

In order to present a complete picture of the practice of ZYZ based on the literature, I will discuss the findings through the following themes: 1) food and hygiene practices and the implications on health and family harmony, 2) ideas of 'pollution' and rite of passage, 3) authoritative knowledge and 4) marketization of ZYZ.

### **1) Food and hygiene practices and the implications on health and family harmony**

ZYZ is considered a set of folk customs which are congruent to the principles of traditional medicine to protect women and prevent them from future ailments. Accordingly, pregnancy depletes the mother's internal 'heat' and energy through blood loss during childbirth and places the woman in a cold state (Liu, Petrini and Maloni, 2015). The opening of her joints and tendons following pregnancy renders her susceptible to external forces, such as the 'wind' and humidity which may cause ill-health. As a result, dietary and behavioural rules are used to guide the restoration of her body's harmony. These concepts are based upon the principles of Chinese medical theory. The first detailed account of the practice of ZYZ in the English language was written by Pillsbury (1978) who was an American medical anthropologist and conducted fieldwork in Taiwan based on interviews with "over 80 Chinese". Her work is referenced often in both the health and anthropology domains as one of the most detailed account of the practice. However, Pillsbury did not provide details on how her sample was recruited and selected, and how these interviews were conducted. Further, Cheung (1997) considered her account as Eurocentric with an attempt to explain the taboos (as shown in Table 2)

based on the logic of Chinese medicine labelling them “dysfunctional” (Pillsbury, 1978: 12), without further contextualising the obscure details in everyday life despite citing the women’s adaptations to the customs.

**Table 2. Rules and possible reasoning for ZYZ (adapted from Pillsbury, 1978: 17 and Holroyd, 1997)**

<b>Rule</b>	<b>Reasoning by Pillsbury</b>
<b>Prohibitions against washing, bathing, being outdoors and visiting friends</b>	To protect the mother: <ul style="list-style-type: none"> <li>- from contagious diseases when it was more prevalent in the past;</li> <li>- from bone-chilling winters especially when insulation was not available in many homes</li> <li>- from vaginal infections from bath water (as showers were not common at the time)</li> </ul>
<b>Prohibitions against crying and reading</b>	Rather than suggesting a causal relationship of these practices with ill health, these rules are stipulated to prevent any eye strains and illnesses which may affect the women’s postpartum wellbeing and the avoidance of circumstances that are likely to induce crying.
<b>Prohibitions against exposure to wind or water to prevent wind from entering the joints</b>	This is consistent with physiological changes following pregnancy and childbirth that the woman’s ligaments are expanded
<b>Prohibitions against washing clothes and dishes, walking and moving around</b>	This helps the new mother avoid exhausting her limited energies in the performance of household tasks.
<b>The prescription to consume large amounts of food, especially chicken (for some women, one a day), eggs and organ meats</b>	This raises women’s protein intake to a level acceptable by Western nutritional standards, especially when these items are relatively costly for most, especially rural, households
<b>The consumption of sweet foods</b>	To reduce the intake of foods high in salt
<b>Proscriptions against eating raw and cold foods (not limiting to temperature of the foods, but foods grown in the ground or in water)</b>	This ensures that all foods are boiled and cooked to prevent the risk of food poisoning and gastrointestinal upsets for the new mother

### *Chinese women in the diaspora*

As shown in Table 1a, in one of the first studies on the practice for Chinese migrants, Cheung (1997) interviewed 10 Chinese and Scottish women and some of their family, friends and health professionals. This cross-cultural research study explored the ideas of childbirth and postpartum practices by Scottish Chinese who are mainly first generation migrants. It provides rich data on their ways of navigating their own cultural practices in the diaspora in Scotland. She mainly reported on the Chinese postpartum practices on restoring somatic balance and psychological healing through the consumption of restorative foods and using herbal medicines for a special steam bath. The Scottish Chinese women were also reportedly being influenced by mainstream health messages which do not stipulate a specific set of postpartum practices. This was the basis to the excuses claimed by these women for not following all the “ideal behaviours” of ZYZ. An important finding of this study highlighted that one of the main reasons to follow ZYZ is its long-term effect on health as the postpartum period is regarded as the window of opportunity to improve a woman’s health. The author discussed briefly how, with the now defunct one-child policy in China, childbirth is considered an once-in-a-lifetime chance to correct a woman’s previously poor health status and invest in her future wellbeing. This view was important for women migrated from Mainland China, which shows the impact of state policies even after the women moved out of the country. With the abolishment of this policy, it will be worthwhile to see if there are any changes to this perception.

Similar findings were reported by Brathwaite and Williams (2004) in their small study of interviews with six professional Chinese Canadian women with regards to adhering to traditions during pregnancy and the postpartum period, and adapting the rules of ZYZ. A food-based enquiry by Higginbottom et al. (2018) examined the food intakes through semi-structured photo-assisted interviews with 23 Chinese women in Edmonton, Canada, in order to discuss their health beliefs and practice. These mothers were able to combine the ideas of Chinese food therapy with Western nutritional underpinnings, such as citing increased consumption of meat and eggs for protein intake during pregnancy. However, when it came to postpartum food choices, the women turned mainly to culturally acceptable recovery and lactation-aiding foods such as drinking tonic soups made with fish, meat, bones and vegetables, Matthey, Panasetis and Barnett (2002) measured the effects of mood and health using a quantitative questionnaire with 102 Chinese women in Sydney, Australia. Although most of the women (Over 90%) reported practising ZYZ, the protective effect on their health is not conclusive.

