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Generational and Intragenerational Differences of the Postpartum Practice Zuo Yue Zi in Kunming, China

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DOING THE MONTH(S):
GENERATIONAL AND INTRAGENERATIONAL DIFFERENCES OF THE
POSTPARTUM PRACTICE *ZUÒ YUÈ ZI* IN KUNMING, CHINA

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My initial methodological design for this project included fifteen interviews. Yet, the result, was thirty-six. I want to thank, then, the reader, for acknowledging what I understand to be more than a welcomed, but needed, area of research.

Abstract

This anthropological project seeks to understand the generational and intragenerational differences in understandings, practices, and experiences of the postpartum custom of *zuò yuè zi*, or, as I will translate it, “doing the month.” For one month after delivering the baby, mothers are asked to remain in the home and adhere to a strict diet and schedule with the intention to, in accordance with Traditional Chinese Medicine, restore the *qi* that has been lost during delivery. While much literature has focused on the Traditional Chinese Medical philosophies and biomedical consequences of the practice, few have positioned the custom as an *evolving* and *social* experience. Rather than discuss the traditional medical and biomedical aspects of *zuò yuè zi*, this project considers “the month” as a social engagement by examining understandings, customs, and meaning-making processes from the perspective of the mother herself.

In-depth interviews were conducted with thirty women and six care-providers in Kunming, China. Participants were categorized by age and differed in demographic backgrounds to interrogate the generational and intragenerational shifts of the practice. Qualitative interviews were supplemented by participant observation to understand the evolving spaces of the custom. Findings reveal that the practice embodies deep generational and intragenerational changes and, moreover, symbolizes a change in itself. Thus, rather than “the” month, the postpartum period is concluded as representative of a diverse collection of *months*.

Keywords: Family Structure, Gender Studies, Anthropology

I. Introduction

Translated as “sitting the month,” or, as this paper will refer to it as, “doing the month,” *zuò yuè zi* describes the Chinese postpartum practice wherein mothers remain in the home and adhere to a strict diet and schedule with the intention to, in accordance with Traditional Chinese Medicine, restore the *qì* that has been lost during delivery (Liu et al., 2006).

Tracing back as early as 2000 years ago to the Han dynasty, ‘doing the month,’ according to scholars Raven et al., is still commonly practiced in both rural and urban areas across China (2007). The period of the custom is in accordance with the Chinese astrological calendar (30 days), or 100 days (3-month cycle), both having further associations with fertility cycles (Holroyd et al., 2011). Acknowledged as the first female Traditional Chinese physician in Taiwan, Shuqi Zhuang called the month the “golden opportunity,” asserting the period as critical for women’s health and postpartum recovery with the medical ability to repair damage from delivery and prevent future hemorrhoids, uterine prolapse, urinary incontinence, weight gain, premature aging and body aches (Oh, 2017, pg.1).

From the Traditional Chinese Medical perspective, the body is composed of *qì* (energy) and blood. The loss of blood and transformation of the body during childbirth causes a disruption to the *qì* and an imbalance of *yin* and *yang* (Liu et al., 2014). *Yin* relates to cold, winter, and darkness, as well as femininity, internality, inferiority, and negativity, while *yang* symbolizes sun, heat, and summer, as well as masculinity, externality, superiority, and positivity. The deficiency of *qì* and imbalance of *yin* and *yang* generates a “broken body” for the new mother, with a functional imbalance in major organs (Liu et al., 2014, pg.56). To regulate these deficiencies, the mother participates in a month of dietary, physical, and emotional restrictions (Liu et al., 2014).

In its pure form, the month requires mothers to limit activity, avoid cold air and water, and adhere to a special diet. Physical activity involves mostly bedrest. After the burden of delivery, any physical exertion is imagined as placing additional stress on the already tired body, leading to pain, and even malfunction, of body parts. Mothers should not strain their eyes by reading, watching television, or crying, as it is thought to cause common diseases later in life, including back, hand, and joint pain as well as vision disturbance. Childbirth is thought to open a mother's joints, and thus make her more vulnerable to climate (Liu et al., 2014). Regular personal care, such as bathing, hair brushing, and teeth brushing are traditionally avoided to restore her warmth. Women stay in the home to avoid the cold. *Yang* food, such as protein-rich stews, ginger, and eggs with black sugar, are prepared to compensate for lost blood, support breastmilk production, and decrease cold in the body. *Yin* food, including fresh fruits and vegetables, are avoided. Additionally, mothers are encouraged to remain emotionally stable by regulating their affective responses. Benefits from following restrictions and consequences from resisting them are thought to affect women in the future, with health impacts emerging later in their life (Liu et al., 2014)

Much literature has focused on the Traditional Chinese Medical philosophies and Western biomedical consequences of the practice. Focusing on a specific community in Hong Kong, sociologist Elizabeth Johnson writes of the thought-processes behind the practice by investigating specific customs and emphasizing how the construction of women as “unclean” generates certain precautions (Johnson, 1975, pg.235). Authors of *China Simplified* write of the “commandments” of the practice, arguing that the TCM restrictions can be imagined as encompassing both that of the “ceremonial and medical” (China Simplified, 2017).

A recent death in Shanghai due to heatstroke attributed to ‘postnatal confinement’ has sparked publications of biomedical concern regarding the tradition (Na & Ce, 2015). The event pushed the practice into global attention, with large-scale publications such as *BBC*,

CNN, and the *New York Times* spotlighting what they considered to be a “dangerous” practice (Lu, 2015). NPR compared the custom to a “house arrest,” while CNN positioned the month as a means of “confinement” that has “entirely no medical basis” (Lim, 2011; Ap & Lu, 2015). Researchers Strand et al. found that the month caused Vitamin D deficiency in new mothers, relating to increased incidences of nutritional rickets in offspring (2007). Scholars Wang et al. examined the custom in relation to chronic pain, concluding that the practice did not decrease its risk for women 5-11 years post-delivery (2008).

In the past decade, clinical research has considered the practice in the framework of postpartum depression. In their systematic review of the English evidence, Scholars Wong and Fisher (2008) identified sixteen articles that examined the impact of the month on postnatal depression; eight of which found the practice to provide protection from onset, while four found the custom to increase risk, and four reached inconclusive findings. Authors Liu et al. (2014), for instance, found that adherence to the month in central China was positively correlated with depression at six weeks, while Chien et al. (2006) found the month as associated with improved mental health status among postpartum mothers in Taiwan. Scholar Leung et al. summarize that there have yet to be consistent findings on the month’s impact (2004).

