“REPRODUCTION WITH CHINESE CHARACTERISTICS”:
A RHETORICAL-CULTURAL ANALYSIS OF
THE PRACTICE OF POSTPARTUM CONFINEMENT IN URBAN CHINA

by

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Abstract

Despite the lack of high-quality clinical studies confirming the benefits of the practice of postpartum confinement (PC), millions of Chinese women continue to practice it every year, staying indoors, consuming specialized meals, and avoiding supposedly harmful ambient elements to preserve and improve their health. PC is often justified as a historical cultural-medical tradition that can trace its roots to ancient Confucian texts. However, since China has suppressed several health practices with similar characteristics, the historical-cultural justification alone is inadequate to explain PC’s continued popularity in China. Moreover, exploring beyond the historical-cultural justification allows for a more nuanced evaluation of Chinese women’s reproductive health discourses, as well as the current Chinese political and cultural conditions that have allowed PC practice to dominate postpartum care in China.

This thesis takes up J. Blake Scott’s rhetorical-cultural approach to examine PC practices in China. To unpack the complexities of PC practice, the thesis investigates PC discourse topics that have been erased or deliberately disparaged (e.g. the option of not practicing PC during the postpartum), performs close readings of rhetorical artifacts, engages with classical Chinese rhetorical concepts, and analyzes the spatial designs of PC practice sites such as professional PC centres. The first chapter studies two power actors in PC practice: the Chinese state and the postpartum woman’s family members. The second chapter studies PC professionals: the workers of the emerging PC care-providing industry. The thesis argues that, ultimately, PC practices and its associated methods of persuasion contribute to the construction and celebration of the ideal twenty-first century urban Chinese woman: a patriotic, filial, independent, ambitious and technologically literate wife, mother and professional who conforms with cultural expectations and will work tirelessly to achieve material success and family harmony.
Lay Summary

The health practice of postpartum confinement (PC) remains highly popular among Chinese women despite the lack of clinical studies confirming its benefits. A rhetorical-cultural study of Chinese postpartum confinement allows us to obtain a more informed global picture of women’s reproductive health discourses, and also allows us to more effectively perceive the current Chinese political and cultural conditions that have allowed PC to dominate Chinese postpartum care. This thesis analyzes the motivations and roles played in PC practice by the Chinese state, the postpartum women’s family members, and Chinese PC professionals, and suggests that ultimately, PC practices contribute to the construction and celebration of the ideal twenty-first century Chinese urban woman: a patriotic, filial, independent, ambitious and technologically literate wife, mother and professional.
Preface

This thesis is original and independent work by the author, Kejia Wang. Sections of Chapter 2 of the thesis form the basis of “Bounding Postpartum Care: Reviewing the Role of the Yuesao in Urban China,” forthcoming in the Spring/Summer 2019 special issue of Present Tense. Kejia Wang is the sole author of the article.
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Introduction: The “Most Important Period of a Woman’s Life”

In late September 2014, Muyouzhi, a young Shanghainese writer, gave birth to her first child. Since her own mother was still recovering from a traffic accident and her mother-in-law had passed away, she moved in with her sister-in-law immediately following her hospital discharge. The warm and enthusiastic sister-in-law made five specialized meals for Muyouzhi every day, often using millet, hens, and pig trotters as ingredients, and Muyouzhi endeavored to finish everything despite not finding the food flavorful, convincing herself that the nutrients were beneficial for herself as well as her baby. As the month went on, Muyouzhi remained confined in her bed, sweating endlessly and suffering from soreness in her waist and joints as she observed the cool autumn days from her window, isolated from her friends. Eight days after the birth, Muyouzhi’s extended family members came to shower the new mother with gifts and attend a dinner hosted by her in-laws. During the gathering, a small discussion-turned-argument between Muyouzhi and her mother over Muyouzhi’s postpartum living arrangements eventually led to Muyouzhi returning to stay at her parents’ house, where she spent another few days indoors, living on rice congee and pork rib soup. On day thirty, Muyouzhi eagerly took a hot shower (her first after giving birth), reflected on her postpartum journey on her personal blog, and gratefully declared her postpartum period over.¹

Although many elements of Muyouzhi’s story may appear unfamiliar to a North American or European audience, many Chinese women can relate to her tale, as they still elect to “sit the yuezi” (坐月子) after giving birth. The yuezi, better known in English as postpartum confinement, or PC, comprises a loose set of cultural and health practices. These practices are

said to safeguard postpartum women’s physical and emotional well-being in the month immediately following childbirth and, for the first postpartum of a woman, serve as a rite of passage for her integration into her enlarged and transformed family. The first logogram of the term *yuezi*, *yue* (月), refers to the moon, and over time acquired the meanings of “month” and “the female menses,” in addition to becoming associated with the primal concepts of *yin* and the feminine. The second character, *zi* (子), carries the literal meaning of “offspring,” while also serving as a noun suffix, granting *yuezi* the constructed meaning of “time/entity of the month” and vaulting the postpartum month to a particularly privileged position in the Chinese public consciousness. Supporters of postpartum confinement claim the practice was first discussed in the Han Dynasty Confucian canon text *Book of Rites* (礼记), and derives its medical legitimacy from generations of continued practice as well as the principles of traditional Chinese world philosophy, herbology, and medicine.

As observed by Holroyd et al. in their ethnographic study of Chinese postnatal practices, PC among middle- and upper-class Chinese women living in the new millennium involves consuming highly specialized restorative diets, adopting a sedentary lifestyle, and surrendering the custody of both the infant and the self to senior female family members or postpartum professionals. Slightly more marginal practices, still falling under the PC umbrella and occasionally cited by rural practitioners or DIY PC practice websites, also encourage postpartum women to, among other practices, refrain from washing their bodies or hair, only hold or feed their infants while lying in bed, and avoid sources of radiation such as laptops, microwaves,

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iPads, and mobile phones.4 PC practices, with their holistic goals and lack of set definitions, are diverse across geographic regions and individual families, and most women follow the practices once followed by their mothers or mothers-in-law, while consulting female friends and experts for additional advice. As noted in various online discussion forums and articles, a woman’s exact PC regimen is determined by the circumstances and expectations of not only herself, but also those in her intimate circle, and while one woman’s PC may involve only two practices, another’s may involve ten.5 PC is currently recognized neither by official Chinese medical authorities nor Chinese civil and medical laws,6 although both have refrained from labeling PC as “unscientific” or regulating its practice.

No conclusive clinical study based on Western biomedical principles,7 in China or abroad, has thus far proven PC’s postpartum benefits as a conceptual framework or as a series of individual practices. Nevertheless, PC has remained exceedingly popular, with advertisements for PC centres8 and PC meal-providing services occupying entire pages of newspapers and adorning the halls of shopping malls and public transport stations. Celebrities, such as Li Sheng of TV series New My Fair Princess and Sun Honglei of Lurk periodically boast of their PC experiences (or those of their wives) on social media,9 and hosts on CCTV, China’s state television broadcaster, often speak about PC practices in order to appeal to female audiences.10

7 Although the term “Western” is vague, it is used throughout this thesis to describe the current dominant paradigm in Europe and North America regarding scientific knowledge production. It should be noted as well that China routinely refers to, and has a tradition of comparing, “Western medicine” (西医) and “Chinese medicine” (中医).
8 PC centres are professional commercial institutions established to aid postpartum women practice PC.
9 Sun Honglei. “It’s not easy to sit the yuezi… eat to full and keep sitting Model yuezi Lei 😍” 20 January 2018, 8:07 PM. Sina Weibo Tweet.
10 “The can and can’t of Yuezi.” CCTV videos, 14 December 2011,
In China, PC is not simply viewed as a wellness practice that can help postpartum women improve their health. Chinese media stress that women who neglect to practice PC or are perceived as having failed to practice adequately for their needs (a frail woman only refraining from showering but not eating a vitality-restoring diet, for example) are putting themselves at risk for chronic debilitating conditions called yuezi diseases (月子病). Once afflicted with yuezi diseases, women are said to suffer from chronic pain, fatigue, soreness, depression, and increased sensitivity to the cold, and yuezi diseases are considered extremely difficult, if not impossible, to treat. Moreover, the postpartum is often framed by media experts as either the only or one of three “adjustment periods” (the other two being menarche and menopause) during which a woman can permanently alter her body type or metabolism, presumably to achieve a slimmer figure, fairer complexion and higher metabolic rate, all highly valued physical characteristics for Chinese women. Due to PC’s ability to interfere with and potentially transform a woman’s body, the postpartum period is often described as “the most important period of a woman’s life”; according to a Guangzhou-based social media influencer with over 150 postpartum and childrearing articles, PC has earned the corresponding status of “the most important process of a woman’s life.”

http://tv.cntv.cn/video/C10606/13252965c5ce4fd7980380f97aae6b4b.

It is ambiguous whether 月子病 is singular or plural, or whether it even can be considered a “disease” in the Western biomedical sense. Some articles (Qiaomas, Luoshali) speak of 月子病 as an umbrella term for all postpartum complications, while others (Tian Wenping’s Good Parents Parenting Tips, Jinlingweiye) would consider joint problems and dizziness to be two separate kinds of 月子病. “Disease” was chosen for the character 病 as the terms “syndrome” and “disorder” are usually rendered as 症, and a scientific study from China (Bao et al.) on the postpartum had translated 月子病 as “postpartum diseases.”


While many PC influencers are affiliated with professional institutions such as PC centres and established hospitals, others (such as this one) are unaffiliated and aggregate/repost posts and narratives from local sources such as
Understanding the prominence of PC in the reproductive experiences of Chinese women, I set out to study PC with the hope that the study would contribute to an understanding of the rhetorical and material mechanisms behind PC’s popularity. To unpack PC’s complexities, I take up what J. Blake Scott calls a rhetorical-cultural approach.\textsuperscript{14} According to Scott, such an approach would reopen the black box of science, treating it as a messy and dynamic enterprise and studying it in action. The approach would map the connections and power relations among science’s heterogeneous actors; it does not only explain scientific practices, but also evaluates and critiques them.\textsuperscript{15} I use the rhetorical-cultural approach to examine PC practices, evaluating relevant scholarship and reports in history, sociology, political science and interior design to gain a broader understanding of the current role of PC practice in Chinese society and especially the postpartum experiences of Chinese women. I critically examine the methods of persuasion that several key PC actors – the Chinese state/government, the family members of postpartum Chinese women, and PC professionals – utilize to construct and maintain PC’s ideology, theoretical framework and existing infrastructure. I suggest that, ultimately, PC practices and their associated methods of persuasion contribute to the construction and celebration of the ideal twenty-first century Chinese urban woman: a patriotic, filial, independent, ambitious, and technologically literate wife, mother and professional who conforms with cultural expectations and will work tirelessly to achieve material success and family harmony.

Although this thesis is grounded first and foremost in Scott’s rhetorical-cultural approach, the methodologies it employs to study PC are numerous and diverse. The first chapter utilizes a

\textsuperscript{14} Though PC would not be considered a “scientific” or “medical” practice in the West, many of its practices and professionals are linked to respected Chinese political and scientific institutions, and PC discourse heavily borrows from scientific and medical discourse.

historical approach to trace the profession of fuke from the imperial era to the present as well as
detail the construction of the ideal Chinese female citizen after the fall of the Qing Dynasty. As
noted by Wells and Stormer,\textsuperscript{16} historical approaches are vital for framing topics with historical
continuity, and the chapter shows that current PC practices are an extension of historical Chinese
reproductive policies. The first chapter also considers the availability and accessibility of online
rhetorical texts, images, and practices about PC, and investigates erased or deliberately
disparaged PC discourse topics (such as the option to not practice PC during the postpartum) to
discuss the legitimization process of preferred PC practices and ideologies as well as the
significance of the practices that have been legitimized. The second chapter consists of close
readings of the rhetorical texts, images, and practices assembled by PC professionals to appeal to
their customers, examining PC professionals’ idea of health and wellness during the postpartum
period, the boundaries of the services they provide, and the persuasive strategies they employ.
Responding to Jennifer Edwell’s call to study emplaced rhetoric, the second chapter also
reconstructs the site designs of PC centres to analyze PC centres’ understanding of their clients’
priorities, as well as the relationship between postpartum women and their infants. When
relevant, I will also consider the influence of classical (Confucian, Daoist, Legalist etc. as
described by Lu\textsuperscript{17}) and twentieth century Chinese rhetorical concepts and strategies on twenty-
first century PC discussions.

