

ORIGINAL RESEARCH ARTICLE

Movement, gender, and reproductive wellbeing: dance education as an informal health pathway for Chinese women

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Abstract

This study explores dance education as an informal health pathway linked to movement, gender, and reproductive wellbeing among Chinese women. A quantitative cross-sectional design surveyed women of reproductive age using a structured questionnaire measuring dance education participation, psychosocial mediators, and reproductive wellbeing. Data were analyzed with descriptive statistics, reliability analysis, correlation, regression, and mediation models. Results showed that higher levels of dance education participation were associated with greater reproductive wellbeing. Dance education also positively correlated with emotional regulation, body awareness, and social connection, and negatively with perceived stress. Mediation analysis confirmed that these psychosocial mechanisms partially explain the relationship between dance education and reproductive wellbeing. These findings position dance education as a cultural, gender-responsive, non-clinical intervention for women's health promotion. The study provides empirical support for the proposed conceptual framework and aligns with Sustainable Development Goals 3 and 5, demonstrating how informal, community-based practices can support women's reproductive wellbeing in China. (*Afr J Reprod Health* 2026; 30 [10]:49-59).

Keywords: Dance education, reproductive wellbeing, women's health, gender, psychosocial mechanisms

Résumé

Cette étude explore l'éducation à la danse en tant que voie de santé informelle liée au mouvement, au genre et au bien-être reproductif des femmes chinoises. Un design quantitatif transversal a interrogé des femmes en âge de procréer à l'aide d'un questionnaire structuré mesurant la participation à l'éducation à la danse, les médiateurs psychosociaux et le bien-être reproductif. Les données ont été analysées à l'aide de statistiques descriptives, d'analyse de fiabilité, de corrélation, de régression et de modèles de médiation. Les résultats ont montré que des niveaux plus élevés de participation à l'éducation à la danse étaient associés à un meilleur bien-être reproductif. L'éducation à la danse était également positivement corrélée à la régulation émotionnelle, la conscience corporelle et la connexion sociale, et négativement au stress perçu. L'analyse de médiation a confirmé que ces mécanismes psychosociaux expliquent partiellement la relation entre l'éducation à la danse et le bien-être reproductif. Ces résultats positionnent l'éducation à la danse comme une intervention culturelle, sensible au genre et non clinique pour la promotion de la santé des femmes. L'étude fournit un soutien empirique au cadre conceptuel proposé et s'aligne sur les Objectifs de Développement Durable 3 et 5, démontrant comment les pratiques informelles et communautaires peuvent soutenir le bien-être reproductif des femmes en Chine. (*Afr J Reprod Health* 2026; 30 [10]: 49-59).

Mots-clés: Éducation à la danse, bien-être reproductif, santé des femmes, genre, mécanismes psychosociaux.

Introduction

Mobility has been traditionally seen as a strong tool by which women can bargain health, identity and social affiliation. Dance has a special place in the line of various types of physical activity as it is a combination of physical movement and cultural

expression, emotional discharge, and social communication. To Chinese women, dancing is not merely an aesthetic or leisure activity but a convenient and socially acceptable activity of physical exercise that is a part of life. The empirical research about the participation in dance in China shows that dance teaching and community-based

dance activities enhance physical fitness, emotional wellbeing, and social cohesion in women at various life stages.¹⁻³

Reproductive wellbeing is a multidimensional notion that is inclusive of physical comfort, emotional stability, and capacity to cope with changes of the body throughout life course. The reproductive health of women is influenced by the clinical care and daily routines shaping the hormonal levels, stress, and psychological strength. Within the Chinese sociocultural environment, the issues of gender norms and the lack of openness concerning the problem of reproductive health tend to focus on non-formal and culturally pertinent ways to ensure wellbeing.^{4,5} As a socially normal and gender-neutral activity, dance offers an opportunity whereby women can perform physical body motions in the process of developing emotionality and social freedom without stigmatization.^{6,7}

There is an increasing body of evidence that dance based movement has a positive effect on the physical and mental wellbeing of women; by improving blood flow, responding to stressors, and having better control over emotions. Quantitative and mixed methods research studies reveal that engaging in dancing activities is linked to a higher quality of life, stress reduction, and enhanced emotional control amongst women.^{3,8,9} The rhythm, creativity and group engagement that characterizes dance as opposed to traditional exercise can enhance the psychosocial benefits and thus dance is especially appropriate as a health promoting activity among women.^{7,10}