While much literature has focused on the Traditional Chinese Medical philosophies and biomedical consequences of the practice, few have positioned the custom as an *evolving* and *social* experience. By examining the practice through a medical framework, current literature treats ‘the month’ as static, deeming it as healthy or diagnosable, instead of interrogating the changes between generations and versions of individual practices. Rather than consider the Traditional Chinese Medical justifications and biomedical implications of *zuò yuè zǐ*, this project will consider ‘the month’ as a social experience by examining the understandings, customs, and meaning-making processes from the perspective of the mother

herself. By interrogating the changes of the practice, I hope to reposition 'the month' not as a static mode of 'confinement,' as much literature has viewed it as, and instead assert it as a dynamic and social practice, with changes that occur both generationally and intra-generationally, based on lived experience.

II. Theoretical Framework

The month is increasingly written and thought about from a Traditional Chinese Medical or biomedical framework, or, as scholar Ashley Crossman defines, a medicalized perspective, wherein “a human experience or condition is culturally defined as pathological and treatable as a medical condition” (2017, pg.1). Put differently, current literature examines the month in relation to the onset of chronic health problems or postpartum depression, asserting the experience as an entity of biomedical concern. As Peter Conrad writes in “The Medicalization of Society,” such a framework demonstrates the penetration of medicine within what are everyday experiences (2007).

Moreover, a medical framework labels the month as ‘healthy’ or ‘unhealthy’ without interrogating the underlying factors of the practice. By treating the custom as an entity to be diagnosed, medical literature does not recognize the practice as something that changes, both overtime and by individuals. Rather, it treats the month as a static phenomenon, that has been left unchanged from its beginnings and remains uniform among individuals at present.

Departing from a medicalized framework, I will consider ‘the month’ as a social experience. In doing so, I will move beyond the Traditional Chinese Medical philosophies and biomedical implications of the process, and instead work from scholar Holroyd et al.’s theory of the month as “linked to a complex process of understanding, life experience, and circumstances” (2011, pg.51). I will develop Holroyd et al.’s analysis of the custom’s changes between generations by also considering the distinctions within generations (2011). In doing so, I will examine the underlying factors of engagements with the month, and ultimately reposition it is as, not a medical - but deeply social - experience.

III. Methods, Limitations, and Ethics

To interrogate the generational and intragenerational transitions in practices of the month, I utilized a mixed-methods approach within both quantitative and qualitative frameworks.

In total, I conducted thirty-six in-depth interviews, each lasting for approximately one-hour, over the course of three weeks. Interviews were held in a place of convenience for the interviewee, commonly their home or, when inconvenient, a quiet coffeeshop. From the thirty-six participants, thirty were women, speaking from the perspective of mothers or mothers-to-be. Ten had yet to have a child, ten had a child under the age of ten years, and the final ten had a child over ten years, with the objective to interrogate generational shifts. I attempted to speak to a variety of mothers – from professors to shopkeepers, women who stayed in the upcoming luxury postpartum centers to those who remained in their mother-in-law's house, those who adhere to Traditional Chinese Medicine in their daily life to those who reject it completely, with an aim to demographically consider the intragenerational distinctions. The remaining six informants were healthcare professionals, two of whom were doctors, two psychologists, and two babysitters, or *yuesao*, to offer the caregiver perspective. Interviews were transcribed and then analyzed via qualitative coding.

I supplemented in-depth interviews with three engagements of participant observation to capture the changing spaces of the month. These included the home of a mother currently practicing the month to consider the household-level of the custom; a ward of a government clinic to examine the month at a public-level; and a newly developed postpartum center to observe the private-level.

Based on the anthropological framework of “local moral worlds,” or, as scholar Arthur Kleinman writes, “the fact that ethnographic descriptions focus on micro-contexts of experience in communities where everyday life is enacted and transacted,” all participants

were selected from Kunming, China (1998, pg.358). I set the study design in a single city to control for geographic differences and gain a deeper understanding of how the custom is perceived and practiced within a particular setting.

Crucial to note are the limitations of this research. With thirty-six participants and three weeks of fieldwork, I understand what follows as the onset of what should become a deeper ethnographic investigation. While I initially designed this project with an aim of fifteen in-depth-interviews, the result was thirty-six. I understand this research, then, as a needed area that can be developed through further ethnographic interrogation.

The research concept, design, and materials were approved by the SIT Local Institutional Review Board. Informed consent was obtained from each participant before the interview with an overview of the study's objectives. Working from the anthropological concept of rapport, I limited my informants to either those I had developed a relationship with throughout my prior three months of living and studying in Kunming, or friends of those by whom I was introduced to. From an ethical framework, and given the sensitive nature of the topic, I spoke with women who I share a relationship of reciprocity and who were aware of my positionality within the community. When possible, interviews were conducted in English. However, a subset (N=5), were conducted in Mandarin Chinese with the assistance of a local translator. No identifiable data was collected, and names have been changed accordingly.

IV. Results

Social changes of *doing the month* are evident generationally, and, crucially, intra-generationally. Qualitative coding yielded three themes of social generational shifts in the practice: namely, conceptualizations mothers have of the experience, the extent of perceived choice during the period, and what mothers consider as accurate information, or knowledge, to base their choices upon. While past literature has considered generational transformations of the month, few have recognized the immense differences within a single generation. These three qualitative themes, of the shift in conceptualizations, choice, and what is considered accurate knowledge, were found to be further complicated after considering intragenerational differences, with socioeconomic class and adherence to Traditional Chinese Medicine as the most influential factors. Finally, in-depth interviews and participant-observation revealed that across and between generations, the month is perceived and experienced as a time of change.

The vast changes of the custom both across and within generations, as well as the practice as symbolic of a change itself, challenge the notion of the month. Rather than accept or reject the practice as “the” month, as current literature does, findings conclude that the postpartum period should be considered as a diverse collection of *months*.

V. Discussion

A. *Generational Changes in Conceptualizations, Choices, and Knowledge towards the Month*

Conceptualizations of the Month

Sitting in a trendy coffee shop of Kunming, I wait for my friend Li Ming, an unmarried young professional and native of the city. Spotting me, she hurries to the table, decked out in a new haircut and trendy Adidas sweater. “To be honest, when I think about the month I don’t imagine it to be that different than my life now,” she tells me. “I already receive a month off with my job.” She continues, “I don’t think the month has a big impact on women – mostly in terms of health, but not mentally – I don’t think it’s something that women look back on.”

Throughout interviews with women who have yet to have a child, the month generally did not hold significance in their lives. Young unmarried or newly married females did not hold deep anticipations or anxieties about the month. Rather, they conceptualized the period, as several young informants expressed, as “just a month.” Several women questioned the difficulty of the custom. Of the, as scholar Leung et al. (2005, pg.218) writes, “restrictions of the practice,” one informant laughed, admitting “I think ‘restrictions’ a strong word: there is really one rule, to avoid the cold.” Continuing to resist the notion of the month as a critical period, an informant explained, “Many Chinese people think that it’s very important. I really don’t know if it’s so important – I don’t want to take a month to care for the baby.”