My primary archive is the store of Chinese articles and Weibo tweets from the websites
Sina, Sohu, Zhihu, and QQ as well as PC professionals’ web pages. I have chosen to study online
media sources due to their superior accessibility outside of China, high popularity and reach in

\textsuperscript{16} Wells, Susan, and Nathan Stormer. "Historical Work in the Discourses of Health and Medicine." Methodologies
\textsuperscript{17} Lu, Xing. "The Influence of Classical Chinese Rhetoric on Contemporary Chinese Political Communication and
urban areas, and increasing importance in PC discourse. Alexa China, a site that ranks internet traffic using metrics such as percentage of traffic from searches and total sites linking in, ranks both Sina and QQ among the top 10 most visited sites in China. QQ, Sohu, and Sina all host infant and postpartum care forums with “expert”-written articles advising women how to achieve the most satisfactory postpartum, with the experts either being verified (according to the hosting site) postpartum professionals (regional hospital, clinic, and PC centre accounts) or hailing from other popular postpartum media outlets (blogs, talk shows, newspapers.) Zhihu, China’s version of Quora, is a question-and-answer site that reached 250 million monthly page views in May 2015. Weibo, often described as “Chinese Twitter,” has become China’s premier social media site with 361 million monthly active users, but yet remains heavily monitored and censored by the Chinese government. Since most internet users will only read through the top (website algorithm-sorted or community-upvoted) results from a search, only the most popular Zhihu question/answer sets and Weibo tweets have been included for analysis. Information on PC professionals is drawn from 58.com, one of China’s most popular crowd-sourced review sites for PC professionals, as well as PC centres’ online homepages.

At a time when Western interest in PC and Chinese postpartum practices has been rising in conjunction with interest in other health practices of Eastern origins, a rhetorical-cultural study of PC will inform Western audiences of PC’s current practice, perception, and influence in China. In Bounding Biomedicine, Colleen Derkatch discusses the rise in the West of Complementary and Alternative Medicine (CAM) practices that, like PC, involve active

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18 More than two thirds of print media in China are now facing permanent shutdowns, temporary suspensions of publication, mergers, or content overhauls as readers transition to online news and media apps. With the increasing prominence of Wechat (China’s “super app” which has broad connections with the Chinese government) in Chinese daily life, the market share of mobile-based media is predicted to continue rising.


20 The native sorting algorithms of the website platforms will be used; only Weibo tweets from verified accounts (media outlets, top celebrities as well as academic and social institutions) will be included.
interaction between practitioners and patients. She points out that in recent years, Western nations such as Canada have recognized that advances in biomedicine are a key factor, but not the only factor, in improving the overall health of their citizens, and Western health experts are increasingly seeking to evaluate the validity and efficacy of CAM practices.\textsuperscript{21} Gundrun Kotte, a German lecturer in obstetrics and Chinese medicine, has argued that many Western-trained midwives and doulas are now looking to “receive practical help from Chinese medicine” and that “Chinese medical practices stand for ‘non-invasive’ medicine.”\textsuperscript{22} Western health writers and social media influencers are also becoming interested in Chinese practices, hoping that a knowledge of Chinese postpartum practices would make them more appealing to both Western and immigrant/diasporic Chinese women.\textsuperscript{23} In large metropolises with diverse populations and sizable ethnic Chinese communities such as Vancouver, New York City and San Francisco, PC practice has flourished, with PC in China and abroad being reported enthusiastically by outlets such as \textit{National Post} and \textit{The New York Times}.\textsuperscript{24} As cultural exchange between China and the West continues, with young Chinese couples continuing to immigrate to the West at high rates\textsuperscript{25} and as more Chinese PC discourse is translated into English, we can anticipate that PC will become more prominent in English-language conversations about childbirth and the postpartum

\begin{flushleft}
\textsuperscript{23} Gelger, Marisa, Amely Greeven, and Heng Ou. \textit{The First Forty Days: The Essential Art of Nourishing the New Mother}. Harry N. Abrams, 2016.
\end{flushleft}
in the years to come. I hope this thesis will contribute to a more informed global picture of women’s reproductive health discourses and allow scholars to more effectively perceive the current Chinese political and cultural conditions/zeitgeist that have allowed PC to dominate Chinese postpartum care. Moreover, a comparative study of the yuesaos’ framework and practice in China as well as Western biomedical practitioners’ framework and practice in Europe and North America may provide additional insight into improving postpartum women’s health outcomes, willingness to seek care, and preferred communication models.

Despite PC’s importance for women of Chinese descent and ample multi-faceted rhetorical research on the female reproductive topics of pregnancy (Seigel), childbirth (Spoel) and breastfeeding (Koerber), PC practices have largely been overlooked in English-language rhetorical research.26 Many critical ideas raised by scholars about the conceptualization of the female body at particularly vulnerable times (e.g. Seigel’s concepts of pregnant “risky bodies” and pregnant/postpartum women’s need for “critical access”) can easily be transposed onto the Chinese PC rhetorical environment, but have thus far eluded scholarly examination. Most PC scholarship remains either scientific and evidence-based in nature, published by nurses, midwives and obstetricians attempting to establish causal relationships between certain postpartum practices and favorable medical outcomes,27 or takes the form of broad surveys, recording the variety of regional PC practices and perceived maternal support28 without consideration for why the practices have been adopted and maintained in the first place. Scholars writing about the one-child policy and China’s gender politics have so far only mentioned PC in

26 Chinese language PC research mostly focuses on possible economic and public health/hygiene regulations for rising PC centres. Considering the claim this thesis makes about the Chinese state’s role in shaping PC discourse, it is not a surprise that the rhetoric of Chinese PC has largely also not been studied by Chinese language scholars.
passing, if at all, likely due to PC’s inherent epistemological complexity and its associations with Chinese philosophy, culture, and traditional medicine. PC has been discussed by several scholars of East Asian languages and cultures in the context of traditional Chinese medicine and with other historical women’s traditions such as foot binding, yet a void exists in current literature on Chinese attitudes towards PC today.

In this thesis, I evaluate the Chinese construction of a postpartum framework and experience that has become what I will call “reproduction with Chinese characteristics” (RWCC). RWCC is a model that combines Chinese state interests, cultural values, and Chinese women’s unique needs with the dominant biomedical paradigm practiced in the West, which as analyzed by Cheng, Fowles, and Walker, emphasizes clinical, procedural, and evidence-driven prevention and treatment of postpartum complications and systematic, instead of individualized, support for postpartum women. I engage with existing scholarly research on several historically gendered Chinese traditions and narratives (foot binding, emergence-metamorphosis narratives) and shed light on China’s evolving rhetoric on gender roles, family dynamics, and power. In addition, I contribute new knowledge to the rhetoric of health and medicine through exploring health behavior patterns in the internet age, the rhetoric of health and holistic well-being for women, and the persuasive methods health workers and authorities employ to reinforce existing healthcare infrastructure and paradigms. I owe inspiration to Ding and Zhang’s work on online public interpretation of HIV/AIDS, one of the first scholarly works on the online rhetoric of health and medicine in China, as well as Keränen and Scott’s concept of a public rhetoric of science that examines public engagement and user involvement in biomedical and health

processes. I engage with the works of Seigel and Koerber to contrast rhetorical situations and arguments arising during the postpartum period with those arising during temporally adjacent or overlapping periods for postpartum women (pregnancy for Seigel and breastfeeding for Koerber). A discussion of PC as a possible Chinese wellness practice segregated from the biomedical expertise of Chinese obstetricians serves as a cross-cultural point of contrast to existing work by Derkatch on Western conceptualizations of wellness and health. Finally, a discussion of the factors behind a woman’s increased persuasiveness regarding her medical complaints during her PC practice utilizes and enriches Segal’s rhetorical study of contestable complaints.

The thesis examines PC in two chapters, one focusing on traditional supporters of PC practice and the other focusing on a new PC industry. The first chapter discusses two PC power actors, the Chinese state and the PC-practicing woman’s family members. While the Chinese state controls and influences the woman’s body and actions in the public sphere, the woman’s family members control and influence her PC practice in the privacy of her home. The chapter traces successive Chinese governments’ views of China’s childbearing women and argues that the Chinese state has long viewed women’s reproductive activity as an important resource to control for its sustained legitimacy and prosperity. Although PC had already been practiced for centuries before Chinese communists’ rise to power, PC is being promoted by the Communist Party as a beneficial, natural, and uniquely Chinese practice during the Information Era. Through the construction and maintenance of a particular PC ideology and a PC discourse friendly to that ideology, the Chinese state advances its rhetoric of gender equality and familial harmony while creating a collective reproductive identity for Chinese women. Beyond state interests, PC impinges on family traditions. Through assisting the woman during PC practice, family members
reinforce PC through passing its significance and knowledge down through the generations. For these family members, the exact composition and execution of a woman’s PC practices is political, as many family members continue to advocate blood lineage, and the final, negotiated PC experience often reflects the the power hierarchy and reproductive politics of the family.

The second chapter focuses on Chinese PC professionals, paying close attention to their status as the ultimate authorities on PC knowledge, care, and practices; the tactics they employ to persuade their customers of the benefits they could bring to the customers’ practices; and the entanglement of their practices and discourses with established practices and discourses in fields such as hospitality and wellness. This chapter also examines enthusiastic Chinese media stories about “perfect postpartum experiences,” such as accounts of several female celebrities’ luxurious and positively transformative postpartum months, which highlight the seductiveness of Chinese emergence-metamorphosis narratives, especially the pressure and temptation for Chinese women to transcend their isolated and occasionally traumatic postpartum experiences. The chapter analyzes online evaluations, opinion pieces, and advertisements regarding PC professionals in order to examine PC professionals’ justifications for their services, especially how these services are perceived as different from the services offered – and often performed – by family members, biomedical professionals, or individual PC practitioners. The chapter concludes by unpacking the subtleties of the spatial layouts, aesthetics, narratives, and services of PC centres, showing how PC centres have appropriated the vocabulary, visual elements, and cultural appeal of other discourses to package themselves as an elite and uniquely Chinese experience.

Chapter 1: Postpartum Confinement Power Actors and the Struggle for Control

Among many other scholars and critics writing on Chinese society and culture, Kolstad and Gjesvik have noted that the Chinese individual is rarely separate or isolated. To achieve harmony for themselves as well as their communities, Chinese individuals are encouraged to perceive their societal positions in a stratified hierarchy and perform the various duties expected for these positions, while Chinese society maintains the structure and stability of the hierarchy. PC-practicing Chinese women have designated roles both in Chinese society and within their own families, and the PC practices available to and practiced by the women reflect their status in Chinese society as well as the pressures they face to fulfill their designated roles. To the Chinese state, postpartum Chinese women are valuable labour and reproductive resources as well as patriotic, loyal, and dutiful citizens. To their families, the postpartum women are filial daughters and daughters-in-law, responsible mothers, and diligent wives.

This chapter contends that, through normalizing PC as a health practice, constructing and maintaining societal expectations, as well as a common Chinese experience for postpartum women to conform to and identity with, both the Chinese government and family members function to exert control over the bodies and behavior of PC practitioners. Tracing state reproductive policies and family member involvement in childbirth and the postpartum from the fourth century BC to the present, this chapter examines current realities, and will also consider

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33 China is currently a one-party state with the Chinese Communist Party in firm control of all branches of government, and the Chinese Communist Party has widely employed the rhetoric of state and party equivalence in its propaganda since coming to power. With these facts in mind, the terms “(Chinese) Communist Party,” “Chinese state” and “Chinese government” often refer to the same institution in this thesis.

34 PC practitioners here refers to the PC-practicing postpartum women. The thesis will refer to the personnel employed to aid the postpartum women as PC professionals.
how the views and actions of the state and family members have gradually evolved to their present form due to pragmatic needs and prevailing cultural values.