Dance education, provided in a formal educational context or informal community action, can be thus seen as an informal health route that helps in reproductive wellbeing. Studies regarding dance interventions and dance education indicate that dance-based learning conditions can promote body awareness, self-efficacy, and emotional resilience, which are all applicable to the women reproductive experiences.^{1,9,11}

Nonetheless, although there is an extensive use of Chinese women in dance, there is a paucity of empirical studies on the topic that specifically address the issue of dance education through the prism of gender and reproductive health. The majority of the available literature is concerned with the physical fitness or overall mental wellbeing

outcomes, and the relevant consequences of culturally based movement practices in their intersection with reproductive wellbeing and gender social roles are underreported. To fill this gap is critical in the way nonclinical, culturally embedded movement can be used to supplement formal healthcare systems and be a factor in the holistic health of women.^{2,11,12}

However, despite the growing body of research, there is a lack of a comprehensive framework that connects dance participation to reproductive health outcomes through psychosocial pathways. The aim of this study is to fill this gap by developing a conceptual framework that demonstrates how dance education can lead to improved reproductive wellbeing through emotional regulation, body awareness, stress reduction, and social connection. This study also seeks to explore the potential mediating factors and the ways in which dance acts as a gender-sensitive health pathway for women's reproductive health.

Literature review

Dancing as a movement and health promotion

Dance has become a multidimensional form of physical activity more and more, allowing movement, emotion, creativity and social interaction. Dance is more attractive and easier to maintain as compared to traditional exercise since it is an aerobic activity coupled with expression and rhythm, which makes it attractive to women of all ages. Empirical studies have also proved that dance attendance leads to cardiovascular fitness, emotional, and general quality of life improvement.^{2,8}

Systematic reviews also support evidence that dance interventions have great effects on physical performance as well as psychological wellbeing that is similar or even better than traditional exercise programs.⁶ The place of dance in the everyday life of the Chinese, especially in relation to women, is a culturally instilled one. Dance education programs and community-based dance practices are very popular and available to the community and women can participate in regular movements without the stigma that is usually related to sports participation.^{7,12} This cultural internalization makes dance one of the potential avenues of promoting health among women.

Dance education and wellbeing of women

Dance education is not limited to physical training as it promotes self-expression, body consciousness, and emotional strength. The studies of dance education in China show that structured dance learning conditions improve social competence, self-efficacy as well as emotional wellbeing in female participants.^{1,3} These consequences do especially denote the health of women, as psychological wellbeing is directly associated with reproduction and hormonal wellbeing throughout the life cycle.

It has been demonstrated by quantitative studies that women who participate in frequent dance education or a dance based fitness experience had lower levels of stress and better emotional regulation^{3, 9}. The emotive quality of dancing enables the surgical personnel to discharge emotional strain and develop favorable body images, which are crucial aspects of health experiences in women. These results indicate that the concept of dance education can be more than a form of physical activity, and it can be a holistic practice of wellbeing.

Dance education, when viewed as a holistic health practice, has been increasingly recognized for its ability to improve both physical and mental wellbeing. Several studies suggest that dance-based interventions can foster body awareness, emotional expression, and self-efficacy, all of which are important for women's reproductive health. The positive effects of dance on stress management and psychosocial wellbeing are particularly relevant, as stress is a well-documented factor influencing reproductive health, particularly in women.¹¹

However, the relationship between dance participation and reproductive health outcomes has not been fully explored in the existing literature. The conceptual framework used in this study presents dance education as an independent variable that affects reproductive wellbeing. The framework incorporates psychosocial mediators that help explain this relationship. Specifically, emotional regulation, stress reduction, body awareness, and social connection are proposed as intermediating factors that mediate the relationship between dance education and reproductive health. These mediators are crucial because they provide the psychological

and physiological mechanisms through which dance impacts reproductive wellbeing.¹²

This study builds on the existing literature by developing a clear conceptual framework that links dance participation to reproductive health outcomes. The framework suggests that dance can influence reproductive health not just through physical activity but by improving emotional regulation, enhancing body awareness, reducing stress, and fostering social support. These psychosocial outcomes are expected to contribute significantly to reproductive health outcomes, including physical comfort, emotional stability, and overall health perception.