A subset of unmarried women looked forward to the month, viewing it as a period of relaxation. One informant explained, “I’m excited to hand the baby to my mom and shut the door...I see my friends’ experiences on *WeChat*...the stews...it’s lovely to see pictures of babies with their grandpas and grandmas; it’s making me feel that the month isn’t too hard.”

Another unmarried woman continued with, “It will be really nice to have a month to do whatever I want. Sure, there will be small rules – but it’s definitely not confinement.”

To women who have yet to bear a child, then, ‘the month’ remains a concept outside of the domain of meaning in their daily life. As anthropologist Arthur Kleinman writes in his acclaimed “Tanner Lecture on Human Values,” experience “is the medium of engagement in everyday life in which things are at stake and in which ordinary people are deeply engaged stake-holders who have important things to lose, to gain, and to preserve” (1998, pg.362). Applied to the context of the month, single or newly-married women object to the custom as vital, as it has yet to become a lived engagement for them. In the words of Kleinman, for these women, nothing is at stake in terms of the month: it remains an idea or possibility, but has yet to become an “engagement in everyday life” that includes “things to lose, to gain, and to preserve” (Kleinman, 1998, pg.362).

The conceptualization of the month by young women is dramatically distinct from the memory and meaning it holds for mothers who have engaged in its experience. A deep difference from Li Ming’s description of the month as “not that different than (my) life now,” mothers describe the period as a great departure from their everyday. As a mother of two young children explained to me, “The month is totally different than the habits we have today. And if you have your parents or in-laws around, you can’t break these new habits – you can’t go back to your daily life.”

For this mother, the month symbolizes a juncture apart from her “daily life,” taking on a life of its own. As Kleinman writes, the month holds deep meaning for her “being-in-the-world” (1998, pg.389). The custom reshaped her sense of her place-in-the-world by reforming her, as she explains, “daily life.” This sentiment held true for the new and older mothers I interviewed: all of whom, generally, conceptualized the month as a “needed,” “important,” or “special” period of “dramatic change.”

Choice in the Month

More than distinctions in understandings and conceptualizations of the month, the age of the mother deeply shapes how she practices the month. As scholars Holroyd et al. write in their ethnographic study of generational differences of the month, unlike their mothers and mothers-in-law who, “testified to a custom-bound approach,” new mothers “found highly individualized ways of negotiating traditional practices” (2011, pg. 47). Indeed, the month cannot be isolated from the broader time it is practiced in. Author Barclay notes that urbanization and industrialization increasingly impacts traditional two-generational family housing units. The effect, he explains, is a subset of new mothers who are no longer able to rely on their own family to care for them postpartum (1995). Sociologist Lynn Clark Callister continues this analysis by describing the “new and growing movement” to shift the practice of the month from the home to the public domain (2006, pg.390). The result, she writes, is the growth of professional babysitters, or *yuesao*, that a new mother can hire to care for her and her child, as well as the development of *zuo yue zi* centers, wherein mothers can spend the month outside of their family home.

Consistent with the findings of current literature, single women and new mothers alike generally expressed a deeper extent of choice than the mothers of children older than ten years. New mothers described greater participation in decision-making and more willingness to resist the traditional set of restrictions associated with the month. This emerging sense of choice applied both to individualized techniques in the daily practices of the month as well as broader decisions of where, and in some instances, whether, to participate in the custom.

Most new mothers I interviewed revealed “breaking the rules” at some point, and at times, consistently, throughout their engagements with the month. Young women commonly

washed their hair, either when their relatives left, or openly, with the consequence of disagreements with their caregiver. New mothers also frequently spoke of brushing their hair and teeth, and watching television, movies, and checking their phone, despite the TCM-justified consequences to their bodily health and vision.

Perhaps the epitome of choice available to young women and new mothers today is held within the emerging postpartum centers. First developed in Taiwan in the 1970's, the centers opened in Beijing in 1999 and Shanghai in 2003 (Callister, 2006, pg.390). Already one of growing popularity in Kunming, the centers, as scholar Callister notes, "are becoming more and more common in the PRC" (2006, pg.390). In my participant observation of Kunming's new postpartum center, I arrived early to wait for Chen Hua, a new mother who spent the month in the marble-glossed facility. Sitting near the water-fountain by a speaker playing soft classical music, I was approached by a *yuesao*, or, babysitter, who asked if I would like to look around. Eagerly agreeing, I followed her to what resembled an upscale hotel with white marble, green plants, and streaming fountains.

The *yuesao* explained that every new mother is given her own room with her choice of a "standard," or, for an additional cost, "garden-view." Each mother has her own personal care-provider, available twenty-four hours a day. "We give them six meals a day, in line with the traditional practice. Would you like to see the menu?" she asked. The cover featured a chef decked out in a tall white hat preparing six colorful dishes for a smiling new mother. The *yuesao* explained that unlike a hospital, the center is concerned about the mother as a person. "It's not just medical, we care about her everyday life." Continuing, she said, "And, we listen to mothers here."

I looked through the glass window to see Chen Hua, the new mother who spent her month in the center. Sitting down with her in the lobby, she described, "I first chose this center for pregnancy care so I wouldn't have to wait in line. The services are better here.

Firstly, they made an appointment for me. I chose one of the best doctors to check my body. Before I waited a lot in a public hospital – I almost considered getting an abortion. The facilities in the public hospital are horrible. I was in so much pain standing there.” As the conversation continued, Chen Hua emphasized the importance of choice in the center. “We have the right to choose our doctor. I make sure her vaccines are imported. During the month, I had a private room, a nanny, six meals a day. The food is okay, and importantly, they check what I want first.” She concluded, “This is what you can’t get in a public hospital. Here, I’m a customer. I’m listened to and respected.”

The center represents a change in more than the care of the new mother, but the reasoning behind that care. In “The Logic of Care,” anthropologist Annemarie Mol writes of the global emergence of patient choice and questions its implications for healthcare. She concludes that what is now considered “good care” has shifted from a collaboration between the care-provider and patient to well-argued requests from individuals (Mol, 2008, pg.10). According to Mol’s framework, Chen Hua is not just a patient, willing to accept the care her doctor determines biomedically healthy, or a daughter, with the affective response to accept what is traditionally imagined suitable. In the center, Chen Hua is a customer. With the choice of a private facility, Chen Hua had a customized month, with her requested doctors, meals, and wait times. More personalized, as the *yuesao* explained, than a hospital, yet, with less of a “feeling of attachment,” as an informant described, than the home, the center offers a space embedded with choice, and thus, voice.

The center marks a deep turning point from what mothers of teenagers and young adults experienced. Most mothers in this group “just lay in bed and got up only if necessary.” When describing the month, these women did not analyze their experience to the extent that the younger generation did. Rather, they listed the rules they adhered to, accepting it as a “natural” process. A fifty-year old mother-of-one explained to me:

I never touched cold water; I did not take a bath; I drank ginger... see, when I delivered the baby my body was cold – I needed warmth. I stayed in the house – I spent most of the time lying. I would follow my mother, exactly what she did. I didn't break a rule – I lay for 40 days. I ate to regain the *qi*, the vital *qi*. I didn't think much – why think so much?