To understand the role of postpartum women in Chinese society, we must first turn towards the Chinese past. Chinese governments have long attached importance to women’s ability to procreate. As recorded in Yue Yu, the history of the ancient Chinese state of Yue (active around fourth century BC), governors used to send officials to guard delivering women and reward new mothers with wine and animals. Writing on childbirth in late imperial China, Yi-Li Wu remarked that “The relationship between parent and child was the foundation for human society… [C]hildbearing was the warp on which the fabric of society was woven.” Adopting the Confucian values of filial piety and harmony within the family, successive imperial dynasties encouraged the publication and dissemination of postpartum texts such as the 1728 Childbirth Treasury (Chanbao) as well as the specialization of physicians in women’s medicine, otherwise known as the specialty of fuke. As Wu and Johnson describe in their works on fuke and jieshengpo (local traditional midwives) respectively, although women had extremely limited rights during the imperial period, imperial governments refrained from explicitly regulating childbirth and the postpartum. Usually, the governments left jieshengpo, male fuke physicians, and the women’s family members to exercise their own judgments in attending to her labour, protecting her from “childbirth winds,” and prescribing concoctions to aid in her postpartum recovery. While PC was well regarded and widely practiced, its characteristics varied from

region to region, remained within the sphere of female local community knowledge, and were typically passed down orally through the generations by family members and jieshengpo.³⁸

As the twentieth century dawned and the last imperial dynasty was overthrown, the Chinese government’s attitude towards women and their postpartum began to shift in a more authoritarian direction. Joan Judge notes that late Qing Dynasty reformists, by attempting to find a middle ground between the conservatives, who did not want women to participate in politics, and the radicals, who demanded full and equal rights for female citizens, defined the relationship between women and the nation in terms of motherhood and politicized her maternal role. Rockefeller-funded Republican era (1920s and 1930s) campaigns to license zhuchanshi, modern midwives trained in the Western tradition, aimed to “remove birth from the traditional community and [let it become] part of the state-supported medical process.”³⁹ The uniformly trained zhuchanshi were also expected to teach the proper feeding and diet of the mother and infant, which often left them at odds with PC-practicing women.

Although the Communists are recorded as first decrying the Republican Western-influenced approaches to childbirth and the postpartum as “imperialist” and promising to uphold gender equality while restoring reproductive autonomy to women,⁴⁰ the Communists eventually inherited the Republicans’ view of women as valuable resources that must be regulated and controlled to strengthen the state. For the first two decades after the establishment of the People’s Republic of China in 1949, Mao emphasized the potential of labour power and encouraged women to have more children. Penny Kane records Mao’s assertion that “of all things in the

³⁸ As noted by Wu (p. 19), most jieshengpo were illiterate and even educated upper class women were not encouraged to formally study medicine. Male physicians’ concoctions strove to treat medical conditions that had already arisen, and knowledge regarding the illness-preventing and strength-restoring PC remained with women.
⁴⁰ Ibid., p. 169.
world, people are the most precious… Under the leadership of the Party, as long as we have people, we can construct any miracle on Earth.” The Communist Party, under Mao’s leadership, likewise popularized the strategy and mythos of the “human wave attack” (人海战术) during the Korean and Sino-Vietnam wars, suggesting that sheer human numbers can compensate for inferior military technology, catapulting the need for a sustained high fertility rate to the forefront of national security concerns. The leaders of the isolated state, wary of the might of both the West and the USSR, framed a sustained high fertility rate as a nation-building exercise, with young women at the front line of the struggle for China’s future.

The pro-reproduction policy eventually fell out of favor as China’s total population surpassed one billion after 1980 and more sophisticated military defense systems were developed, rendering a high sustained birth rate unnecessary and even deleterious due to the immense strain it placed on the state’s limited resources. However, the Chinese Communist Party continued to regard its control over its female citizens as crucial to the sustainable development of the state, shifting its position on the reproductive policy spectrum decisively by introducing a new “basic state policy” (基本国策), the one-child policy, in 1979. (The Party has once again shifted its position by replacing the one-child policy with the two-child policy in 2016, although it is now advocating for the two-child policy through new means – many of which continue to interfere with women’s reproductive privacy and autonomy – such as giving cash rewards to two-child families and encouraging younger women to remove their previously implanted IUDs.) The Party has become known to Western academia for employing violent

42 While often translated as “basic,” “基本” also carries the meaning of “fundamental.”
tactics such as forced sterilizations and mass IUD implantations\textsuperscript{43} to regulate female bodies. During the one-child policy era, state officials often spoke to women about their reproductive decisions both in and out of the workplace, recruiting family members, coworkers, and employers to coerce women into complying with the party line. Poston’s study of patterns of contraceptive use in China showed that women by official state and local policies were widely targeted at much higher rates than men, with most provinces boasting 40%+ IUD implantation and 10%+ female sterilization rates to <2% male sterilization and condom use rates.\textsuperscript{44}

With the Chinese government’s explicitly-defined vision and execution of female reproductive control in mind, not to mention what has been termed a borderline “eugenic” obsession with producing the best children it could from its women,\textsuperscript{45} it is puzzling why Chinese state officials have, for the most part, declined to regulate PC practices. Outside of the postpartum, the Chinese government maintains control and influence over nearly every step of the reproductive process, endorsing a specific time window for reproduction and strongly encouraging (and, before 2003, mandating by law) reproductive health checks for couples before marriage.\textsuperscript{46} To this day, however, no official guidelines exist for practicing PC. One may speculate that PC only affects female bodies after they have fulfilled their reproductive duty and are thus irrelevant to Chinese reproductive policy. Alternatively, PC practices may be considered


\textsuperscript{44} Poston, Dudley L. "Patterns of contraceptive use in China." \textit{Studies in Family Planning} 17.5 (1986), p. 222. IUDs were favored by the Chinese government due to their great efficacy and compliance rates.

\textsuperscript{45} Mao, Xin. "Chinese geneticists' views of ethical issues in genetic testing and screening: evidence for eugenics in China." \textit{The American Journal of Human Genetics} 63, no. 3 (1998): 688-695. Mao showed in his study that most Chinese geneticists agreed that the goal of human genetics was “improvement of the population quality, decrease of the population quantity, and furtherance of eugenic principles,” and that “an important goal of genetic counseling is to reduce the number of deleterious genes in the population.” Mao suggests that the Chinese Maternal and Infant Health Care Law also endorses this view.

too difficult for central government agencies to regulate due to their diverse nature. However, health practice diversity has seldom been a problem for Chinese authorities to regulate and control. Chinese state media organs routinely promote scientific health practices to combat what they describe as “dangerous superstitions,” and are fond of demonstrating singular, state-endorsed ways to approach health problems.\(^{47}\) Moreover, Chinese crackdowns on several other health and self-improvement-oriented movements and ideas, such as qigong, Falun Gong, and yangsheng schools of thought and practice, have been swift and effective. Many charismatic leaders and social media influencers of such movements have been exiled or silenced; David Ownby, writing on Falun Gong, has noticed that the movement’s disseminated information has been purged from both printed and online archives.\(^{48}\) While commanding one of the the largest and most sophisticated civilian surveillance mechanisms on the planet, the Chinese Communist Party has seemingly allowed PC discourse to freely proliferate, and the topic has even been discussed on state broadcasts and official social media accounts.

I suggest\(^{49}\) that the Chinese Communist Party’s seemingly laissez-faire attitude towards PC practices is a carefully orchestrated and shaped mediation among its perceived population control needs, favoured cultural values, and rhetorical performance as a key supporter for Chinese women’s socioeconomic advancement. On one hand, subtle filtering and ranking practices sanitize online PC discourse, persuading women of the virtues and benefits of the idealized status quo while downplaying its dangers and miseries.\(^{50}\) On the other, the postpartum

\(^{47}\) See Sina Weibo tweets from official, verified CCTV Weibo accounts. In China, the term “scientific” can be used to describe both Western evidence-based science and Chinese state-certified traditional Chinese medicine (TCM as practiced by approved institutions and practitioners), since TCM paradigms are viewed as scientific in nature.


\(^{49}\) As Chinese state directives and operations are often deliberately vague, executed in top-down fashion, and lacking in transparency or public accountability, it is impossible to fully confirm the truth of these ideas.

\(^{50}\) See also: discussions of the rise of the online pop culture term and life philosophy “positive energy” in Chinese media, literature and politics (Du 2014, Bandurski 2015). First going viral in 2012, it has since been touted by one-time top internet censor Lu Wei and President Xi Jinping.
period serves as a state-sanctioned rhetorical moment for PC practitioners to advocate for themselves so long as they do not challenge the Party’s interests and authority.\textsuperscript{51} Although the Party itself does not speak, it controls PC discourse from a space invisible to the greater public, and seeks to persuade postpartum women of the Party’s values through group identification and reward (for those who agree with the Party’s PC vision) or isolation (for those who do not).

To understand the Communist Party’s motivations for its actions and the exact details of its actions – it yields enough power to suppress nearly every kind of discourse, after all, and has historically been known to be unafraid of promoting controversial policies in public – one must again backtrack a few decades to examine the Party’s ideological history and China’s treatment of its female citizens. Since the establishment of the People’s Republic of China, the Communist Party has claimed to be a committed ally for women’s liberation. Chinese Feminist scholar Zhang Jiaran notes that, following Mao’s famous quotation, “women hold up half the sky,” millions of Chinese women learned to read and write, worked in “men’s jobs,” and ran for public office.\textsuperscript{52} By the 1990s, women made up 44\% of the total Chinese work force, but at least one well-publicized study shows that a significant gender pay gap persisted through – and expanded during – the economic reforms that saw the emergence of China as a significant world power and, coincidentally, the dawning of the information age.\textsuperscript{53} China’s first generation of daughters of the one-child policy came into their own at the same time as internet giants such as Tencent and Sohu, and educated middle-class women now form a significant part of the user base of these websites, often holding a strong majority on lifestyle and family-oriented forums. Having

\textsuperscript{51} See also: discussions of China’s “strategic censorship” that allows limited criticism and advocacy online to help the centralized government bureaucracy discipline its lower ranks and quell popular discontent without risking coordinated uprisings (King, Pan and Roberts 2013, Lorentzen 2014).


had more exposure to Western ideas and lifestyles, these women recognize the tension between the reality of their lives in information-age China and the Communist Party’s official interpretation of gender equality and women’s liberation. The struggle of women, these women argue, did not end with the establishment of the Communist state and the inclusion of women in productive labour. Increasingly, both on online platforms and in their homes, Chinese women are rebelling against patriarchal elements in Confucian models of gender roles and the family, and within marriage, seeking increased male sharing in – and recognition of – the labour of the domestic sphere. Chinese scholar Zhao Rui believes that when it comes to reproduction, Chinese women now refuse to act as “bloodline machines,” instead believing that their bodies should be vehicles for their own self-worth and determination.

To conform with its established ideology of gender equality and to create a practice and discourse that women would be more likely to conform to, the Communist Party established a PC discourse that addressed many, if not all, of the women’s concerns. The Party has numerous tools at its disposal to influence discourse: as Shambaugh has shown in a study of the Chinese censorship machine, the Party can utilize its highly sophisticated Propaganda Department to directly regulate the content of published online information, or reach agreements with domestic service providers such as Baidu and Tencent to influence those corporations’ practices. In the case of PC, most of the state’s involvement occurs through the technology corporations. The state can influence search results on Baidu, the dominant public search engine, as well as Sohu, Sina, and Tencent, highly popular domain websites that command large streams of traffic.

The ranking algorithms of Q&A websites such as Zhihu are also affected, causing the average web user to access only a highly filtered subset of information on any given topic.

The most overt sign of the state’s shaping of PC discourse is how this discourse has been presented as a beneficial health norm: all mentions of PC on domain websites concern how PC should be practiced rather than whether it should be practiced, and when search inquiries are deliberately made regarding “not sitting the month,” the only results describe the incredulity of article writers at such a suggestion. Explicit and exaggerated fear appeals regarding PC are commonplace, and both the experiences and beliefs of non-practitioners are erased: a 2016 Sohu article that has been read over 11 million times is bluntly titled “What will happen if [someone] does not practice PC? [They] will die, do you believe it?” and opens with an anecdote about a stubborn young woman who, ostensibly due to not practicing PC, perished after suffering a subarachnoid hemorrhage.\(^57\) Thousands of articles advise women on restoring their vitality and avoiding yuezi diseases among other benefits of PC such as returning to work sooner or recovering from the stress and potential trauma of childbirth. The postpartum body, the Chinese internet argues, is a “risky” body, but one that the PC practitioner can easily protect and control. The traditional Chinese medicine concept of “治未病,” “treating the disease that has yet to manifest,” is often brought up in PC discussions; it shares several ominous similarities with Armstrong’s “semi-pathological pre-illness at-risk state,”\(^58\) and like Armstrong’s state, demands the body owner’s intervention before it would transform into something more sinister. A Chinese postpartum woman is prompted to practice PC to prove that she is a functional member of society engaging in self-care and respect; regardless of how many and which exact PC practices

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she ends up adopting, the very act of practicing PC will save her from the moral crucifixion of the media and those around her.