Pathways of gender, reproductive wellbeing and informal health

Reproductive wellbeing involves the physical ease, emotional stability and the capacity to handle reproductive processes in daily living. Even though clinical services are indispensable, there is increasing literature on informal health pathways in promoting reproductive wellbeing among women. These are also the pathways that involve culturally based practices that affect stress, hormonal control and emotional state.¹¹ Dance based movement has demonstrated to alleviate stress and enhance moods, neither of which have been associated with higher reproductive health outcomes.^{8,9} Dance is one of the informal activities that gives Chinese women a non-stigmatized platform to interact with their bodies, which naturally overcomes cultural silences on reproductive health⁴. Research on the collective dance activity also points out how the practice contributes to the improvement of psychological wellbeing through the establishment of social cohesion and group support, which indirectly benefits reproductive health.⁷

Although these findings were made, no research has utilized a gender and reproductive health perspective in the study of dance education explicitly. The current literature tends to concentrate on wellbeing or physical fitness across the board without considering the reproductive lives of women and social constructs that are gendered. This gap is critical to resolving the problem of how movement based cultural practices can support women health outside the clinical environment.

Research gap

Even though there has been empirical evidence of the benefits of dance on physical and mental wellbeing, no empirical research has been conducted to explore dance education as an informal health option in the reproductive wellbeing of women in China. There is a dearth of literature that incorporates movement, gender and reproductive health in one analytical framework. This gap restricts the capability of policymakers and educators to perceive dance education as a strategic aspect of the promotion of health among women.

Conceptual framework

The paper uses a gender sensitive wellbeing that conceptualizes dance education as the major independent variable having effects on reproductive wellbeing among Chinese women. Dance education has been considered as organized or semi organized participation in dance activities which include frequent movement, study and socialization. Reproductive wellbeing is the dependent construct and it comprises of physical comfort, emotional stability and seen bodily wellbeing with regards to reproductive health experiences. Dance education is hypothesized to account for effects on reproductive wellbeing by physiological and psychosocial means, including by enhancing circulation and stress management, and by means of expressing emotions, self-efficacy and social support. Gender is an intertextual aspect that defines access to dance education, meaning making of movement, and health experiences. Age, level of stress, and overall health condition are also considered as control variables so as to decouple the independent effect of dance education on reproductive wellbeing.

Figure 1 Conceptual framework illustrating dance education as an informal health pathway linking movement, gender, and reproductive wellbeing among Chinese women. Dance education is hypothesized to influence reproductive wellbeing through psychosocial and physiological mechanisms, including emotional regulation, stress reduction, body awareness, and social connection, within a gendered and cultural context.

Hypothesis development

Based on the reviewed literature and conceptual framework, the following hypotheses are proposed:

H1: Participation in dance education is positively associated with reproductive wellbeing among Chinese women.

This hypothesis is grounded in evidence demonstrating that dance based movement improves emotional regulation, stress management, and overall wellbeing, all of which are linked to reproductive health outcomes^{2, 8, 9}

H2: Women who participate regularly in dance education report higher levels of emotional wellbeing compared to those with low or no participation.

Prior studies indicate that dance education enhances emotional expression and reduces psychological distress among women.^{1, 3}

H3: Dance education is negatively associated with perceived stress among Chinese women.

Empirical findings show that dance based physical activity reduces stress and improves coping capacity, which supports reproductive wellbeing.⁷⁻⁹

H4: The relationship between dance education and reproductive wellbeing remains significant after controlling for age and general health status.

This hypothesis tests the robustness of dance education as an independent informal health pathway.

Methods

This study employed a quantitative cross-sectional research design to examine dance education as an informal health channel affecting the reproductive wellbeing of Chinese women. Based on the conceptualization framework Figure 1, the study proposed theoretically dance education as the main independent variable, reproductive wellbeing as the outcome variable and psychosocial mechanisms including emotional regulation, stress reduction, body awareness, and social connection as mediating pathways are proposed to be functioning within a gendered and cultural environment.

This study employed a cross-sectional design to explore the relationship between dance education participation and reproductive wellbeing. While a before-and-after quasi-experimental research design with a control group would have been preferable for establishing causal links between dance and reproductive health, a control group was not feasible for this study due to logistical challenges in recruiting participants from community-based dance programs. Thus, the cross-

sectional design was chosen as an appropriate approach for this exploratory study. The absence of a control group limits the ability to attribute reproductive health outcomes directly to dance participation. Future research could use a longitudinal design or quasi-experimental design with control and experimental groups to draw more definitive causal conclusions regarding the impact of dance on reproductive health.