For this mother, the restrictions are not considered as general guidelines, as younger informants expressed. Rather, they are seen as requirements. While explaining the month, the mother does not preface her explanation with “according to TCM” or “based on tradition,” as mothers of younger children tended to use. She, in the framework of anthropology, understands the restrictions of the month as “social facts.” Theorized by social scientist Durkheim, “social facts” describe given and pre-existing conditions. Social facts, as scholar Gimenez summarizes, “are givens, the context or condition for thinking and action; they are constraining upon individuals for they pressure individuals to act in established, predictable ways” (2017, pg.1). For mothers of older children, the month is considered as a given reality, or fact, and not an object for “introspection” or “reflection” (Gimenez, 2017, pg.1).

Unlike new mothers who practiced the month based on tradition or familial piety, older mothers tended to follow rules because they believed in them. Expressing that she “didn't think much,” my informant did not prescribe to the month as a perceived obligation to tradition, as evident in the younger generation, but understood the rules and their implications as her social reality. For her, returning to Kleinman's writings on experience, what was “at stake” with the restrictions was more than disappointing a relative, but endangering her personal health (1998, pg.362). Moreover, the informant questions “Why think so much?” This in turn speaks to women in her generation's perspective of the month as a “natural” and “needed” practice. Choice was not engaged with, as choice was not necessarily perceived as needed. The month was taken on as a social fact of their reality as mothers.

In considering the placement of choice in the continuity of the month, unmarried women generally saw the practice as a choice in itself. Furthermore, this was generally

perceived as a choice among all women in their generation. One woman explained, “For some women, they think it is important. But for young women today, we don’t think it’s necessary. I mean, I think we need a rest, but not like women back in the day.” Here, the informant makes a distinction between “we,” or “young women today,” and “women back in the day.” For the former, she views the month as a universal choice – a practice to accept or reject based on the individual herself. The month, then, has become understood as not just a personal choice, but universally a decision that young mothers can make.

Most young women agreed that they would practice “some” of the month, but “of course” they would override “traditional rules,” such as avoiding hair washing. This sentiment was consistent with the older generation, who generally spoke of encouraging their daughter or daughter-in-law to practice the custom, but ultimately viewed it as a choice independent from their own thinking. As one informant concluded, “for my daughter – it’s on her. It’s her life; it’s her choice.”

Knowledge

The choices that are made within the month, and the information those choices are based upon, hold deep implications for generational shifts in what is held and respected as knowledge. Whereas mothers of teenagers and young adults spoke of “following the rules because (I) believed in them,” unmarried women often expressed wanting to practice the month in a “scientific way.” While the younger generation explained that “many restrictions of Traditional Chinese Medicine lack of any evidence,” the older generation considered the history of TCM evidence itself. A sixty-year old mother and well-known professor stated, “I think TCM must be right – this *yin yang* – it has a long history, for thousands of years,” while another woman in her age group expressed how it has been “proven by practice” and “there has yet to be evidence to prove it otherwise.”

Among the unmarried women I interviewed, there tended to be an implicit distinction between TCM, which, as one informant explained, includes “superstition,” and Western medicine, which, as several mothers expressed, is “scientific” and “professional.” This became less common as the mothers increased with age. Mothers with children less than ten years tended to adhere to TCM based on their own experience – for example, the avoidance of cold water because they become ill after consuming it. This was a sharp distinction from the last group of mothers who generally expressed following the rules not just based on experience, but because of their pure belief in them.

More than distinctions in adherence to traditional Chinese medical and Western medical frameworks, generational practices reveal differences in perspectives of caregiver knowledge with attention to the mother or mother-in-law. While the older generation of mothers tended to “follow their mother exactly” and new mothers “respected the experience of (my) mother,” the younger generation commonly questioned the accuracy of the information. One unmarried woman explained, “For most moms, their knowledge is from experience – but maybe their knowledge is not right.” Other young women spoke of being taken care of by their grandmothers, rather than their own mothers, and thus doubting the validity of their potential caregivers’ advice.

The view of Traditional Chinese Medicine as distinct from “scientific knowledge” is written about extensively by scholar Rance P. L. Lee. As Lee describes, the majority of urban Chinese he studied did not use TCM based on its “magical-religious” tradition, but rather for “treating diseases or strengthening their constitution.” Rather than distinct from “scientific knowledge,” as it is constructed, he argues, TCM should be considered as a secular medium of medicine (1980, pg.345). This is the aim of emerging doing-the-month services, such as the postpartum centers and *yuesao* companies. In my study, mothers old and new viewed and understood the center as a hub of the most up-to-date, accurate knowledge and praised the

“professional” services they had heard or imagined the center to have, with “doctors from Taiwan,” “scientifically-proven advice,” and the convenience of “medical care.” Yet, they are also supported by the older generation as they adhere to the tradition of TCM philosophies.

The centers and services, as well as the words of mothers across generations, demonstrate generational shifts in what is respected as knowledge, with older mothers believing TCM philosophies and adhering to restrictions, to new mothers resisting the rules they consider to be “superstitions,” to young women planning to reject the practice altogether. The shifts in knowledge lead to a change in how the month is conceptualized and practiced. No longer “a given,” the month has become something a mother can have choices within. These choices vary from the option of merging TCM within biomedical services, like in the center, or, as evident in the youngest women of the study, the choice to contemplate practicing the month at all. Thus, new questions of accuracy have merged into what was once considered “given” knowledge.

B. Intragenerational Differences in Experience

Anthropological literature that treats ‘the month’ as a social phenomenon, such as Holroyd et al.’s study, often conclude with the deep generational shifts by which the custom has evolved. Doing so, however, fails to acknowledge the great variations of practices within a single generation. While the generational distinctions I examined hold true, there were outliers within each group: young women for whom the month finds importance in their life pre-pregnancy, new mothers who could not imagine resisting a restriction, and older mothers who did not practice the month. Particularly influential factors in variance of experience were found to be the informant’s socioeconomic class and their adherence to Traditional Chinese Medicine. While these are, importantly, not the majority, they represent a crucial minority to understanding the underlying factors that shape mothers’ engagements with the month.

Socioeconomic Distinctions

Kunming, like most of China, is in flux. Today offers deeper opportunities for choice, and, as evident from my interviews, the majority of young women and mothers perceive and practice greater decision-making than their elders. Yet, as Kleinman writes, “Even in the same local world there can be (and often are) conflicts owing to differences of class, ethnicity, political faction, gender, and individuality. So that heterogeneity and complexity define most social spaces” (1998, pg.361-2). Indeed, choice, as I learned from the mothers who voiced their own experiences, is deeply shaped by socioeconomic class.

