figure 2: Regional Distribution of Mothers in Different Social Classes

Transportation conditions and geographic distance are also critical factors that constrain access to healthcare resources. Complex terrains such as mountainous and hilly regions impede the delivery of medical services, leaving pregnant women in remote villages often unable to obtain timely professional midwifery care. Conversely, towns situated at transportation hubs benefit from easier access to medical resources through their convenient transportation links. This geographic barrier-induced medical isolation exposes women in remote areas to heightened health risks during childbirth.

Notably, the spatial disparity in healthcare resources exhibits a significant correlation with the distribution of natural disasters. Ecologically fragile zones, such as flood-prone areas and mountainous regions, which are frequently subject to natural disasters, often have more vulnerable local healthcare systems. Women in these areas must not only contend with routine reproductive health risks but also endure additional health threats from disasters, creating a dual vulnerability to health risks.

The moralizing narratives of local gazetteers have long obscured this spatial inequality. Compilers deliberately transformed the regional inequity in healthcare resources into personalized moral rhetoric, such as “accumulating virtue brings blessings” or “exhaustion leads to illness,” thereby naturalizing structural inequality as individual fate. In fact, disparities in women’s health outcomes across regions profoundly reveal the spatial politics of healthcare resource allocation and class segregation. Only by piercing through this veil of moral discourse can we uncover the actual geographic power structures underlying women’s reproductive health in Shandong during the late Qing period.

Limitations

Despite its efforts to delve deeply, this study still has several limitations. Theoretically, the exploration of the complex tensions between body politics and gender theory within regional social history could be further deepened. Methodologically, while quantitative analysis reveals structural patterns, it struggles to capture the nuanced variations in individual bodily experiences fully. The most significant limitation stems from the

data itself: the compilation of the “Biographies of Women” in local gazetteers exhibits strong moral selectivity, focusing on women who “preserved their chastity” while marginalizing the health experiences of groups such as remarried women or those who bore children out of wedlock. It may introduce bias into the conclusions.

Additionally, historical analyses of disease symptoms often remain confined to the historical level, lacking specialized interpretations from pharmacology or clinical medicine. These limitations mean that the conclusions of this paper primarily reflect a health landscape constructed within specific textual frameworks. Future research integrating more private archives holds promise for more accurately reconstructing the medical scene.

Conclusion

Based on a systematic analysis of 679 female fertility records from late Qing dynasty local gazetteers of Shandong, this study reveals significant class-based disparities in reproductive patterns and health outcomes. Findings indicate that lower-class women had fewer births and lower child survival rates, while the gentry class achieved relatively stable continuity through resource advantages. Women across all strata universally faced health risks, including pregnancy and childbirth complications, inadequate postpartum care, and the physical and psychological burdens of widowhood [22, 23]. Lower-class women endured higher rates of maternal mortality due to scarce medical resources. Local gazetteers effectively obscured the structural nature of healthcare inequality through moralistic narratives. Medical case records and missionary reports reveal that childbirth practices were primarily based on empirical midwifery, lacking professional obstetric care. Regional resources and household economic status profoundly constrained maternal health. By transcending the moralistic narrative of local gazetteers, this study reconstructs the historical reality of reproductive health for women in late Qing Shandong. Future research may advance long-term investigations into China’s reproductive health history through cross-regional comparisons.

Funding

This research was supported by the Talent Recruitment Research Funding Program of Ludong University (Reference number: LDU20250018).

Acknowledgments

I want to express my most sincere thanks to the anonymous readers and editors for their insightful suggestions and corrections, which greatly contributed to the formation of this article. I also acknowledge the foundational archival work of earlier scholars on the Local Gazetteers of China. All remaining errors are my sole responsibility.

Notes on the Contributor

Weiqi Zhao is a lecturer in Chinese History at Ludong University. He specializes in the gender, social, and cultural history of China and collaborates with other scholars on sociological research. He is the author of *A Study of Princess Groups in the Wei, Jin, and Northern and Southern Dynasties*.

Conflict of Interest

The authors reported no potential conflicts of interest.

References

1. Li, Z. D. (2012). *女人的中國醫療史：漢唐之間的健康照顧與性別* [Women’s Chinese medical history: Health care and gender between the Han and Tang dynasties]. Sanmin Book Company.
2. Local Gazetteers Editorial Committee. (2008). *山東府縣誌輯（中國地方誌集成）* [Shandong prefectural and county gazetteers (Collection of Chinese local gazetteers)]. Phoenix Publishing House.
3. Skinner, G. W. (1977). *The city in late imperial China*. Stanford University Press.
4. Mann, S. (2005). *綴珍錄：十八世紀及其前後的中國婦女* [Precious records: Women in China’s long eighteenth century]. People’s Publishing House.
5. Li, Z. Q., & Guo, S. Y. (2000). *婚姻家庭與人口行為* [Marriage, family, and demographic behavior]. Peking University Press.
6. Fang, J. (2018). Female chastity records and local society in the Qing dynasty: A case study of the Jiangnan region. *Qingshi Yanjiu*, (3), 45–58.
7. Hershatter, G. (2003). *危險的愉悅：20世紀上海的娼妓問題與現代性* [Dangerous pleasures: Prostitution and modernity in twentieth-century Shanghai]. Jiangsu People’s Publishing House.
8. Guo, S. Y. (2000). *倫理與生活：清代的婚姻關係* [Ethics and life: Marriage relationships in the Qing dynasty]. The Commercial Press.
9. Furth, C. (2006). *繁盛之陰：中國醫學史中的性(960–1665)* [The flourishing yin: A medical history of sex in China (960–1665)]. Jiangsu People’s Publishing House.
10. MacGowan, D. J. (1869). The native tribes of South China. *Journal of the North China Branch of the Royal Asiatic Society*, 5(2), 1–15.
11. Milne, W. C. (1858). *Life in China*. Routledge.
12. Yi, G. Q., & Li, Z. Y. (2017). *明清十八家名醫醫案* [Medical cases of eighteen famous doctors in the Ming and Qing dynasties]. China Press of Traditional Chinese Medicine.
13. Chang, J. H. (2006). *清代的國家與社會研究* [Studies on the state and society in the Qing dynasty]. People’s Publishing House.
14. Foucault, M. (2006). *知識考古學* [The archaeology of knowledge]. Sanlian Shudian.
15. Fang, J. (2018). *清代列女書寫與地方社會：以江南地區為中心的考察* [Female chastity records and local society in the Qing dynasty: A Jiangnan-centered study]. Zhonghua Book Company.
16. Waltner, A. (1999). *煙火接續：明清的收繼與親族關係* [The continuity of smoke and fire: Adoption and kinship in the Ming and Qing dynasties]. Zhejiang People’s Publishing House.
17. Sommer, M. H. (2000). *Sex, law, and society in late imperial China*. Stanford University Press.
18. Barnes, N. (2018). *Intimate communities: Wartime healthcare and the birth of modern China, 1937–1945*. University of California Press.
19. Li, W. H. (2003). *中國近代史上的災荒與社會* [Famines and society in modern Chinese history]. China Renmin University Press.
20. Li, X. T. (2003). *清末的下層社會啟蒙運動：1901–1911* [The enlightenment movement of lower social classes in the late Qing, 1901–1911]. Hebei Education Press.

-
21. Rogaski, R. (2004). Hygienic modernity: Meanings of health and disease in treaty-port China. University of California Press.
22. Lee, J. Z., & Campbell, C. D. (1997). Fate and fortune in rural China: Social organization and population behavior in Liaoning, 1774–1873. Cambridge University Press.