On the other hand, as potential challenges to PC’s status as a standard practice, one may point towards narratives that recount PC failures. Indeed, horror stories involving women who, in fear of contracting *yuezi* diseases, avoid all air conditioning during heat waves until they perish from heatstroke\(^{59}\) regularly go viral on the Chinese internet. However, it is worth noting that when these horror stories are reported, the takeaway message is always that such events are examples of misinterpretations or failed executions rather than the results of an inherently flawed practice. The assignment of blame to the ignorance, negligence, or malice of the individual rather than the system is similarly seen in denouncements of incompetent state officials\(^{60}\) and the Communist Party’s official public statements\(^{61}\) regarding politically sensitive historical topics such as the Cultural Revolution. In both the denouncements and the public statements, Chinese state authorities ignored the original consensus reached by the policymakers and the universal enforcement of the policies being questioned, instead emphasizing the apparently excessive or wrongly interpreted actions of a minority of overzealous individuals. Once all potential counterarguments and narratives have been thus discredited, PC discourse arrives at a singular designated interpretation and understanding of practice. PC becomes a metonym for the entire postpartum period, and all Chinese women, regardless of their individual actions, choices and opinions, are referred to as practicing PC in the month following childbirth. To some people, a non-PC practicing woman must have not given birth at all. In this way, a woman who is not

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practicing PC in the designated manner becomes subject to what both Scott and Koerber have described as “disciplinary rhetorics.” The woman’s attempt to avoid practicing PC will be continuously “sabotaged” as she struggles with the disruptive messages she receives from her environment (e.g. “PC is good for you,” “all women who have given birth practice PC”) as well as a lack of cultural reference points for navigating the postpartum period without PC.62

The single accepted understanding of PC practice also constructs a collective Chinese reproductive narrative, one that combines Western biomedical care in hospitals during childbirth and Chinese holistic care at home (or a PC centre) during the postpartum month following discharge. Most Chinese women share the same reproductive path, giving birth to one child (after 2016, one or two children) in a nuclear family before immediately being fitted with an IUD.63 Online PC discourse not only claims the PC experience as Chinese, but also suggests that PC is uniquely tailored for Chinese bodies. When the Duchess of Cambridge was spotted venturing outdoors into a cold, rainy London day just a few hours after giving birth, her breaking of several central PC tenets scandalized the Chinese internet. The writers transformed a factual report of Kate’s individual act into a musing on the biological differences between Chinese and non-Chinese women, stressing that Kate “can get away with [not practicing PC]” since as a Caucasian, she has a different diet, a different bone structure, and a more athletic body.64 The same writers discussed the different geographical environments, drawing a boundary around Chinese spatiality as well as bodily materiality, claiming that European and North American

62 For a more detailed discussion of disciplinary rhetorics, see Koerber’s “Rhetorical agency, resistance, and the disciplinary rhetorics of breastfeeding.”
63 Chinese ethnic minorities are not subject to the one-child policy. This thesis focuses on the experiences of Han Chinese women, who make up more than 90% of China’s female population.
environments are less contaminated than Chinese ones and Western water and air are intrinsically superior in quality.

Those who have attempted to paint a collective Chinese reproductive narrative are well aware that not all women living in China are biologically Chinese. To carve out a Chinese niche for such women, stories of the rare woman who practices PC despite not being biologically Chinese are framed as transformative tales of these women “becoming Chinese”; a typical report usually features a white woman begrudgingly practicing PC at the advice of her Chinese mother-in-law. The narrative suggests that the foreign woman, by accepting the Chinese element of PC into her body and mind, has finally fully integrated herself into the Chinese community and experience, even though she may have already surrendered her foreign citizenship. For women who are biologically Chinese, online PC discussion forums, which often boast links to traditional Chinese medicine sites, further build upon the nature of PC as being inherently Chinese. Since elements of PC practice, such as PC meal ingredients and recipes, can often only be found in Chinese communities and in the Chinese language, PC-practicing women spend significant time interacting with PC resources in Chinese spaces, gaining new information and creating new Chinese networks to sustain present and future Chinese PC narratives.

Chinese society and the Chinese government do not simply view PC as a uniquely Chinese shared experience that reduces the risk of future health complications for postpartum women, but also allow the women to demonstrate their commitment to the status quo of Chinese society. To them, the PC experience is also a time of convalescence and preparation, a designated time of rest that is uniquely Chinese and will allow the women to recalibrate themselves in preparation of their future roles as mothers and returning workers. In stark contrast

65 Zhiyinzhe H. “A Western DIL does not ‘sit the month’ after giving birth, the Chinese MIL is stressed to tears, a pair of mixed babies are adored.” iQiYi, 2 Nov. 2018, https://www.iqiyi.com/w_19s3hgnvap.html.
to the current situations in many Western countries, China privileges the experiences and health
of its mothers rather than its fetuses or newborns, recognizing the pregnancy and birthing labour
of the mother and the weight of her struggles after undergoing a life-changing event. Barbara
Duden has argued that the Western fetus has been turned into an icon that possesses more power
in public discourse and imagination than its mother.\(^\text{66}\) Additionally, Marika Seigel has also
described how at the beginning of the twentieth century, the Western fetus became the central
patient of prenatal care, and the pregnant body became, to many, a site upon which threats to the
fetus could be managed as opposed to the site of the pregnant woman’s experiences.\(^\text{67}\) The
Chinese postpartum woman does not have a public infant; she is, however, a public postpartum
woman and mother, entitled to extra time, attention, and resources from everyone around her,
with the expectation that she will emerge from the postpartum ready to return to and excel at her
roles as worker and mother.

Assumed to be vulnerable but valuable and deserving to be heard, during the postpartum,
the PC-practicing Chinese woman finds both reprieve and an additional degree of credibility.
During the PC month, she is liberated from her work in the domestic sphere and entitled to
round-the-clock assistance on almost all matters. She becomes a different and interactive kind of
patient – any bodily complaints she makes to family members or physicians, even oft-dismissed
symptoms such as pain, fatigue, and rheumatism, are considered legitimate and diligently dealt
with if she can connect them to her childbirth or postpartum experiences. Indeed, the postpartum
month may be the “most important period of a [Chinese] woman’s life,” not only because it is
supposedly one of her few chances to transform into a more desirable woman and avoid


contracting a chronic illness, but also because it is one of her few chances to be (as well as advocate for) herself beyond the usual boundaries set for her behavior and credibility.

Generally speaking, Chinese government and society influence PC practices and discourses on a macro level, dictating who should practice PC, how long PC should be practiced, and the extent to which an ideal postpartum woman can expect to receive public support during her PC practice. PC practitioners’ family members, influential in the practitioners’ homes, decide along with the practitioners which practices will be adopted; the family members’ stakes are far more personal, and often are based on individual attitudes towards women and ties of blood. The family members – especially the mother-in-law of the PC practitioner – are key allies with the Chinese government in ensuring practitioners’ compliance to PC practices and discourses. Family members guarantee that PC care will be provided without explicit infrastructure support from the government and encourage a wide variety of family-based PC practices. Such practices are welcomed by the state; due to their lack of organization as well as charismatic leaders whose reach can cross community lines, family-unit based practices pose little collectivist threat to government authority on health-related knowledge, beliefs, and institutions.68

There are few reliable figures on the makeup of family members who constitute a PC practitioner’s entourage, although common media narratives provide a glimpse into the current reality. According to online forum posts made by postpartum women themselves, some PC-practicing women enjoy assistance from their own mothers during the PC month, while others find themselves under the watchful eyes of their mothers- and sisters-in-law, and a good percentage – especially in urban families where both the woman and her husband are only

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68 Although there exist PC influencers online with large followings, they rarely derive their authority from their own revelations and experience, instead always credit their knowledge to science, medicine, history, and local communities. Many influencers are affiliated with corporate PC professionals, while others are writers whose real names and other real-life activities are hidden from view, making them unattractive as spiritual or religious leaders.
children – are attended to by both mothers. The most common story pits the older-generation mothers against each other: the PC practitioner’s mother is said to favor the concerns of her daughter while her mother-in-law, despite recognizing the maternal focus of PC practices, remains in favor of the continuation of her bloodline and the well-being of her grandchild.69

The bias of the paternal relatives towards their blood kin and the social privilege enjoyed by the mother-in-law are further amplified by Confucian values, which permeate Chinese culture and have been evaluated by Western political scientists and sinologists as social tools for the Chinese government to legitimize its rule.70 Confucianism stresses the importance of the family and filial piety, encouraging children to respect their parents as well as ensure the continuation of a male bloodline. As recorded in ancient Confucian classics, women are advised to be subservient first to their fathers, then their husbands, and eventually their sons; they become members of their husbands’ households upon marriage and their mothers-in-law are responsible for them within the female community of the house.71 To many mothers-in-law, once the daughters-in-law’s actions have satisfied the general expectations of the state and Chinese society, the younger women should conform to the expectations of the mothers-in-law.

Every family member possesses their own set of desires to influence the family’s reproductive politics. Both the postpartum woman and her husband would have mothers who have experienced PC, and these mothers can claim to possess superior knowledge in the arts of motherhood as well as motivation to support the PC practitioner’s recovery. However, the

69 During the imperial era, this dynamic may well have been called the “Empress Dowager dynamic”; for centuries, Empresses lived in fear of Empress Dowagers, who derived their powers from their sons and always prioritized the interests of their sons and grandchildren over any sense of female solidarity.
70 Dotson, John. The Confucian revival in the propaganda narratives of the Chinese government. US-China Economic and Security Review Commission, 2011. Also see Christopher Ford’s work on quasi-Confucian rationalizations and Xing Lu’s numerous articles on Chinese rhetoric from Confucius’ time to the present. The Party has so far focused on extolling Confucian socio-political and individualistic moral values regarding social stability, peaceful development and self-discipline.
mother-in-law possesses a layered identity, as she is both a woman and thus a member of the PC community, and the advocate for her son, who is typically excluded from the PC community. The practice of PC, then, becomes a contest between two subfamilies for power and dominance.

The interests of the postpartum woman, her mother, and her mother-in-law intersect in the person of the infant. Fei Xiaotong, as cited by Zhao Rui, has noted a tendency for Chinese parents and grandparents to believe that the new child will be a continuation of their own lives and dreams, thus leading them to pay an extraordinary amount of attention to the well-being of young blood kin. A mother-in-law wishing to maximize the benefits of PC care for the infant would likely pressure her daughter-in-law to consume more specialized PC foods said to boost milk production (above all other practices, or at the expense of her own practices such as consuming foods said to aid her in her bodily recovery.) Though mothers-in-law are infamous in China for neglecting the PC practitioner in favor of the infant due to the infant’s more privileged status as a blood relation, PC’s inherent maternal focus results in the mothers-in-law’s utilization of rhetoric that appears to favor the practitioner if said rhetoric will ultimately cause the practitioner to adopt practices favorable for the infant. A MamaGang forum thread compiling the complaints and miseries of PC practitioners specifically speak of a mother-in-law who, despite claiming that she was preparing nutritious soups to help her daughter-in-law recover her strength and vitality, soon admitted to her confidantes that the soups were specifically made to enhance the daughter-in-law’s ability to breastfeed, exemplifying this common strategy.

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Through studying media depictions of the tug-of-war between the postpartum woman and her family members, we can obtain a fragmented look on the Chinese sociological conditions driving families’ decision-making processes regarding reproductive health. Conflicts often arise among family members on PC decisions; perhaps the mother recommended meals focused on restoring vitality, while the mother-in-law recommended meals focused on boosting milk production. The resultant decisions often reflect the power hierarchy of the family: the less content a PC practitioner is with her set of PC practices, the less power she likely possesses within the family. When conflicts become heated, family members’ fight to control the woman’s PC practices often transcend the postpartum time and space and reflect on class, wealth, and the cultural beliefs of the postpartum woman and her husband, as well as potential future allocations of shared resources such as money, time and attention. As income inequality increases in China and many younger women are struggling for more direct control over family finances and decision-making, mothers-in-law often must also to consider the risk of exerting too much (or too little) control over the postpartum periods of their daughters-in-law. The stakes are similarly high for the in-laws: many postpartum women are now using their postpartum experiences as a metric to evaluate how they will support the lives of their in-laws once the in-laws grow old.

One cannot judge the current state of Chinese women’s advancement and Chinese support for patriarchal Confucian ideas simply by investigating online threads regarding conflicts between PC practitioners and their mothers-in-law. However, the high prevalence and contentious natures of many such threads suggests that Confucian ideas, as well as a general sense of uncertainty about the role each side of the family should have in making family reproductive decisions, continue to play a significant role in the PC experiences of Chinese postpartum women. The Chinese government remains acutely aware of its public image both as a
defender of women’s rights and as a Confucian institution committed to promote social harmony. To maintain balance, the Chinese government will likely continue to allow family members significant power in constructing and enforcing PC regimens so long as family members can continue to claim that they are selecting regimens for the postpartum women’s own benefit.