An exemplary instance of this emerged in my participant observation of a group counselling session. Located on the fifteenth floor of a high rise in central Kunming, the class was the first of a course on parenting. The topic of the afternoon’s discussion was parent-child relations. “Discuss with the person next to you what changes you see your child experiencing,” the clinical psychologist leading the seminar requested. The moms erupted into conversation. “Their body, their attitude – they don’t want to talk to me. They think I don’t understand. Maybe I don’t understand.” The psychologist stood, “Now turn to that same person and discuss possible effective ways of communication.” The mother sitting next to me shared, “I can’t be overly direct- maybe I can try going on a walk, watching TV – or listening to music – even the love music, with them.” The mom looked upset. “It’s that I love them but they cannot accept my love.”

The psychologist called for attention to begin her lecture on the impact of child emotions on mothers. “There’s a need to let the child be independent; to let yourself be independent.” Openly, the psychologist provided the example of her own daughter. Moms nodded knowingly throughout the remainder of the seminar, as if recognizing their experience in the psychologists.

Representative of a changing time, the counselling session creates a space. Rather than hold challenges of mothering to themselves, as subjective experiences that remain unshared, the class enables them to transform these subjectivities into discussion. In turn, this enables mothers to transform how they consider themselves, as the psychologist urges what is not traditionally communicated to mothers: to care for themselves; to give themselves independence.

Yet, as with the postpartum center and *yuesao* services, it is crucial to interrogate who these spaces are for. While their creation enables support for a new generation of mothers, they are not accessible to the generation at-large. The spaces women can access, and the choices women have, are deeply shaped by their socioeconomic status. As an informant explained to me, “During my month – I didn’t have any choice – I just stayed at home. But now people have choice. And if you’re poor – you don’t. So there is a clear mark of class.”

Indeed, socioeconomic class pervaded through the experiences of my informants, in some instances creating, while at other times constraining, the extent of choice they had. A young woman who did not attend college described the month as a period of little control. “Choice?” she asked. “It’s not up to me. It will be up to him and his family... I don’t have choice, just hope.”

For other mothers, the month did not hold deep significance in comparison to the challenges of their daily life. Two new mothers described the month as a break to what otherwise is a challenging reality. Both holding multiple jobs, they described the month as “easy.” One mother expressed, “Now – I’m very tired. It was easier during the month. I could sleep at night. Even when I was sad, I could say ‘Okay, it’s because of the hormone.’ After this month, my nightmare began.” In her experience, the month afforded a break to her daily life, and the medicalization of hormonal changes enabled her to justify an otherwise difficult emotional pain. Both temporalities – the physical time to rest and the physiological transition

– allowed her to attribute the challenges of her reality to something out of her control. The experience marks a sharp difference to her current everyday, in which, she describes, “There is no break. The pain is there.” Similarly, another working mother noted:

Physically I was in pain, but not emotionally. Especially compared to now – now I have lots of burden, work, pressure – now I am much more anxious than at that time. Being a working mother is demanding, there’s a lot of pressure. Now I’m getting older – and so is my son – he’s a middle schooler. When he was a baby, I never thought about his education, his psychology, his health, tuition, training schools, extracurricular activities, his social life, scolding from his teacher- I just fed him, played with him. It was quite simple, all I wanted was a healthy baby – Now, health is not enough. I want to cultivate a successful young man.

This informant speaks of mothering as holding a meaning deeper than raising a child, but “cultivating” another person with “education, psychology, health” along with those of deep financial associations, including “tuition, training schools, (and) extracurricular activities.” Importantly, for working-mothers, parenting poses more than personal pressure, but deep economic demands. Socioeconomic class, then, is deeply influential in how individuals within generations understand and experience motherhood.

The period of the month can be understood as magnifying socioeconomic distinctions of motherhood. For some, class can create spaces, such as the postpartum center, *yuesao* services, and counselling sessions. For others, class constrains options, such as the young mother who perceived having “no choice.” The general notion of greater decision-making for young mothers, then, is further complicated by what forces enable, or constrain, such choice, with decisions made during the period having, as an informant concluded, a deep “mark of class.”

Adherence to Traditional Chinese Medicine

A second leading cause of variance in informant responses was due to differing beliefs and understandings of Traditional Chinese Medicine. Sitting down with Xiao Yang, a newly married English teacher, she shared her deep anxieties for the month. A follower of

TCM in her daily life, Xiao Yang explained how “nervous” she was to practice the month, saying “The girl shouldn’t move, go out, get the wind. It’ll be different than my everyday life – not moving, not going out. My mom didn’t move during the month. She didn’t wash her hair as told by my grandmother. My aunts cut their hair very short during that time. I grew up seeing this.” After asking whether she worries about it now, even pre-pregnancy, Xiao Yang expressed, “Yes. I think about this all the time.”

Challenging notions of “experience” set out by anthropologists, Xiao Yang demonstrates a case in which she need not have engaged with the month for it to find meaning in her daily life. As an adamant believer in TCM, the month, and importantly, its potential consequences, have given her, in the words of Kleinman, something “at stake” (1998, pg.360). Another young mother, who had just delivered three days before the interview, did not question the month. For her, like what was generally common in the group of older mothers I interviewed, the custom was “a given,” or, to return to Durkheim, a social fact. Describing the custom as “natural,” the informant had difficulty understanding my questions, or perhaps more accurately, difficulty understanding my reasoning for asking them. For her, despite her young age, the month was not an entity for “reflection,” but rather, wholly accepted. The month was a part of her reality.

In the group of mothers with children beyond the age of ten, two mothers did not practice the month precisely because of the Traditional Chinese Medical philosophies it is based upon. An upper-class doctor of a thirteen-year old son explained, “I cannot accept this concept. No shower, eating different food. I can’t bear it, and I don’t believe in it. After two weeks, I had spicy food and exercised.” Another mother in the same-age group from a working-class background explained that she “practiced a half month” by going outside and following her normal dietary routine after two weeks. “I don’t believe in the month,” she expressed.

The “outliers” of mothers who do not fall into the general understandings and practices of their age group represent seemingly contrasting demographic backgrounds. The first young woman I spoke with is an upper-class native of Kunming who spent her college years abroad in the United States. The second is from a rural area outside of Kunming and did not attend university. For the mothers in the last age group, the first studied in Shanghai while the second is from a rural area. Yet, in accordance with the month, they, respectively, held similar perceptions.

Returning to scholar Lee, he found that “The acceptance of secular Chinese medicine does not vary significantly among sex, age, education, or income groups” (1980, pg.345). Beyond regulated demographic categories, then, exists something else. In this study, it takes on the form of belief and adherence to Traditional Chinese Medicine. In broader anthropology, however, it can be considered through an individual’s lived experience, or that which is, as scholar Boylorn writes, “not only people’s experiences... but how people live through and respond to those experiences” (2008, pg.1). In examining individual lived experience, not for “critique,” but rather “comparison,” changes beyond demographic categories can be interrogated and understood (Boylorn, 2008, pg.1).