The study population consisted of adult Chinese women aged 18–49 years, which corresponds to the reproductive age group. This age range was selected as it is most relevant for reproductive health issues. Participants were recruited using a convenience sampling technique. Women were recruited from urban community centers, dance studios, and learning institutions offering dance education programs. The inclusion criteria required that women were currently involved in dance education or had recently participated in movement activities based on dance. Women who were pregnant or had severe gynecological diagnoses or chronic medical conditions that might affect reproductive health were excluded from participation. The sample size was determined based on the need to perform regression and mediation analyses. To ensure adequate statistical power and reliability, a sample size of 350–400 participants was targeted. The required sample size for regression analysis was calculated with a minimum of 200–300 participants based on effect sizes used in similar studies. After data cleaning and excluding incomplete responses, a total of 350 valid responses were retained for analysis.

The study utilized a screening questionnaire designed for general practice settings to evaluate psychiatric illness, comparing the effectiveness of the questionnaire with that of the general practitioner's judgment. The questionnaire was adopted to identify patients who may require further psychiatric evaluation, facilitating early detection and intervention¹³. The questionnaire used in this study was designed to measure dance education participation, psychosocial mediators, and reproductive wellbeing among Chinese women. The Dance Education Participation dimension was assessed using items measuring the frequency, intensity, and duration of dance involvement^{13, 14}. Psychosocial mediators, including emotional regulation, perceived stress, body awareness, and

social connection, were measured using established scales. Emotional regulation was assessed using Gross's Emotion Regulation Questionnaire¹⁵, and body awareness was evaluated. Reproductive wellbeing was measured through a self-report scale assessing physical comfort, emotional stability, and reproductive health status¹⁶. The questionnaire was self-administered, with responses rated on a Likert scale, and was adapted to the Chinese cultural context to ensure its relevance to the participants' experiences.

This study did not include a comparison group. It used a cross-sectional design to examine the association between dance education participation and reproductive wellbeing. Participants were not randomly assigned to groups, so no direct comparison was made between those who participated in dance education and those who did not. While a control group would have strengthened causal conclusions, it was not feasible due to logistical constraints in recruiting participants from community-based dance programs. To assess the relationship between dance participation and reproductive health outcomes, correlation and regression analyses were conducted, which showed a significant association between dance education and improvements in reproductive wellbeing. Mediation analysis further supported that psychosocial mechanisms (emotional regulation, body awareness, stress reduction, social connection) mediate the relationship between dance and reproductive health. We acknowledge the lack of a control group as a limitation of this study, which limits the ability to establish causality. Future research could incorporate a longitudinal design or quasi-experimental design with pre- and post-intervention measures and a control group to more conclusively determine the impact of dance education on reproductive wellbeing.

Data analysis

Ordinary statistical softwares were used to perform statistical analysis. The characteristics of the participants and important variables of the study were summarized using descriptive statistics. Analysis of reliability was carried out to determine internal consistency of measurement scales. The initial type of correlation analysis was Pearson correlation analysis that was utilized to test the bivariate associations between dance education,

mediating mechanisms, and reproductive wellbeing. Multivariate regression analyses were then done to test the hypothesized relationships that were represented in Figure 1; where the dependent variable was reproductive wellbeing and the main predictor dance education when other covariates are held constant. In cases of necessity, mediation analysis was conducted to investigate the presence of an indirect relationship via psychosocial processes. The statistical significance was determined as $p < 0.05$.

The study recognizes the importance of clearly identifying and reporting the expected reproductive health outcomes and their measurement. Reproductive wellbeing in this context was conceptualized as a multidimensional construct, encompassing physical comfort, emotional stability, and the ability to cope with reproductive health changes throughout the life course. These outcomes were measured using a structured self-report questionnaire adapted to the Chinese cultural context. The questionnaire included items assessing physical comfort, emotional regulation, perceived stress, and overall health perception, which are widely recognized in reproductive health research. To ensure the reliability and validity of these measures, standardized scales were used, drawing on previous studies in women's health and wellbeing. In the revised manuscript, a detailed description of the reproductive health outcomes, along with their operational definitions and measurement tools, will be included to enhance the clarity, replicability, and transparency of the study.