Having examined both the Chinese state and Chinese family members, we return, at the end of this chapter, to Muyouzhi’s story. The ideal experience she strove for was one that involved an effective recuperation, satisfied family members on both sides, and a successful return to work at the end of the postpartum month. It did not occur to the young writer, just as it did not occur to many other Chinese women, that she had the option to not practice PC, due to both the state-promoted pervasiveness of the concept and the desire of her family members to ensure that she did not deviate from the norm. Even though Muyouzhi’s own mother, not her mother-in-law, was her primary source of stress during her PC experience, the argument between mother and daughter had started due to the mother’s wish to secure safety and independence for her daughter during her moment of vulnerability. Muyouzhi did not enjoy eating the foods that were prepared for her during PC, yet she conformed to societal expectations by conceding that they helped her as well as her child, and her anxiety was alleviated through the validation of her physical complaints as well as her knowledge of online PC communities and the promise of support there once she had shared her story. Through the analysis performed in this chapter, we have gained insight into the institutions Muyouzhi depended on during her postpartum, the processes behind her negotiation of her PC practice, and the influences that had led Muyouzhi to practice PC in the first place. Other power actors, of course, exist; Muyouzhi could have chosen to practice PC at a professional PC centre instead of staying at home with family members. PC professionals and their roles in PC practice will be explored in the second chapter.
Chapter 2: Postpartum Confinement Professionals and Becoming the Idealized Postpartum Woman

As successive dynasties reigned over China, PC remained strictly a family affair, with generations of family matriarchs coming together to make sure that their younger kinswoman could survive what they viewed as a precarious period and, hopefully, eventually go on to become a matriarch in her own right. As a majority of imperial era Chinese women were illiterate, PC knowledge was passed down primarily through oral tradition and constituted a case of female situated knowledge, focusing on women’s bodily experiences and resisting both medical authority from the capitol and the dictates of the families’ men. According to Mei-fang Zhang, Bing Liu, and Wei-hong Lu, PC was a ritualistically significant practice that deemphasized objectivity and factualness in postpartum experiences and practices in favor of social and emotional bonding between generations of women related by marriage. Using locked doors and bowls of hot soup, women taught their daughters-in-law how to manage pain, how to open the flow of breastmilk, and how to avoid yuezi diseases, all under the roofs of their shared houses.

By the end of the twentieth century, however, the sociology of PC had changed significantly. Families had grown smaller due to the higher education levels of women and the effects of the one-child policy, as well as more compact due to widespread increased social and geographical mobility. During the late imperial era, large, multigenerational extended families often lived in one town or village, with prominent families sometimes hosting more than two

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74 Sections of this chapter form the basis of “Bounding Postpartum Care: Reviewing the Role of the Yuesao in Urban China,” forthcoming in the Spring/Summer 2019 special issue of Present Tense.

75 See Donna Haraway’s conceptualization of situated knowledges and Sandra Harding’s discussion of feminist standpoint theory.

hundred sub-family compounds in one single “super family compound” to emphasize the collective power, prestige and internal cohesion of the family.\textsuperscript{77} As occupational mobility increased after the restoration of the national college entrance exam (高考) in 1977 and the economic reforms of the 1980s, millions migrated to the cities and left their homelands behind, meaning even full siblings often settled thousands of kilometers from each other due to job assignments.\textsuperscript{78} Several hundred million Chinese women entered the middle class and gained significant disposable income as well as an awareness of their worth both as leaders of their own families and as vital contributors to the Chinese economy. Whether due to a lack of immediate family members in close proximity, a wish for agency and independence during the postpartum, or a desire for a more enjoyable postpartum, many of these women are now turning towards yuesaos (月嫂) and PC centres/yuezi zhongxin (月子中心) to assist them during their PC month.

Yuesaos and PC centres both fall under the umbrella of “PC professionals” who promise to grant their clients PC experiences superior to those that could be achieved either by the client alone or by the client’s family members. This chapter explores the narratives, visual imagery, foundational concepts, and institutional spatial arrangements PC professionals use to legitimize and advertise themselves to their customers, and evaluates how the professionals’ activities may reflect on, and contribute to, China’s conceptualization and celebration of the ideal twenty-first century Chinese urban postpartum woman. It completes the picture of state-influenced PC laid out in chapter one by evaluating PC practice outside of the home and in the commercial sector of Chinese society.

\textsuperscript{77} See Shanxi Courtyard Houses, including the Wang Family Compound in Lingshi County and the Qiao Family Compound in Qi County, both constructed over several centuries and half a dozen generations.  
\textsuperscript{78} For more on the subject, see Chan and Zhang’s work on the Chinese hukou system and Chinese rural-urban migration, as well as Yanjie Bian’s work on Chinese social stratification and social mobility.
Yuesaos are specialized doulas who assist their clients in the clients’ homes during the postpartum. PC centres are health-hospitality establishments with individual hotel-style suites for the clients, centralized infant care rooms, and teams of nursing and hospitality staff. Both yuesaos and PC centres are currently undergoing a period of explosive growth: the state-run Xinhua News Agency estimated that, by the end of 2018, the number of potential customers for China’s maternal and infant care sector would rise to 286 million, a 21.2% increase from 2010.\textsuperscript{79} Over the same period, the market size of the PC centre industry grew from 1 billion yuan to 10 billion yuan, despite a gradual slowing of annual growth rates as the industry matured and became more saturated.\textsuperscript{80}

Beyond the statistics, the influence of PC professionals on Chinese postpartum attitudes and experiences can be glimpsed through the professionals’ increased prominence in recent years in Chinese online spaces devoted to the discussion of PC practices. It has become next to impossible to visit a PC forum without spotting an advertisement for PC professionals or an ongoing thread dedicated to critically analyzing the professionals’ costs and benefits. PC professionals have also, unlike individual PC practitioners or their family members, drawn the attention of the Chinese government; since 2016, PC professionals have been required to possess state certification and abide by state regulations.\textsuperscript{81} PC professionals thus have come to occupy a curious position in PC practice and discourse: as commercial service providers, they must satisfy the demands of their clients, but as regulated workers in a volatile industry, they must practice

\textsuperscript{81} A yuesao must possess, at minimum, an infant caregiver’s certificate, and a PC centre must abide by the regulations set out in the document General Requirements for Maternal and Infant Health Care Service Place.
within the preferred ideological and epistemological boundaries set by the state. As this chapter will demonstrate, PC professionals fully understand the boundaries the Chinese state and society have set for their industry. To withstand scrutiny and maximize profit, PC professionals have consciously presented themselves as the perfect guides for Chinese postpartum women during the women’s journeys to become closer to the image of the ideal Chinese postpartum woman.

Given PC’s online reputation as “the most important [guidable] period of a woman’s life,” it seems only inevitable that PC professionals, seeking an epistemological foundation for their work, will claim the crucial identity of the guide. Deborah Lupton, drawing on Grosz’s work on volatile bodies and female corporeality, writes that a popular Western view of the sexual and reproductive female body considers the body to be “leaky” and “uncontrollable.” Chinese sites hold a similar view: the postpartum body, under the traditional Chinese interpretation, is affected less by the woman’s own will and more by external stimuli and ambient elements. The postpartum body is therefore vulnerable to negative influences such as cold winds, pathogens, and disturbances in the home environment, all harbingers of yuezi diseases.

Such leaky and vulnerable bodies must, of course, be managed and, if possible, improved, if they are to survive and flourish. Derkatch’s work on self-generating wellness and natural health discourses describes how, in the West, wellness narratives first promise to return the body to a state of health and then offer to elevate the body above its baseline level of health. A subpopulation of Chinese PC experts promote these same principles. In the eyes of these experts, PC is not only a necessary process for warding off potential yuezi diseases and restoring health (the logic of restoration), but also a critical moment for self-improvement (the logic of

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82 See Lupton’s engagement with Elizabeth Grosz on women’s control over their sexual and reproductive liquids and processes in Constructing the Menopausal Body: The Discourses on Hormone Replacement Therapy.
enhancement). Under this interpretation of PC practice, postpartum women can always not only maintain, but also improve, their health.

More specifically, PC professionals argue that a PC practice that utilizes an informed guide would allow a woman to purge her body of toxins and streamline her blood and chi circulation, leading to improved health and a more attractive and youthful physical appearance.\(^{84}\) To back up their claims, these professionals point to the ideas of traditional Chinese medicine experts such as the Taiwan-based Chuang Shu-Chi,\(^{85}\) a former health advisor to former Japanese Crown Princess – now Empress – Michiko. In the words of PC professionals, a properly guided PC practitioner, understanding both the processes of childbirth and postpartum as well as the individual characteristics of each woman’s postpartum body, can use PC practices to alter her body and control the direction and outcome of her postpartum metamorphosis. The understanding is that the properly guided woman would not emerge from her postpartum as something akin to a moth, an aged-looking woman who, despite conforming to expectations and escaping from the worst of the yuezi diseases, remains as (perhaps) ordinary and physically plain as she was before her pregnancy. Instead, she can become more like a butterfly, a reinvigorated woman and mother who, possessing an improved body supposedly free of former annoyances (such as painful menses),\(^{86}\) can now strive to become the most illustrious woman in her society.

Furthermore, those who believe PC can be positively metamorphic have also advertised practicing PC with the aid of PC professionals as a form of proactive self-investment, even though the PC investment reinforces a narrow, socially sanctioned model of female success. The

\(^{84}\) Compare Lupton’s discussion – engaging with Martin and Featherstone’s work on the aging feminine body – on how the appearance of youthful femininity is promoted since aged female bodies are considered to be “breaking down, losing potency” and “indication of laziness and even moral failure.”


\(^{86}\) The Third Affiliated Hospital of Guangzhou Medical University, “A Deep Misunderstanding! Sitting the yuezi can change your physical constitution? It’s far from that easy,” p. 1. The moth/butterfly metaphor is my own.
promised PC benefits of improved health, confidence, “positive energy,” and physical attractiveness can all elevate the postpartum woman when she returns to her career and family, even though the focus on these specific benefits reduces interest in and attention to other potential means of becoming an enviable “butterfly.” These benefits, indeed, are most effective at constructing and enhancing a state-envisioned ideal urban Chinese mother, an individual who will be an efficient labourer, a healthy reproductive resource, a diligent mother, and harmonious family member.

Beyond promising their clients a positively transformed post-PC body, PC professionals also argue that while the “PC butterfly” vision for urban Chinese women is admirable and achievable, the woman cannot, and should not, struggle to realize that vision alone, especially when she is first stumbling, bloodied and inexperienced, into the sacred realm of motherhood. For example, the website of Aidigong PC Centre promises to support women and make sure that the women’s self-investment months will leave them with pleasant memories:

Being at a PC centre, [you] can let the nursing staff do everything, while you spend more time for yourself enjoying the bliss and fun of having a baby, guided by the nurse on how to breastfeed, change diapers, engage in early education and touch & caress. (...) [The postpartum] should be a happy time for enjoying time with the baby, [but] it’s turned into a daily battle of wits and courage with the mother and the mother-in-law. If you come to the PC centre, the physician and nurse will give professional advice and avoid such situations; the family relations will be harmonious and warm, with everyone immersed in the happiness brought by the baby.87

Thus, Chinese PC professionals make the promise to Chinese women that they could have all the investment returns and support – the health and attractiveness improvements, the comfort, the empathy, the guidance, the filial performance, and the well cared-for mother and child – if they opt into a paid service. The professionals claim to focus their work on the struggles of the

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individual women, pledging to fulfill every one of their myriad duties and expectations in a way that makes the women feel supported, empowered, and solidly in control of their own body and responsibilities. In this rosy promised world, the PC practitioner, as long as she keeps holding her professional’s hand, can expect to not fall behind in any measure of what Chinese society desires from the ideal woman. Moreover, she can expect her postpartum period, usually a time distorted by anxieties over family obligations and health responsibilities, to be restored by her professional to one of natural joy. By describing the infant as a sacred agent of happiness and family cohesiveness, the PC professional indirectly praises the woman as a Confucian savior-heroine of the family bloodline and a Madonna-like bringer of said bliss, enticing her with the idea of a time when she can fully immerse herself in the joy of her newly-enhanced family.