In the month, then, there exists, importantly, differences deeply shaped by structural forces, such as socioeconomic class, and those in which categories cannot capture, but can be seen, through lived engagements.

C. The Month as a Change in Itself

What remained common across and within generations of mothers, yet seldom acknowledged in literature, is the month as experienced as a change within itself. Reflecting upon my experience conducting this ethnographic engagement, mothers were eager to discuss precisely this with me: what they expressed, and experienced, as a deep transition in their life.

Anything but static, the month symbolizes a break to the everyday. Beyond changes from generation to generation or individual to individual, the month is a subjective engagement that represents its own set of changes.

Physiological Changes

From transitions in diet and activity, to changes in physical shape and hormonal constitution, the month is a time of deep bodily transformation for a woman, creating a, as an informant explained, “break from regular life.”

Sitting down with Li Hua, a recent mother of twins, she expressed how everything she was accustomed to was seemingly “gone” in those four weeks. “The first week my *yuesao* just gave me vegetables and boiled fruit, always hot. In the second week, she served me meat. And then in the third and fourth week, many meats, seafood, high protein. I didn’t really like it – it was so different than my normal food. I usually eat mostly vegetables.” Beyond her daily diet, Li Hua spoke of the dramatic shift in her everyday activity. “No shower. For one month, no shower. It was very bad. The smell – very bad. It was April and so hot. Still, I kept the hat and socks on and did not shower every time. I wore loose pajamas. I felt dirty.” The change, in diet and activity, lead to a difference in Li Hua’s experience within her body. Feeling “dirty,” Li Hua also underwent a change of weight, with “I wasn’t able to wear my clothes anymore. I felt terrible.” More than a shift in daily bodily restrictions, Li Hua encountered a change in her experience within her body, no longer feeling that “it was my own.”

An analysis of Li Hua’s anecdote reveals that more than a transition in diet, there existed a loss of control. Explaining that despite the hot weather she “kept the hat and socks on,” Li Hua speaks of them not as her own, but as objects – “the” hat and socks - outside of herself, made to put on. Similarly, the “loose pajamas” and food “so different than (her)

normal food” represent outside introductions into her existing daily life. The result of which shapes not just her activity, but how she understands and feels within herself.

Li Hua’s description represents the majority of mothers I spoke to, who expressed feeling “different” or “outside of myself.” Another informant explained that after her C-section she felt “light” and “weak.” An acclaimed professor, she admitted a transition from her usual-independent self, to, for the first time, feeling deeply “dependent.” Here, the physiological changes reformed how the mother perceived her subjective bodily engagement, with physical weakness catalyzing a sense of dependency.

This shift in daily emotions is compounded by the physiological introduction of hormonal imbalances. Returning to the case of Li Hua, she expressed “feeling like a child,” as “I cried easily and was made happy easily.” This sentiment of hormonal transitions was consistent across the cohorts of mothers. One mother explained feeling “her emotions totally changed” from the moment of delivery. She stated: “During the C-section, I felt like someone was tearing my stomach open – I was in tears. Then I heard – ‘It’s a boy’ – tears again. I was delighted.” This instance exemplifies not just the shift in bodily emotion, but its rigor and temporality.

The physical and chemical transitions of the month result in the new mother feeling unfamiliar both with her body and her experience within it.

Spatial Changes

More than bodily changes exist changes in where the body is, and how that space shapes how a woman understands her body. The month commonly includes a move away from a mother’s house to a new space, be it her family’s home, her in-law’s, or emerging options, such as postpartum centers.

In some cases, this spatial move can deepen the woman's discomfort with her bodily transitions. As one mother explained, after her mother-in-law moved in with her and her husband, "I felt anxious. When my husband is not home, I used to like to enjoy my own time. Then there was a new person there, yelling." For this informant, the change in space was twofold, that of a change in environment and temporality. Environmentally, she found a "new person" in what had been a space of comfort for her, her own home. Temporally, this transformed time that she "used to like to enjoy (on) my own" to time that was no longer just hers.

For other mothers, a change in space acted as protection from bodily transitions. One informant, who returned to her parent's home, described, "I was in my old house – I felt very comfortable. That's where I grew up. I felt like I was going back. It had the support system – It was a great environment." Consistently, another shared, "At this time I was living with my parents – it felt very natural, to be back there – I felt good. They helped me, it felt natural." For these mothers, "going back" enabled a sense of familiarity in a time of deep transition.

Accompanied with a shift in space are transformations in relations within that space. As Kleinman positions caregiving as an "exchange," with "practices of attending, enacting, supporting, and collaborating," mothers spoke of the month as deeply transitioning their relationship with their caregiver (2012, pg.1551). For some mothers, the presence of new people in a space of what was once familiar, introduced, as indicated by the former informant, an increased sense of anxiety. The month is commonly embedded with tensions between the new mother and her mother-in-law, who "has completely different habits," or, for in whom her eyes, "I was not her daughter – just the wife of her son."

Familial tension can be experienced among women's own mothers, their husbands, or what's more, a lack of perceived support from all social networks. Two mothers in my study voiced feeling completely isolated. One explained, "When I had questions, they couldn't give

answers or advice... other times I didn't believe their advice – their experience may be old – I'd check my phone. I had anxiety – I didn't know how to take care of the baby, or how to feed, why she cried. 'Is she this? Is she that?' I didn't know what to do. I didn't speak to anyone – I searched on the internet for other moms' or doctors' advice." Another mother explained that the lack of familial support triggered her depression during the month with, "I did not get emotional support – I had to depend on myself. I cried a lot – I did not find anyways to relieve the pressure. I just thought it would take time – I didn't feel like reading any books or meeting with a psychologist – I just thought I'd wait. I just stayed at home and waited. Sometimes friends would come and visit me – but as soon as they left I felt the depression again. My life would go back to that."

Yet, the month also offers an opportunity for deepened relationships. As one informant expressed, the engagement of "experiencing a mother's suffering" catalyzed a transformed understanding between the new mother and her caregiver. One informant spoke of this transition throughout almost the entirety of her interview. Recalling early childhood memories of seeing her mother care for her younger brother, she described, "My mom had to work in the field before the delivery – it caused her pain. It's much easier now. For my mom, I was born in June. Imagine that. It was so much hotter there. There was less food. My mother said the best food she had was the chicken soup – just one time. At that time they didn't have good public transportation, so she would walk long distances with me in her arms to see the doctor. It was so hard for her." She continued, "I now feel what she felt. I think this time was the happiest time in my life. It was the first time I felt so close to my mom."

Other mothers described developing a deeper relationship with their mother-in-law, husband, and babysitter. I spoke with mothers, who, if it weren't for the growth of relationship during the month "might not still be married now"; other mothers who "will care for my mother-in-law when she grows old because of that month. I feel I am her daughter";

and women who understood their babysitter as “my sister,” with, “She could help me. She accompanied me when the baby was asleep. She kept my mind open to what was happening outside. She’d tell me stories – we’d gossip like little girls. That gossip could be like medicine – even better.”