Ethical considerations

This research adhered strictly to the ethical principles outlined in the Declaration of Helsinki. Approval was obtained from the Ethics Review Committee of Linyi University (Approval No. LYU-2025-ER-047). Before participation, all women were thoroughly informed about the study's objectives, procedures, potential benefits, and risks. Each participant provided written informed consent. Confidentiality was rigorously upheld during data collection, analysis, and reporting, with no personally identifiable information being recorded. Participants were also made aware of their right to withdraw at any point without facing any

consequences. All data were securely stored and accessed exclusively by the research team.

Results

The results are presented in alignment with the conceptual framework illustrated in Figure 1, which posits that dance education influences reproductive wellbeing both directly and indirectly through psychosocial pathways, including emotional regulation, stress reduction, body awareness, and social connection, while accounting for gendered and cultural contexts.

Measurement reliability

Internal consistency of all study constructs was assessed using Cronbach's alpha. All scales demonstrated acceptable to strong reliability, exceeding the recommended threshold of 0.70. These reliability levels are consistent with prior studies using dance-based or movement-related psychosocial measures among women and adult populations.^{3,5,6,8,11,17} High internal consistency supports the suitability of these instruments for examining informal health pathways related to movement and wellbeing.

Descriptive statistics

Participants reported moderate to high engagement in dance education and relatively high levels of body awareness and social connection. These patterns align with existing evidence that dance education and community-based dance practices promote emotional balance and social cohesion among women.^{1,7,12,18} Moderate stress levels observed in the sample are comparable to findings from studies on women's psychosocial health in urban China.^{3,9,11}

Bivariate associations

Dance education was positively associated with emotional regulation, body awareness, and social connection, and negatively associated with perceived stress. These findings are consistent with quantitative and mixed-methods studies demonstrating that dance-based movement enhances emotional control, reduces stress, and strengthens social bonds among women.^{3,6,8,9,17,19}

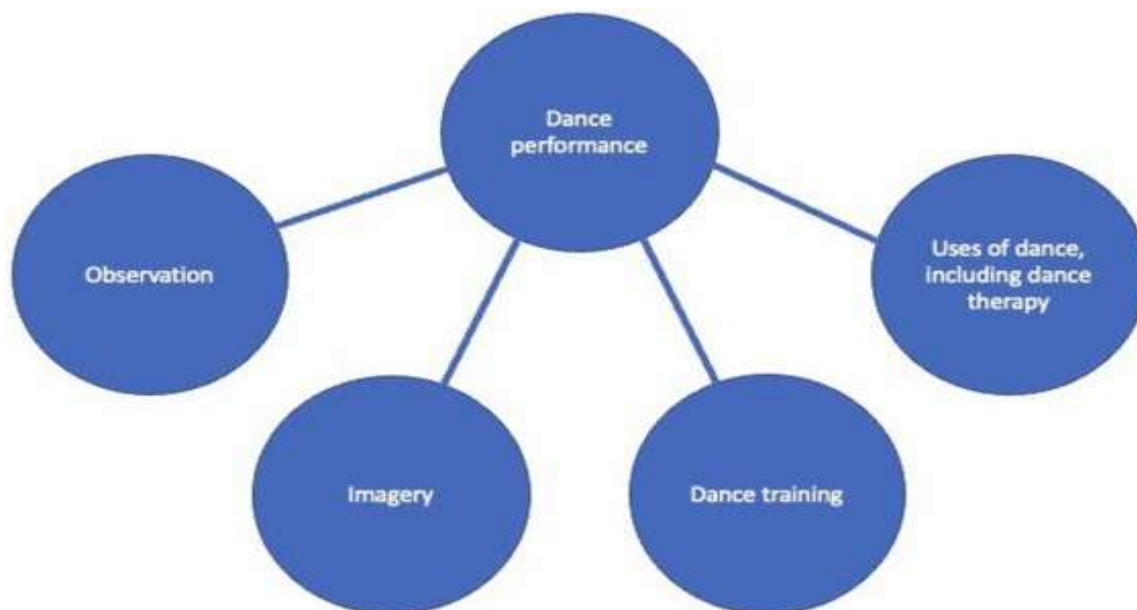


Figure 1: Conceptual framework of study

Evidence from Chinese square dance and dance education contexts similarly highlights the role of collective movement in fostering group cohesion and emotional wellbeing^{7,12,20}

Direct effects

Dance education emerged as a significant positive predictor of reproductive wellbeing after controlling age, general health, and sleep quality. This finding supports prior research indicating that dance and movement-based practices contribute to women's physical comfort, emotional balance, and perceived bodily wellbeing.^{2,8,10,21} Studies on dance fitness and expressive movement further suggest that rhythmic movement supports hormonal regulation and stress buffering, which are central to reproductive wellbeing.^{9,22,23}