This narrative is compelling, yet insufficient; PC professionals must also persuade postpartum women of their knowledge and authority over PC issues and provide women with concrete evidence of benefits. The superior care and butterfly wings the women can supposedly gain with PC professionals must be visible to the customer. If a woman continues to see herself as a moth, she will likely demand a refund and return to practicing PC alone or with her family.

One of the ways in which the PC professional persuades the client of the professional’s caregiving superiority and the client’s enriched experience is by posting reviews from former clients. Through the reviews, the PC professional provides evidence that she can traverse the Western and Chinese postpartum paradigms and integrate the two into a single practice. The PC professional exhibits fluency in the terminologies, theories, and practices of both frameworks, establishing themselves as a healthcare provider willing to support the client using their knowledge and expertise in both frameworks, and accepting that situations may potentially arise from the entanglements between the two frameworks. The postpartum foods prepared for the
client, for example, are typically justified as beneficial by both biomedical practitioners and Traditional Chinese Medicine practitioners. The brown sugar water and less flavorful soups recommended for the first two weeks of the postpartum are said by PC professionals to both hydrate the client, reducing her chances of developing hemorrhoids, and return her body to an equilibrium state, making her body more receptive to the restorative ingredients she will later consume. 88 For example, when one postpartum woman despaired over her failure to breastfeed, a PC professional examined her and her baby not only for signs of structural abnormalities, breast duct obstruction, infection, and inflammation, but also included more breastmilk-boosting and anti-stagnation TCM ingredients in her diet, 89 thus addressing several possible causes of the problem at once and eliminating the possibility that her internal fluid stagnation had exacerbated a possible case of mastitis. PC professionals often highlight positive reviews that portray the professional as using their expanded knowledge to solve esoteric problems or introducing new, beneficial practices that the client would never have thought of on her own. These professionals thus construct an image of themselves as an expert for the postpartum, one that a potential client would not want to pass up during a period of many risks and uncertainties.

PC clients’ levels of trust in the two health paradigms often vary: some clients will clearly favor the principles of one paradigm over the other. To PC professionals, on a fundamental level, biomedical and Complementary and Alternative Medicine (CAM) paradigms are tools of equal standing, both supplying potential instruments that the professional can use in a

Aidigong PC centre, “Maternal and Infant Professional Nutritional Framework.”
It should be noted that Western midwives and lactation consultants often perform similar activities. The postpartum roles of the midwife (as women were encouraged to give birth in hospitals under medical supervision) and the lactation consultant have been subsumed, in China, under the larger, umbrella role of the PC professional.
bricolage-resembling process to achieve the goal of improved and sustained health for the client. The professional’s view of biomedical and CAM practices as interchangeable building blocks for an assembled, individualized care regimen can be glimpsed from the visual layout of the 58.com yuesao profiles. Each yuesao’s list of skills and practices are divided into four sections. Although each section features practices from both frameworks, the practices’ frameworks of origin are not listed, and practices such as traditional Chinese foot baths are listed right above biomedical practices focusing on uterine and ovarian maintenance and recovery. Like the chiropractic CAM practitioners described by Derkatch,90 yuesaos often provide their clients with an “orientation” at the start of the care program, assessing the client through numerous tests and aligning the client’s explanatory model with their own. However, unlike the chiropractor who strives to align the client’s model with the chiropractic one, the yuesao strives to make the client open to all practices from the two frameworks. The goal, the yuesao stresses, is the client’s own optimum state of health, and the composition of the care regimen may change at any moment depending on the client’s real time changing experiences and desires.

The unique integrative approach of Chinese PC professionals may trace its roots to Deng Xiaoping’s pragmatist philosophy of governance4 and China’s current unique state ideologies. China has become famous for pursuing policies with Chinese characteristics, eschewing numerous established theories and systems such as the free market economy for new inventions and experiments, such as what has been termed “the socialist market economy.”91 For both the Chinese government and Chinese yuesao, the exact composition of practices that make up a final policy or healthcare regimen has become less relevant than the appropriateness and effectiveness

90 Derkatch, Bounding biomedicine: Evidence and rhetoric in the new science of alternative medicine, p. 120.
of the final assemblage for the situation of the country or the client’s person. Presently, both the scientific biomedical framework and the “Chinese” TCM framework are esteemed due to the government’s desire to pursue a “scientific outlook on development”\(^9\) while encouraging “cultural self-confidence.”\(^9\) An integrative framework fulfills these ideological goals appropriately by blurring the boundary between the two frameworks while carefully balancing the influence of each.

Understanding that PC practice remains entrenched in Chinese society, PC professionals position themselves as the ultimate authorities on PC matters, utilizing their credentials and resources to elevate themselves to the same level of public trust and legitimacy as biomedical practitioners when it comes to caring for Chinese postpartum women. By practicing in homes or PC centres after the woman has given birth, PC professionals separate the time and space of practice from that of biomedical practitioners, who are entrusted with prenatal care and the process of childbirth. Knowledge, work, and patient focus are similarly bounded and demarcated: PC professionals only give PC advice, referring their clients to hospitals when medical problems arise, and, by privileging the maternal experience in their PC practice, consciously pull away from the biomedical model where both the mother and the infant are monitored.\(^9\) Even though health information has become widespread and easily accessible online, readers of online health information often still lack the full knowledge and expertise to diagnose and treat themselves the way their biomedical physician would. PC professionals practice differently from biomedical practitioners, yet they also suggest to their clients that the

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\(^9\) In this way, Chinese PC professionals recall Spoel’s account of Canadian midwives and Seigel’s description of IDNA nurses, since all three accounts describe health workers who resist the biomedical paradigm in their work with birthing or postpartum women.
PC institution carries many complexities (such as the special training of PC professionals and the difficulty in categorizing a PC practitioner’s body type using traditional Chinese medicine principles) that make PC professionals the best source of knowledge for PC. PC professionals, by separating their practice from that of biomedical practitioners and legitimizing their ability to provide PC services through certification from the Chinese state, thus present themselves as the sole and ultimate authority for PC matters, more trustworthy and credible than any individual woman, her physician, family members, and PC information sites.

PC professionals’ appeal is not limited to the scope of their abilities; they also promise to provide care that is less fraught in many ways than the care family members can provide. Many postpartum women struggle with patriarchal Confucianism at home; the young women wish for reproductive freedom while their in-laws still desire male heirs for the family bloodline as well as unique benefits in return for postpartum care, such as the promise of support for the in-laws in their old age. Chinese postpartum women often find themselves in a position where they doubt their in-laws’ good faith – stories of negligent or even overtly antagonistic in-laws when differences in reproductive philosophies occur are widespread – yet crave high quality care during their moment of vulnerability and transformation. Loneliness and fear are further exacerbated for physically and emotionally isolated women who, as a part of their PC practice, have elected to not leave the house or use electronic devices.

PC professionals typically frame themselves as reliable allies for their clients, often offering one-on-one talks and counselling, with the postpartum woman promised full confidentiality during these conversations. Many PC professional advertisements stress that the woman’s choices are their top priority; the family members will be consulted, but the woman retains veto rights. Others emphasize that their government-certified health practices are
fundamentally grounded in the science of traditional Chinese medicine, and as such, they will debunk any unscientific practices favoured by less educated in-laws and advocate on the woman’s behalf. Pictures of happy, harmonious extended families are ubiquitous; testimonials from PC centre clients, listed at prominent positions on PC centres’ webpages, often describe how the peaceful surroundings, friendly staff, and remote location of the PC centre have rescued them from heated intra- and interfamily arguments over PC practice regimens. On discussion boards, women have noted how some of their PC professionals have even allowed them to use the professionals as rhetorical proxies. Some professionals have shouldered blame for PC mishaps caused by their employers, allowing the postpartum woman to extract herself from any responsibility and blame. In short, PC professionals promise to always let their clients perform as close as they can to the image of the ideal postpartum woman. Postpartum women, through their relationship with their PC professionals, continue to edge ever closer to society’s definition of the ideal woman, while PC professionals earn profits and uphold this ideal image.

Though PC professionals share several persuasive strategies, the different spatiality of their work and their different *modi operandi* have caused various groups of professionals to specialize in different areas. For the *yuesao*, the individual PC professional serving in the postpartum woman’s own home, the best way to uphold the ideal feminine image and persuade her client of its power is to partially embody the image herself. Due to their lower fees, the *yuesao* remains the professional of choice for middle class Chinese women who wish to hire a professional. Compared to PC centres, *yuesaos* allow their clients to take a more active role in their care, and are often far more emotionally intimate with their clients; in online reviews, many postpartum women described their *yuesaos* as sisters, aunts, mothers, and angels.\(^5\) As a 嫂

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(older married woman, older sister-in-law) the *yuesao*, who writes of herself playing with her client’s older child or holding a client as the latter breaks down crying from stress performs as a substitute family member, can provide the benefits of a family member without requiring the client to engage in emotional and cultural labour in return. A client can expect the *yuesao* to provide empathy, understanding, experience, and trust without the client herself having to show the *yuesao* filial appreciation or, in the case of more conservative households, social and emotional subordination. The *yuesao*-as-older-sister dynamic particularly fulfills a unique niche, since a majority of PC professional-hiring urban couples are only children and thus do not have sisters or sisters-in-law. If Chinese postpartum women are said to eventually become “mothers of the nation,” as was popularized at the beginning of the twentieth century, *yuesaos* can become aunts or grandmothers of the nation by serving their clients in an emotionally intimate role. One client describes her *yuesao* thus:

> During the twenty-odd days, my family members, my baby and I all developed strong affections for Aunt Li. Aunt Li is guileless and works attentively and earnestly… The baby always wails at night, but Aunt Li always observes [the baby] patiently and soothes [the baby] time after time until the baby falls asleep, while still helping with housework during the day. She’s also diligent with my food and recovery, giving me massages so I recovered very quickly!96

The *yuesaos* curate their testimonial pages to cultivate an image of themselves as warm, personal and attentive to small detail, the singers of lullabies and providers of massages at home, the perfect model of nurturing femininity in the sphere of domesticity. One may argue that, embodying the nurturing nature of older female family members, *yuesaos* become proxy mothers of the postpartum women themselves, taking care of the new mothers’ every need and fostering

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their growth during this new period of their lives. They often handle and care for the infant during the postpartum far more than the postpartum woman herself. Many postpartum women, believing they should follow the professional and the ideal methods of care and models of motherhood, model their own eventual childcare routines after the ones first followed by and shown to them the *yuesao*. The *yuesao* thus serves as a professional standard and as an instrument for PC practice, often passing state-sanctioned PC practices and knowledge down to their clients, thus contributing to the maintenance of the state’s vision and goals for PC.

While the staff at PC centres, with their 24/7 infant cameras and on-duty personnel, are just as capable as *yuesao* in monitoring and supporting infants at night, the one-on-one relationship between the *yuesao* and the client is unique in that the *yuesao* can, due to the continuous and focused nature of her service, gain a deep, personalized understanding of her client as well as her client’s home environment. In other words, the *yuesao* serves as the entire PC interface and framework for the client. Due to this arrangement, a *yuesao* can tailor her services to meet her client’s exact needs as opposed to PC centre workers who, due to their need to coordinate a large group of clients and staff, may not be able to provide immediate flexibility with the details of the service. To one family, a *yuesao* may be a dedicated specialty cook and lactation consultant, and to the next, she can be an emotional counselor and caretaker of the client’s other child. The *yuesao*, a chameleon who can improvise at any time and is subject only to the criticism of the client, will always meet the client where the client is, and remind the client of the full spread of benefits the PC framework can offer during the client’s vulnerable time of transformation. Once a *yuesao* has gathered testimonials from past clients showing her range of
abilities, she can use these testimonials to remind potential clients of the possible costs – both personal and societal – of not hiring her.97

Like _yuesaos_, PC centres serve as instruments of the state’s PC vision and framework and claim to emphasize the experience and care of the postpartum woman, but the PC centres’ approach relies on the power of established norms and beliefs rather than the client’s personal characteristics and needs. _Yuesaos_ strive to win customers over by appealing to their femininity and employing a softer, more personal and emotional appeal; PC centres, on the other hand, succeed by standardizing their services and operating principles according to state-set boundaries, as well as entangling PC frameworks and practices with accepted frameworks and practices from other fields such as hospitality and luxury goods.