Be it a deepened sense of anxiety, or a form of protection, the change in space shapes how new mothers feel in themselves as well as of themselves. As Kleinman writes of caregiving as a transformed relation for both the recipient and provider, the impact of caregiving shapes the space of engagement with the month and further transforms the space wherein she practices. The changed spaces, in turn, impact the mother’s physical body and bodily experience.

Psychological and Personal Changes

Physiological transitions are accompanied with changes to who the woman once identified as.

Pulling out of a driveway with my friend, Luo Xing, she looked disturbed. Turning to me, she said, “I’ve never seen her like that before. She used to be so full, so full of life...now, it is like we saw another person.”

Moments before we had been in Xiao Mei’s home, who had recently delivered her second child. Tired, Xiao Mei folded laundry, and cared for her new baby throughout the talk, eyes watery from what I first assumed was exhaustion. “I had a friend who attempted suicide after her second child. I did not understand why. But now... it makes me wonder whether it was the right choice to have another child.” Pausing, she put down the laundry to share:

When I was young, I felt so good. I was so excited – I had just started at my work place – new roles, responsibilities, the pressure. With the first child, it doesn’t deeply impact your work. You can indulge in the time with the new baby. Delivering the second came with problems – loss of opportunities – loss of promotion, loss of raises.

To tell you the truth I changed a lot after the 2nd birth – I feel older, weaker, as if it had a bigger impact on my body. I delivered by natural way. After delivering my hips hurt – it required special treatment. My knees and feet feel fat – the doctor recommended I pay attention to my legs. I feel very different. It hurt – the delivery. And my waist became loose – it will take time to retain my former shape. I am over 40. I have a different physical condition. I feel the difference – before I had energy, simple time, I put my head into it – now it's the spare time. I feel so weak. I feel upset. I feel I lost myself.

More than a change in body, childbirth generates a change in identity. For some mothers, like Xiao Mei, this shift can be unexpected. Xiao Mei explained that for the first child, this was a “good,” “exciting,” and “new” engagement. Her initial excitement was common across most mothers I interviewed. Many mothers voiced changes of responsibilities, priorities, and sacrifice with optimism. One informant explained:

Externally I was very weak because I gave all of my nutrition to my baby – I give everything to him. I felt from now on, I'm not just myself, I'm a mother. I would give up my life. Your relations change – even hearing other babies crying, I couldn't bear it. There was a psychological change. The month is also a time for a mother to establish closeness with your baby. Their body, their schedule, everything – you need to know it. I was proud of this, that I could complete this road.

As this informant explained, the shift in identity generated a change she holds until the present, stating “I gave all my nutrition,” then, with a transition in tense, “I give everything to him.” More than a mother to a child, the informant explains a changed sense of, to return to Kleinman, “being-in-the-world” (1998, pg.389). Beyond affective shifts towards her own child, she experienced a transition in affective responses to other children, unable to “bear” their “crying.”

Importantly, the informant voiced a sense of achievement. Mothers frequently recalled looking down at their baby with joy: considering how she “created” them, or, how “they look like me.” Within China specifically, the transition to motherhood holds deep significance. As explained by my informant, “In the whole life, women have three different moments that change their identity. When we get our period, we become a woman. When we give birth we become a mother. And in menopause, there's a change in sexual identity. In

China, they say if a woman doesn't have a baby, she's not a real woman." Consistent with epidemiological and historical literature, scholars Brownell and Wasserstrom write that the practice of marriage and motherhood is "almost universal in China," with over 90% of Chinese engaging in the custom. Public media and common discourse, they write, construct Chinese women as "natural mothers" with reproduction imagined as a woman's 'natural duty' (Brownell & Wasserstrom, 2002, pg.348). For women in China, then, childbirth is perceived as more than an event, but a completion of self in obtaining what is culturally-constructed as womanhood.

Yet, not all mothers feel this sense of completion. For her second child, Xiao Mei felt a deep loss – "loss of promotion, loss of raises," loss of "former shape," and as she admitted in closing, a loss of self. Xiao Mei is not a singular case. For most mothers I spoke with, the month came with a loss of work and drifted sense of economic independence. A mother in the hospital post-delivery explained to me, "Before I was a hotel attendant – after delivery I'll become a housewife, take care of my baby and pick up my older son everyday. I have no choice. Sometimes I feel eager to go back to work. But no one can take care of my son – I'll have to quit my job for that. My husband will need to support the baby." For her, the change in work status is accompanied by a shift in identity, from "hotel attendant" to "housewife," with "no choice" but for dependence upon her husband's "support." Consistent with this narrative, other women expressed feeling "lost," or, as a new mother expressed, questioning "What happened? Why had everything I enjoyed stopped?"

The sudden transition – of bodily shape and hormonal composition, within a space shaped with new people and changed relations – can catalyze a sharp entrance point to what is a new identity: from wife to mother and from a single woman to child-bearer.

Protection from change

With the deep changes the month embodies, those physiological and spatial, to those psychological and personal, comes a need to protect the mother in what can be a dramatic transition. Current public health literature, namely, the works of Chien et al. (2006), Gao et al. (2009), and Leung et al. (2004), found that decreasing the level of adherence to the various restrictions of the practice can offer protection from the physiological, psychological, and personal changes. Chien et al. note that women who resisted the postpartum restrictions of using boiled water, not reading or watching TV, and only allowing close relatives and family members into their room were less vulnerable to the onset of postpartum depression (2004). Significantly, the six care-providers I interviewed spoke directly against this finding, arguing that ‘the month’ and its restrictions cannot be analyzed from a psychological or personal framework. Rather, they urged, what is a crucial protective factor is the extent of perceived familial support. Moreover, the *yuesao* and mothers of the study spoke of an element of the month itself - its temporality - as a crucial factor for retaining physiological, psychological, and personal health. This, in turn, contributes a new finding to current literature by implying that, rather than the restrictions, the support a mother receives and recognition of the brevity of the period can play significant roles in maintaining both her physical and mental wellbeing.

Familial relations can act as a social determinant for postpartum depression, in some cases triggering, and in other cases, protecting, the mother from its onset. The first psychologist urged “some new moms in China will feel depressed because they have difficulty taking care of their new baby. Some new moms have to live with their mother-in-law. There’s a different family culture. Sometimes the mom will want to take care of the child in one way, their mother-in-law another. In China, we don’t like to be direct – we have to make balance, there’s pressure not to be direct about difficulties, and so women internalize them – force them inside with depression, anxiety.” Unlike current literature, the second

psychologist argued that, with proper family support, the month can be a mentally healthy time in a period of otherwise deep vulnerability for mothers:

The month is an important moment – the new mother and baby need to be taken care of. The husband is the most important person – because he can and should be a bridge between the mother and his mother. In China, when a woman is a wife – she’s not a mother – she’s just a wife. She just has to deal with questions surrounding marriage. When she has a child –she has to face the family. She must fully take on the relations with her in-laws, she must take on a new role, a different role. If she can fill it – if her husband can support her – it can be gratifying and positive for mental health.