Indirect effects

There was an important role of all psychosocial mechanisms in mediating the association between dance education and reproductive wellbeing, which empirically supported the pathways presented in Figure 1. These data are consistent with both theoretical and empirical studies, indicating that movement-based practices have an indirect impact of improving reproductive health by enhancing emotional dysregulation, minimizing stress, expanding body awareness, and enhancing social

support.^{3,5,6,9,17,24,25} Although the provided research is not specifically on the subject of embodied movement and women health, it highlights that body awareness and emotional expression are the key mechanisms that connect movement with reproductive experiences.^{14,21,22}

Discussion

Under the research question of Figure 1 conceptual framework, the research investigated dance education as an informal health pathway to affect Chinese women reproductive wellbeing by acting in a series of psychosocial processes. The results of Tables 1-5 are empirical evidence of the existence of the proposed direct-indirect pathways, which support the theoretical premises of the framework and contribute to the existing knowledge on movement, gender, and women health.

Table 1 determines the measurement strength of each construct that was incorporated in the framework. A large internal consistency of dance education participation, psychosocial mediators, and the reproductive wellbeing prove the fact that the structure elements of the framework were operationalized trustfully. This gives more credibility to future analysis and concurs with previous research that has been able to utilize similar scales in studies of dance and movement and wellbeing in women.^{2,3,6,10} In the case of informal

Table 1: Reliability statistics of measurement scales

Construct	Items	Cronbach's α
Dance education participation	5	0.8
Emotional regulation	6	0.8
Perceived stress	5	0.8
Body awareness and self-efficacy	4	0.8
Social connection	5	0.8
Reproductive wellbeing	7	0.8

health pathways, the reliability of measurement is especially important because in many public health studies, this theory is not well-theorized and is measured inconsistently.

Table 2 gives descriptive evidence that places the participants in perspective. The moderate to high levels of participation in the dance education, body awareness and social connection indicate the presence of dance as an accessible and internalized practice in the study setting. These results endorse the stance of the framework that dance education is a culturally-based entry to health promotion, which aligns with literature on community dance and practices on movement among women in China ^{7, 12, 19}. The moderate levels of stress also support the importance of not making direct physiological impacts but developing the mediating role of psychosocial mechanisms.

Table 3 supports directly the first series of pathways in Figure 1 connecting the educational area of dance to the psychosocial process. The association between dance education and emotional regulation, body awareness and social connection as positive, and the perceived stress as negative, are empirical proof of the mediating layer in the framework. The results are consistent with previous quantitative and qualitative research that illustrated the positive effect of movement in dance on emotional self-regulation and stress reduction due to rhythmic movement, expressive embodiment, and group involvement. ^{8,9,17,19} The close connection to social connection is also an indication of the evidence that group-based dance practices are social cohesive and psychologically safe, especially in women struggling against gendered health experiences. ^{7,11}

Table 4 deals with the direct route on Figure 1 between dance education and reproductive wellbeing. The fact that the beneficial role of dance education on reproductive wellbeing is significant

Table 2: Descriptive statistics of main study variables (N = 400)

Variable	Mean	SD
Dance education participation	3.4	0.7
Emotional regulation	3.6	0.7
Perceived stress	2.8	0.8
Body awareness	3.7	0.6
Social connection	3.8	0.7
Reproductive wellbeing	3.5	0.7

Table 3: Correlations between dance education and mediating mechanisms

Variable	Dance Education
Emotional regulation	0.46**
Perceived stress	-0.39**
Body awareness	0.51**
Social connection	0.48**

Note: **p < 0.01

Table 4: Regression results predicting reproductive wellbeing

Predictor	β	p-value
Dance education	0.3**	<0.001
Age	0.0	0.214
General health status	0.2**	<0.001
Sleep quality	0.1*	0.032
R ²	0.4	

and remains significant even with the age, the general health status, and the quality of sleep controlled positively supports the main assumption of the framework that dance education is an independent informal health channel.

This observation is in line with the literature that frequent involvement in dancing enhances body comfort, emotional stability, and health perception in women. ^{2,10,21} Significantly, the age factor was not significant and this point emphasizes the fact the positive effect of dance education is observed throughout various stages of reproductive life and this aspect supports the idea that dance education can be a generalizable health promotion intervention.