Compared to the personalized care of the _yuesaos_, PC centres are highly standardized for the wealthy: the suites for the clients are near-identical and organized like hotel suites. The clients are served by the same staff team and select from the same predetermined menu for their postpartum meals. One would find it incredibly difficult to recognize a PC centre as a postpartum, or even health, establishment when performing an image search on a typical PC centre room or visiting one in person. Xinhua Net reported on a luxury PC centre in southern China98 in which there was an easily accessible door to an inviting outdoor balcony, and the bathtub in the room showed no signs of modification, amenities far removed from traditional PC practices that urge women to stay indoors and refrain from bathing. No overt health/medical setups were visible, and the room featured no furniture or supplies for infant care. Indeed, for a room in an establishment specializing in a Chinese health practice, the room would not look out

97 In higher-social class circles where PC professional hiring has become normalized, not hiring one would imply to a woman’s community that she is not taking her postpartum and new role as a mother seriously.
of place in a European or North American luxury hotel. PC centres replicate neither the
traditional Chinese postpartum environment associated with the beginnings of PC as a practice,
which would likely feature traditional redwood framed beds and heavy bed curtains,99 nor the
general aesthetic of an increasingly popular type of Western wellness and fitness centres, which
feature open spaces filled with equipment set against a backdrop painted over with earthy hues
and natural symbols.100 An editorial on a PC centre in a Chinese architectural magazine describes
the centre thus:

Most of the lighting sources [at YuanFang PC centre] utilize indirect light sources, and
the direct light sources utilize elastic soft membrane technology, making the whole space
manifest a soft and warm family atmosphere, providing the mother and the infant with
intimate care… in the design, [we] especially worked on [creating the right] combination
of colour and light, subtly creating a relaxing and soothing environment.101

As shown in the excerpt, far from being portrayed as a medical (or even health and wellness
related) establishment, the PC centre is being depicted as an institution primarily embodying the
concepts of “family” and “home” – an institution not unlike a simple family-friendly hotel.102
This suggests that the PC centre’s main selling point is not its health benefits, but another fantasy
altogether. Aidigong PC Centre’s “about us” page advertises the true magic and wonder of the
postpartum, the lines almost resembling Romantic poetry from the Lake District or calligraphy
carved onto the walls of theme parks.

    From Fragrant-Honey Lake to Silver Lake, for love, for dream, we’ve built a palace of
love. Here the gorgeous greenery awaits just beyond the window, and the embrace of

100 “Pavlik Yoga Wellness Center.” Yogatrail (2019), https://www.yogatrail.com/studio/pavlik-yoga-wellness-
101 “Open Heart Yoga Center.” Open Heart Yoga Center (2019), http://www.openheartyogacenter.com/yoga-
102 Liu, Dan. "Build High-Healing Environment Based on Maternal and Child Psychology: Shijiazhuang Yuanfang
Medical Rehabilitation and Confinement Center Interior Design Features." Chinese Hospitals Architecture and
102 Note that this “simple” is deceptive – the aesthetic promoted here is an unpretentious and genuine “subtle chic.”
birdsong and flower fragrance lies just outside the door… Freely enjoy this queen-like life in these sunny and blissful days.\textsuperscript{103}

In order to persuade potential clients that a PC professional-guided practice is indeed beneficial, PC centres have adapted established elements from wellness, tourism, and hospitality discourses. Specifically, PC centres often suggest that a closeness to natural, rustic and unpolluted elements as well as a refined, aesthetically pleasing, and private environment will improve the client and her infant’s health and well-being, often boasting of “exceptionally pure water and air” and negative ion concentrations of “several million per cubic centimeter.”\textsuperscript{104} As Amy Koerber describes, much like the manufacturers of infant formula, PC centres are claiming scientifically sounding health benefits without providing any scientific evidence of these benefits.

From the quotation (“Fragrant-Honey Lake”) above, it is also obvious that the luxury resort-like “honeymoon” PC experience is at least as much a focus of PC centres as is its apparent professionalism in helping clients conduct the health and medical practices of PC. The excerpt points towards PC as a pleasant and relaxing “second honeymoon” for the client, albeit one that is oriented around professional and family bliss instead of romantic passion.\textsuperscript{105} Just as the post-marriage honeymoon is a metamorphic process that marks the beginning of marriage, the postpartum honeymoon is a metamorphic process that marks the beginning of motherhood. Yet, if the post-marriage honeymoon is a historically European concept, and emphasizes the relaxing, carefree, and erotic aspects of marriage, the postpartum “honeymoon” is a Chinese concept, and emphasizes the homeliness, gentle bliss, and nurturing aspects of ideal urban

\textsuperscript{104} Aidigong PC centre. “Environment introduction.”
\textsuperscript{105} Husbands are typically allowed to stay with their wives, and any older children are offered accommodation as well, even though most of the services offered target only the postpartum woman and her infant. PC centres often offer generous discounts to couples who are spending their second postpartum at the center.
Chinese motherhood. The ideal Chinese postpartum woman is dignified and composed during her postpartum honeymoon, taking great care to recover her strength and learn to become a leader of her newly enlarged family. She is depicted as a smart, resourceful, and well-supported woman who has risen above physical labour; the luxury and technologically-advanced resources at the PC centre have freed her from needing to perform the physical labour usually required to care for the newborn child and to attend to one’s physical recovery (through doing bodily exercises, cleaning wounds, etc.). Such labour has been relegated to the background as PC centres celebrate the growth of the family and the easing of the relatively socioeconomically privileged woman into a idealized motherly role.

In addition to taking advantage of the honeymoon narrative, PC centres also heavily rely on expert endorsements and/or their reputations to recruit potential clients. Specialized staff members at PC centres point towards their credentials as graduates of top nursing, culinary, and hospitality schools. Flyers and online pages stress the smart control systems of the centres and the clients’ ability to look up every single statistic about every activity and space in the center, such as the mineral and herbal contents of the spas and the time elapsed since the latest round of housekeeping services, with the promise that every statistic would meet the expected standards. These statistics are often vague and lack inherent significance despite their apparent precision – a 1% concentration of a medical herb in the spa water explains neither how the concentration was reached nor the specific medical qualities of the herb. PC centres do not explicitly connect these statistics with evidence-based healthcare to make use of the scientific legitimacy often associated with evidence, nor do they suggest that PC centre care is evidence-based care.\(^\text{107}\) Due to its

\(^{106}\) “Smart” here refers to the “smart” in smart devices and a general sense of technical literacy, something encouraged by the Chinese government.

\(^{107}\) See Derkatch’s discussion of evidence (particularly in the context of Western biomedicine’s view of it) in *Bounding Biomedicine*. 
theoretical foundation on the integration of biomedical and TCM practices, Chinese PC care is rarely subject to the same kind of evidence-based scrutiny as Chinese biomedicine. However, the transparent statistics, on top of the client’s own health statistics (amount of bleeding, weight, waist size etc.), much like self-tracking health apps, offer a sense of control to the clients, allowing them to believe that they possess agency over both their bodies and the PC service elements that they are allowing to interact with their bodies. When standards such as the optimal temperature for PC practice activities are not conclusively established, the centre would cite a well-respected authority figure such as a well-known physician in traditional Chinese medicine or one of many studies that have been conducted. The connection with traditional Chinese medicine further amplifies the Chinese quality of the PC centre experience and bounds the available practices of the PC centre within the already bounded principles of the similarly regulated traditional Chinese medicine physician.

Despite professionals’ best efforts, PC centres’ practices are not always seen as optimal, and they must persuade potential and current clients that their practices possess more merit than alternative practices. To achieve this goal, PC centres often utilize several chained layers of rhetorical proxies to build up their credibility. For example, Zhao’s Chinese language article on the rise of PC centres describes a case of interfamily disagreement over a PC centre’s practices and demonstrates how PC centres may build their credibility in situations of doubt. In this case, a client and her mother discuss the infant feeding practices of their PC centre. The mother claims that it is too “mechanical” and “dangerous for the child’s neurological development” for the PC centre’s staff to feed the infant every two hours during the night, while the client counters that “[the PC centre staff] are following the scientific way” and with regular, well-paced feeding, the
child’s nutritional needs would surely be met. The client is not noted to be an expert on PC or biomedicine; her belief that the PC centre’s practice is “scientific” derives purely from the PC centre’s authority over PC practices and knowledges, while the center has, in turn, derived its authority from the experts it has cited and the prestige of the institutions its staff hail from. As the experts and institutions ultimately derive their accreditations and fame from the awards and recognition granted by the state, in the end, the PC centre continues to fundamentally rely on the state’s legitimization and support of PC discourse.

PC centres’ myriad statistics on their infrastructure and their clients are obtained through their sophisticated surveillance systems. Indeed, many PC centres proudly refer to their “multi-layered security systems” and “omniscient baby cameras.” Within the PC centre, the postpartum women and their infants are always watched; some PC centres allow a continuous stream of the infant in the infant care room to always be available from the client’s suite or phone, while others construct the infant care room in a public area of the floor with a transparent wall so that the clients can always stand outside the room and watch the staff care for the infants. Thus, a paradox of privacy exists within PC centres which, while always watching the women and their children at any time, consistently advance the idea that PC centres are the prime PC locations for clients to achieve total privacy. Indeed, the clients may be safe from the prying eyes of family members or members of the public, yet their actions are always monitored and held up against both the PC centres’ standards for an ideal client and the PC framework’s conceptualization of the ideal PC practitioner. A client who, for example, brings an unauthorized pet into the centre, or who is seen to be uncooperative during group sessions, may be identified.

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as deviant and be fined or expelled from the centre. The rhetorics of surveillance and control as methods for authorities to achieve harmony within an institution and supposed macro-level qualities of life improvements for the surveilled subjects themselves have been normalized by the pervasiveness of China’s surveillance state, and further perpetuates said normalization within the sphere of reproductive healthcare.

One can glimpse traces of PC centres’ idealized visions for the postpartum in their very spatial setups. As Jennifer Edwell has noted, built environments can be examined to show how they organize and give meaning to the actions and actors of health care.\textsuperscript{110} In this context, the removal and intimate surveillance of the infant in the PC centre shows the deliberate material and methodological disentanglement of maternal and infant care during the postpartum. The infant and the client are assigned different spaces within the PC centre and cared for by different members of the staff. When a process that requires the union of mother and child, such as breastfeeding, occurs, both the client and the infant are moved to a third, transitional space, that of the feeding room, which is often placed between the infant care room (the infants’ area) and the side of the floor containing the client suites (the mothers’ area). All infants are cared for together in standardized cribs with standardized timetables by PC centre staff, limiting both the staff members’ connection with individual infants and their mothers’ bonding with them. The PC centre provides myriad services for the infant, offering to provide the infant with the best nutrition while supporting the infant’s emotional, physical, and intellectual development,\textsuperscript{111} yet often neglects bonding between the client and the infant. The client may even completely ignore


\textsuperscript{111} PC centre staff spend limited time with each infant yet endeavor to provide services to each. As an example, a center may claim to provide “early sports development” services to all its infants. In practice, PC centre staff members may take a group of infants out to the swimming pool for half an hour each day.
her infant during her time at the PC centre if she does not watch the baby stream and allows the infant to be fed with either pumped milk or infant formula.

The infant, as a person who receives care from others and cannot advocate for themselves, already has a reduced presence in the maternally-privileged PC discourse; yet the separation of the infant and the mother reduces the infant’s presence even further. The infant may no longer demand its mother’s attention and care through natural actions such as crying out for milk or diaper changes. The PC centre and Chinese society at large have different plans for, and interests in, the infant and the mother, and their paths diverge as soon as the infant is born. The importance of bonding is downplayed and as long as the mother may be assured that her infant will be healthy, fed, and given expert-taught lessons focused on stimulating physical and intellectual development, she can choose to focus on her own desires and needs. Although this setup seems to support the woman, especially when compared to Western postpartum practices that have been noted by journalists and scholars to over-privilege the infant at the expense of the woman, the PC centre setup reinforces the Confucian view that parenthood is more about observing children, providing for them materially, and setting them up for future success than providing children with physical affection and emotional connection. Moreover, rather than the client spending time with her child, the PC centre setup also encourages the client to enjoy her “second honeymoon” or partake in PC centres’ community of mothers, activities that are in line with the state’s vision of accomplished, joyful, communal, and productive Chinese motherhood.