In contrast to existing literature that attributes the onset of postpartum depression to ‘the month,’ both psychologists urged the consideration of underlying social factors. With proper family support, they stressed, this postpartum period cannot only be healthy for a new mother, but conducive to positive mental wellbeing.

Beyond familial relations, the temporality of the month is perceived and understood as a protective factor. Speaking to the timing of the custom, the *yuesao* explained:

Moms during this time, they have to change their life. But after 2 or 3 months, it will feel okay. And I tell them, if the mom’s condition is not good – neither will the baby’s. Ask your husband, your parents. They’re there to help. Most mothers get depressed and afraid of these changes at the beginning. In the beginning their bodies are still big, they’re sensitive. They don’t have time for the social life. After 2-3 months they can exercise, their bodies change, they can meet with their friends, socialize, their bodies come back, they are back.

In addition to care-providers’ perspectives on temporal protection embedded in the month, mothers spoke to this via their lived experiences. A mother of a current high school student explained to me: “It was hard. It was different than my life before and my life now. But it was a month.” Consistently, a mother of a twenty-five-year-old explained, “If you don’t do this, you can get sick. But if you do this month – when you’re 80 you can still put the thread through the needle. At the end, I felt I had completed it. I had gone through what thousands of Chinese women had gone through.” A drastic departure from the existing literature that encourages mothers to modify the month, by, as Chien et al. write, adjusting their “adherence” to the restrictions, local caregivers and mothers identified a traditional aspect of

the custom itself, or, its temporality, as a protective factor amidst otherwise adverse transitions (2004).

Current literature that analyzes the month through a medicalized framework fails to recognize the underlying social factors that hold not just physiological, but psychological and personal consequences. Local caregivers and experienced mothers stress the vitality of modifying what is a deeply-followed and respected custom through additional familial support and reinforced acknowledgement of the month's temporality. Importantly, these recommendations enable the modification of the month across generations, while also holding a flexibility that can be applied among intragenerational socioeconomic and TCM-related distinctions.

Conclusion

Public media depictions of the month as a ‘static’ means of ‘confinement,’ or medicalized frameworks that treat the custom as consistent across generations and among individuals, fail to acknowledge the deep changes that the month embodies. Through a mixed-methods approach, with qualitative interviews within a quantitative design, the three cohorts of mothers and six healthcare providers revealed the month as holding both generational and intragenerational changes. While age groups generally differed by their conceptualizations, choices, and knowledge of the practice, these, importantly, were further challenged intra-generationally, after examining individual socioeconomic status and adherence to Traditional Chinese Medicine. Finally, across generations and among individuals, the month was conceptualized and experienced as a change itself. Unlike existing literature that attributes protective factors of change to restrictions of the practice, local care-providers and mothers identified familial support and the temporality of the custom as protective sources for the new mother.

The vast changes of the custom both between and among generations, as well as the practice as representative of a change itself, challenge the notion of *the* month. Rather than a custom that is practiced uniformly across and within generations of women, the postpartum period is greatly shaped by a mother’s age, demographics, and individual experience.

Thus, rather than accept or reject the practice as “the” month, as current literature does, one should consider the concept as “months,” deeply dependent upon generational context and individual lived experience. Indeed, the postpartum period is far from unchanging or uniform, and instead should be examined for what it is: a generationally-changing custom, an intra-generationally distinct experience, and a diverse collection, of *months*.

Recommendations for Further Study

Two critical areas emerged in my fieldwork, that due to time constraints and page limitations, I was unable to discuss in-depth. Within the framework of the month, the experiences of caregivers as well as mothers with a second child are areas of needed investigation.

A topic that emerged several times from informants was the concept of *caregiver burden*. Given the increasing dependence on elders, or, the mother or grandmother, to care for the new mother postpartum, it would be of great value to consider the impact of the month on their health, in the context of increasingly limited elderly-care options.

Additionally, I did not focus this paper on mothers with two children. Yet, with the recent shift in the one-child policy, this topic is needed to examine the experience of mothers who hold prior experience with the month, and, thus, the differing impact on their physiological, psychological, and personal health.

For further resources in examining these themes, I deeply recommend Holroyd et al. (2011) study on generational shifts of the custom in which this project was based upon, as well as Liu et al. (2006) study which considers social influential factors of the practice in Hubei, China.

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Appendix I

Methodological Overview

Mothers-to-be and Mothers (N=30)

Group	Sample	Method
Women who have not yet practiced 'the month'	N=10	In-depth semi-structured interview
Mothers who have practiced 'the month' 0 -10 years ago	N=10	In-depth semi-structured interview
Mothers who have practiced 'the month' over 10 years ago	N=10	In-depth semi-structured interview

Caregivers (N=6)

Group	Sample	Method
Medical Physicians	N=2	In-depth semi-structured interview
Clinical Psychologists	N=2	In-depth semi-structured interview
Professional Babysitters, or, <i>Yuesao</i>	N=2	In-depth semi-structured interview

Appendix II

Qualitative Coding Chart

Themes	Sub-themes
Conceptualization of the Month	<i>Socioeconomic Distinctions</i>
Choice in the Month	<i>Adherence to Traditional Chinese Medicine (TCM)</i>
Knowledge	

Themes	Sub-themes
The month as a Change Itself	Physiological Changes
	Spatial Changes
	Psychological and Personal Changes
	Protective Factors for Changes

Appendix III

Sample Interview Guide

Section I. Demographics and Conceptualizations of the Month

- Can you tell me about your background? (PROBE: Age, hometown, education, occupation, siblings, number of children, marital status)
- In your own words, how would you describe the month?
- To what extent do you follow yin/yang and TCM theories during your everyday life?
- Do you feel the yin/yang theory influences you more during this month than normally?
- What does your mom think? Grandmother? Daughter?
- Why will you/why did you practice the month? (PROBE: past generations? Your own beliefs?)
- What if you don't do it? What will your family think?

Section II. Practices of the Month

- Did you do anything to resist/negotiate the practice (rather than do exactly what was told to you?)
- What happened if you attempted to or broke a rule?
- Can you talk to me about your primary caregiver during this time?
- How did the month influence your relationship with them? (PROBE: Were there any disagreements? Did you grow closer? How?)
- Do you feel that you got support physically? Emotionally?

Section III. Changes within the Month

- Where did you practice the month? How was that experience for you?
- Have you heard of the centers? What do you think of this?
- Do you feel your socioeconomic status influenced your practice of the month?
- What did you think about during the month?