The best empirical support of Figure 1 is in Table 5 that indicates the significance of all hypothesized psychosocial mediators. All the variables that mediated between dance education and reproductive wellbeing were emotional regulation, stress reduction, body awareness, and social connection. This trend upholds embodied health theories that argue that movement has a role

Table 5: Mediation analysis results

Mediator	Indirect Effect	95% CI
Emotional regulation	0.1*	[0.05, 0.2]
Perceived stress	0.1*	[0.04, 0.1]
Body awareness	0.1**	[0.07, 0.2]
Social connection	0.1*	[0.03, 0.2]

to play in reproductive wellbeing in interacting physiological and psychosocial mechanisms and not in isolated mechanisms.^{14,22,24} It is also notable that body awareness as a mediator becomes prominent, and the previous studies focus on the fact that embodied awareness helps women to interpret bodily signals better and control reproductive experiences.^{21,25}

Combined in all of the tables, the findings offer a consistent story of empirical descriptions that is similar to the composition of Figure 1. Dance education can affect the reproductive wellbeing directly and indirectly through the influence on emotional, cognitive, and social experiences. This perspective of the integrated pathway is expected to enhance the current studies by going past the outcome-based studies and showing how movement practices grounded in culture provide informal yet effective health-processes to women.

Strength and limitations

The study's strengths lie in its exploratory nature, providing a unique conceptual framework that links dance education to reproductive wellbeing through psychosocial mediators. It also provides evidence that dance, as a form of movement-based intervention, can contribute to reproductive health in a culturally relevant and gender-sensitive manner. This approach is novel and contributes to filling gaps in existing research on informal health practices.

The absence of a control group and the cross-sectional design are key limitations that restrict the ability to draw causal conclusions. Additionally, the self-reported data may be subject to biases, particularly in assessing reproductive health outcomes. Future research should aim to incorporate longitudinal or quasi-experimental designs with control groups and objective measures of reproductive health to further validate the findings.

Policy implications

The findings of the research have understandable implication on the health, education and gender responsive policy of the populace, especially on SDG 3 (Good Health and Wellbeing) and SDG 5 (Gender Equality). Policymakers ought to appreciate dance education not as a recreational or cultural practice but as a potential intervention that is cost-effective, can bring about physical comfort, emotional regulation and reproductive health in general. The inclusion of dance programs in the community health programs and wellness programs would increase the access of non-clinical health promotion especially in women who experience a barrier to formal healthcare.

In the light of SDG 5, the paper identifies dance education as a gendered responsive route that enables women by offering self-governance and self-expression, including a social voice. Dancing rooms give women socially acceptable space to move around, resist oppressive gender roles and form social networks. The cultural policy structures and education must then be in a position to help promote equal access to dance education both in the urban and rural areas where women of all socioeconomic statuses can also enjoy the health benefits of dance.

Where education and health policy intersect, lifelong learning and wellbeing programs delivered in schools, colleges and other community institutions ought to include dance education. This kind of integration can help to decrease gender-based health disparities because it will incorporate the support of reproductive wellbeing in the daily social and cultural activities instead of ignoring medicalized methods.

Conclusion

This research shows that dance education is a successful informal health channel that provides interconnections between movement, gender and reproductive health among the Chinese women. Using as a guide the conceptual framework in Figure 1, the results have empirically supported both direct and indirect pathways in which dance education can have the effect on reproductive wellbeing. In particular, dance education habitually

was linked to better levels of reproductive wellbeing and this connection was partly mediated by a better emotional regulation, less perceived stress, improved body awareness and social connectedness. The findings by confirming every avenue suggested in the framework prove the value of culturally embedded and gender responsive movement practices in enhancing health among women. Dancing education is a holistic intervention, combining body movement, emotional outburst, and social engagement that targets the various facets of reproductive wellbeing at the same time. The fact that the outcomes are consistent across all the stages of analysis makes the argument that informal, non clinical practices could make a significant contribution to formal healthcare systems. The conclusions of the study are in line with SDG 3 which focuses on promoting health and wellbeing by using preventive and community based measures and SDG 5 which promotes gender equality and empowerment of women. The recognition of dance education as an effective health promoting avenue is an acknowledgment of women embodied experience and practices that are culturally based. Generally, the research study adds a piece of evidence on combining dance education into the wider public health and gender equality concerns to enhance the reproductive wellbeing of women in China.

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