The communal infant-raising and client-centred style of PC centres have given rise to special “postpartum friend circles” for PC centre clients that further increase peer pressure for

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PC practice and reinforce PC as a Chinese practice. Clients’ suites are typically located at either end of floors in the center for window/balcony access. The infant care room is often near one end of the floor, while community rooms, such as yoga classrooms, can be found in the center of the floor, surrounded by suites on both sides. The spatial privileging of the community rooms over the infant rooms shows, again, the maternal focus of the PC centre as well as a focus for a maternal community. The clients of PC centres are encouraged to bond with each other, learning about motherhood from other women who have given birth at the same time and have chosen to value the same resources available at the PC centre, partaking in a substitute version of sisterhood. Talking to each other in person in the ostensibly safe environment of the PC centre, postpartum women are encouraged to enjoy a sense of shared (and indisputably Chinese) destiny and solidarity without worrying about the possibly negative effects of accepting non-family visitors or browsing online forums.

While many PC centres build postpartum communities that cater to the upper-class Chinese postpartum woman, many PC centres actively recruit celebrities and elite Chinese women such as Olympic swimming champion Luo Xuejuan and actress Mei Ting. PC centres’ frequent associations with celebrities have led some upper-class women to claim that a stay at a luxury PC centre should be considered a material reward for the woman’s labour to carry a child to term and successfully deliver the infant into the world. Several affluent families certainly seem to believe this is the case: actress Dong Xuan reportedly spent nearly nine hundred thousand yuan (nearly two hundred thousand Canadian dollars) during her PC centre stay and her husband, actor Gao Yunxiang, earned praise for using the centre and “spoiling” his wife.113

113 Dayuewang. “Dong Xuan’s daughter turns one month old – (it’s been) revealed that Gao Yunxiang spent 880 thousand yuan for his wife’s yuezi, spoiling her even more than Jay Chou (with his wife).” Sohu Maternal and Baby Care (2016), http://www.sohu.com/a/100784092_163042. Accessed 1 December 2018.
While the *yuesao* may be paid by either the client or her husband, PC centre fees, being much higher, are usually either paid for by the client’s husband or shared between the couple. Thus, PC centre deliberations have become a magnified and far more expensive version of the family dynamic discussed in the first chapter, in which a woman’s PC practices reflect her status and power within the family. Health and medical concerns retreat in the face of towering cultural, emotional, and interfamilial considerations of “keeping face” and showing love and respect; yet, the very fact that women can now demand a stay at a PC centre shows the growing recognition of a woman’s role in the growth of her family, as well as the increasing importance of her voice in family decisions. A feminist interpretation may maintain that the right to PC centres should be defended for the same reasons that PC as a practice should be fought for: admission to a PC centre guarantees reward and attention for the woman while PC principles provide women with an easily defensible reason to argue for maternity leave and high-quality postpartum care.

PC centres, noting the star power of its celebrity clientele, have been, in recent years, increasingly attempting to include PC centre care among a group of services and products regarded by Chinese citizens as mandatory in order for a Chinese woman to claim membership in the upper class. Among existing services and products in this group are a large house in a highly rated school district, a luxury brand car, a luxury brand wardrobe, and a membership at a highly rated beauty salon. Package deals with existing services and products are often offered; a woman would be able to enjoy a discount at a PC centre if she can show proof of membership at an accepted salon or lifestyle club. Advertisement flyers for PC centres often model themselves after the flyers at car and fashion shows, sometimes printed with messages, ostensibly first delivered by celebrity clients, asking why women who “want the best for everything” would not want the best postpartum for themselves as well. These tactics target upper-class Chinese
women’s sense of class identity, especially the more fragile identities of the nouveau riche who are looking for material proof of their ascendance. These tactics are also self-perpetuating, as once enough upper-class women have patronized PC centres, the centres themselves become, like the European artistic salons of old, spaces for client bonding within a community setting. The mandatory upper-class entry package will, however, remain strictly Chinese so long as it remains associated and entangled with other uniquely Chinese services and phenomena such as the house in the highly-rated school district and the beauty salon membership. Like the communal women’s space in PC centres, the entry package only provides a space for Chinese women to congregate and further confirm to themselves the social value of the principles (filial piety, maintenance of beauty and vitality) that they have already been taught to hold dear.

Despite PC centres’ allure, polish, upper class vibe and ever-increasing popularity, the rise of PC professionals is, as of 2019, still a relatively new phenomenon in China. The PC professional industries in tier-three and below cities\(^\text{114}\) remain disorganized and in a constant state of flux, even though demand for PC professionals is expected to continue to increase due to continued economic growth and the introduction of the two-child policy. In this chapter, I discussed two prevalent types of PC professionals (the yuesao and the PC centre), noting the causes for their popularity, their contributions to the postpartum experiences of their clients, and their relations to Western discourses on wellness and the experiences of the female body in its reproductive capacity. I suggested that several of the practices and discourses of the PC professional industry contribute to the construction and promotion of the idealized postpartum woman, one who, after practicing PC with PC professional support, will return to her family and work with energy and enhanced health, ready to seek career success for herself and provide for

\(^{114}\) Though not an official term in Chinese sociology, “tier three or below” cities usually refer to any city not ranked in the top 40 Chinese cities for income level, population size, infrastructure, and business opportunities.
her children. Follow-up studies to track the continued growth of the Chinese PC professional industry and further comparisons between Chinese PC professionals and Western midwives and doulas, such as those described by Spoel and Seigel, may be of future research interest. Studies comparing the practices of mainland Chinese and Taiwanese PC professionals may also offer insight on the influence of the Chinese state on the PC industry in mainland China.
Conclusion – Beyond Chinese Postpartum Confinement

After analyzing the motivations, actions, and persuasive strategies of the Chinese state, the postpartum woman’s family members, and PC professionals, a nuanced picture of the current realities of Chinese PC practice begins to emerge. The urban Chinese postpartum woman is not only herself, but also an emerging mother, a transformed wife and daughter-in-law, (sometimes) an employee on temporary leave, a citizen of a one-party state, and a potential consumer of PC professionals’ services. This framework of PC practice can be considered an example of “reproduction with Chinese characteristics,” an exercise that makes Chinese modifications to a universal process – that of women experiencing the postpartum – to ostensibly improve the outcome of the process while simultaneously achieving the Chinese policy goal of constructing and celebrating the ideal twenty-first century Chinese urban woman. This idealized image is first constructed based on the goals and needs of the state as well as the current conditions in China, then circulated widely online and strengthened through positive propaganda and subtle censorship, before finally being presented as a figure to emulate by both private (family members) and commercial interests (PC professionals) surrounding the postpartum woman. The features and power of this image not only reveals many aspects of current life in China, such as the influence of Confucian ideas about the family, but also shows how rhetoric of health and medicine can be deliberately shaped and used by a strong centralized government to assist it in achieving state policy goals. It is my belief that the rhetorical-cultural approach is essential for investigating a practice as complex and ingrained in the current Chinese public consciousness as PC; without the approach’s interdisciplinary methods and its focus on power actors in shifting power relations, many critically-entangled relations in PC, such as the state’s influence on the family members, would likely have been missed in analysis.
It is worth noting that despite the Chinese state’s control over PC both in theory and practice, as an experience and as a process, PC also places the postpartum woman at the centre of many connections and power relations from where she can attempt to negotiate the exact terms of her PC experiences with other PC power actors using the resources and agency available to her. Even though these women are pressured to conform to the image of the ideal woman – and many have willingly gone to great lengths to conform with to the image – many Chinese women have utilized the PC period to actively advocate for themselves and take advantage of the resources and services offered by the actors around them to give themselves the best postpartum experiences they could imagine. It remains to be seen how much the women themselves may eventually be able to shape PC’s ideals, practices, and discourse.

Even if we assume that the postpartum woman’s relative power and position within PC will stay the same, it is still difficult, at the time of writing, to predict the future of PC practices and discourses. The Chinese state replaced the one-child policy with a two-child policy in 2016, signaling dramatic changes to China’s reproductive policy. Instead of being told to marry late and to only have one child, women young and old are now encouraged to marry early and to have a second child, despite a lack of popular enthusiasm in this national project. The Chinese state has so far refrained from enforcing the two-child policy as aggressively as it had its predecessor, but many in China anticipate that the state might take more drastic measures if it perceives an imminent demographic collapse.\textsuperscript{115} PC, a practice that prides itself in its ability to preserve women’s health and fertility, would likely see itself becoming further popularized and encouraged in such a scenario.

However, just as the state may promote PC, it may also transform, or even utterly destroy PC. The state’s doctrine of “cultural confidence,” introduced by President Xi Jinping in December 2014\textsuperscript{116} and focused on promoting distinctively Chinese virtues, knowledge, and artistic forms such as Confucian doctrines, Beijing Opera, and Chinese calligraphy, may cause the traditional Chinese medicine-based elements of PC to become more prominent within PC framework and practice. State authorities may shift their stance on the scientific legitimacy of PC practice and its accredited professionals, for example, by officially judging PC to be a form of pseudoscience or creating specialized schools for aspiring PC professionals to attend, which would cause major disruptions in PC discourse and the PC professional industry. The state may also impose new temporal and spatial boundaries on postpartum care, for example requiring that PC care only be offered at PC centres, thus reducing – and perhaps coming close to eliminating – family members’ influence over PC practice.

The broader socio-economic conditions of China, less under the direct control of the state, may also contribute to future changes in PC practice. Continued economic growth and the enlargement of the upper classes would likely lead to more demand for luxurious PC centres, while an economic depression would likely drive more women to practice with \textit{yuesaos} and their own family members. A new PC practice model – one involving neither family members nor PC professionals – may emerge, and if this new model conforms with the Chinese state’s expectations for PC practice and accrues a sizable following (especially if this following includes celebrities and other elite women), it may also gain a solid foothold in China’s PC world.

Although some future studies regarding PC professionals have already been proposed at the end of the second chapter, other studies would be able to further verify the broader claims

made in this thesis and to compare and contrast the situation in China with situations for other postpartum women around the world. Interviews with Chinese urban postpartum women would shed new light on current Chinese urban PC practice and general Chinese socioeconomic and cultural conditions. Evaluations of PC practice for non-urban Chinese women, or investigations utilizing a print archive, would enrich and potentially challenge the picture of PC practice painted by this thesis. A study of postpartum women’s actions in Chinese disasporic and immigrant communities in the West would show the differences in attitudes towards PC where the PC paradigm must compete against a different, locally dominant paradigm. Finally, considering Chinese PC practice together with other practices and ideologies under the “x with Chinese characteristics” umbrella (socialism, democracy, public transport, social media etc.), would likely provide scholars with further material on the influence of the Chinese state and the state of the Chinese healthcare industry.

With this thesis, I have explored the Chinese practice of postpartum confinement, an understudied practice in a country generally understudied in the fields of rhetoric and healthcare research. It is my hope that this thesis will familiarize Western audiences with the practice of PC as well as the numerous interlocking mechanisms that have constructed and sustained it. Due to China’s large population size and high level of cultural influence, Chinese practices and frameworks are vital for an informed global picture of women’s reproductive health discourses. Further research on China and other understudied regions of the world might not only fill gaps in current knowledge, but also potentially provide additional insight on ways to improve postpartum women’s health outcomes, willingness to seek care, and preferred communication models in the West.
Bibliography: Primary Sources


CCTV News. “Emergency message: these are the most widely spread rumors on Wechat! Don't be misled! 1) Seedless grapes are cultivated using birth control pills. 2) Drinking cold boiled water is a slow form of suicide. 3) Women in postpartum confinement cannot wash their body or hair. 4) Flossy pork is made from cotton. 5) Children's milk can cause leukemia. 6) Crayfish is a bug used to treat corpses. 7) It's possible to distinguish between genders by observing the physical characteristics of fruits... all rumors! Today is China Popular Science Day, retweet to dispel the rumors!” 16 September 2017, 1:10 AM. Sina Weibo Tweet.


Dayuewang. “Dong Xuan’s daughter turns one month old – (it’s been) revealed that Gao Yunxiang spent 880 thousand yuan for his wife’s yuezi, spoiling her even more than Jay Chou (with his wife).” *Sohu Maternal and Baby Care* (2016), http://www.sohu.com/a/100784092_163042. Accessed 1 December 2018.


Sun Honglei. “It’s not easy to sit the yuezi… eat to full and keep sitting Model yuezi Lei 🍊🍊🍊.” 20 January 2018, 8:07 PM. Sina Weibo Tweet.


Zhiyinzhe H. “A Western DIL does not ‘sit the month’ after giving birth, the Chinese MIL is stressed to tears, while a pair of mixed-race babies are adored.” iQiYi, 2 Nov. 2018, https://www.iqiyi.com/w_19s3hgnvap.html.
Bibliography: Secondary Readings


Croll, Elisabeth. *Feminism and Socialism in China (Routledge Revivals)*. Routledge, 2013.


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