Despite the detailed accounts of the practice of ZYZ, perceptions on health and on the women's food intake, none of these studies drew upon the lived social experiences and possible tensions with healthcare professionals at the hospital and in the community. Studies in London and Manchester aimed to address these. A small study I conducted (Leung, 2017) involved interviews with 10 Chinese women in London and highlighted the perceived lack of cultural sensitivity of healthcare professionals in their postpartum care, but it did not reveal the possible conflict in the family unit for the mothers. Lam,

Wittkowski and Fox (2012) reported isolation (from their social group and being away from family) and conflict (between mainstream advice on women and family health and the women's family network) as the two main factors for the eight Chinese women in Manchester they interviewed, underpinning a period of distress which may be a precursor to postpartum depression disorders. What was most interesting is how the women cited the more beneficial "emotional support provided by their natal mothers, in contrast to the "more practical help" by their mothers-in-law. Certain "hidden confrontations" were reportedly caused, especially when the women felt forced to follow a certain diet which was deemed to cause inconvenience to them (ibid: 113). This was also reported in an interview study by Cheung (2002) with 10 Chinese and 10 Scottish women, and 45 health workers, the women's relatives and their friends, who also reported stress between the daughter-in-law and parents-in-law. However, the potential tensions in living arrangements of the extended family when visiting or when living under one roof was not discussed.

Despite some of the reported social tension in the household, most of the Chinese mothers overseas cited protective effects when practising ZYZ. But Lee & Brann (2015) in their interviews with 22 mothers based in New York who had recently completed their postpartum periods, identified negative maternal physical and emotional health outcomes, a reported delay of the onset of lactation, and early introduction of solid to their infants for Chinese mothers. Some of the mothers also practised 'reverse migration' as they would send their infant for the care of grandparents in China with the parents

citing economic reasons for this practice. This was supported by the finding that more than half the respondents qualified for the means tested 'women, infants and children food and nutrition programme' for low-income families who are possibly at nutritional risk. Chu (2005) in her study of Chinese migrant women in Brisbane, Australia, reported that based on 30 key informant interviews, the different postpartum experiences of these women is due to socioeconomic status, with women from Mainland China tending to work in unskilled and blue-collared jobs who report a higher level of postpartum stress (six out of 11) and some even more severe (two out of three). The author suggested the importance of cultural sensitivities when delivering maternal and postpartum care to migrant women, especially in the absence of wider family support.

### *Women in Chinese society*

Most of the studies carried out with Chinese mothers overseas have focused on women's experiences and cultural importance of ZYZ especially in the diaspora. The majority of studies done in China are interested in the biomedical consequences of the practice, especially on the women's likelihood of postpartum depression (using the Edinburgh postnatal depression scale) and nutritional intake (using a food frequency questionnaire). This reflects the hierarchies in research disciplines which are not uncommon in academia which favour biomedical over social sciences possibly due to less research support and training, especially in China where science (and technology) are considered to be symbols of modernity when it comes to midwifery studies (Cheung, 2009).

According to the literature listed in table 1b, all of these studies report that ZYZ has a negative effect on postpartum wellness for the mother and baby, although these were inconclusive. For example, according to the study by Gao, Chan and Mao (2009) who studied 130 pairs of parents in their postpartum period in Guangzhou, fewer than 15% of mothers and fathers indicated they suffered from depression; however, this study did not acknowledge the difference between depression and “baby blues” as a result of the change of family life and the lack of sleep. Another study using self-report by Liu, Maloni and Petrini (2014) in Hubei province suggested that ZYZ was associated with a decline of physical health through the measurement of aerobic endurance (by a six-minute walking test) and likelihood of postpartum depression. Mao et al. (2016) reported that their sample of 1,975 women stayed in bed for an average of 18 hours a day and 3 out of 4 of the mothers never ate vegetables during this period. Neither study followed up on the participants’ wellbeing after the postpartum period and on the lived experiences of the participants. Similarly, Wang et al. (2009) who surveyed 1,813 women using a case-control cross-sectional study reported no benefit in adopting postpartum practices and the management of chronic pain in rural China.

A qualitative interview study by Strand et al. (2009) with rural families in Shanxi province, identified the risk of rickets (that is caused by Vitamin D deficiency) for children due to the practice of ZYZ confining both mother and baby indoors. They reported that respondents found ZYZ to be burdensome

and, taxing to them, mentally and physically and they find it oppressive as traditional customs are reinforced by their families. This paper was written to highlight the potential risk of infants developing rickets as a result of home confinement following ZYZ and largely drew attention to the negative aspects of the practice. As shown above, the biomedical framework does not highlight the complications of family life and social organisation as an interpretation of the practice of ZYZ in order to evaluate its importance to the women in China.

In Taipei, of 202 mothers who completed a postal questionnaire, those who practised ZYZ were found to have lower severity of physical symptoms and lower odds of postpartum depression (Chien et al., 2006). It is possible that the context in which the questionnaires (i.e. the participants' homes) were completed may have an effect on the findings, compared to other studies in which the surveys were filled in on maternity wards. On the contrary, in Hong Kong, Leung, Martinson and Arthur (2005) who surveyed 385 women identified around 20% of the respondents to demonstrate traits of postnatal depression, but did not highlight any relationship between the incidence and ZYZ. However, the authors (Leung, Arthur & Martinson, 2005) further conducted interviews with 20 women who reported that the practice of ZYZ results in numerous conflicts which are due to the tight living environment in the city and unsolicited yet unavoidable advice from their mothers-in-law, especially over aspects of childcare. This was previously confirmed by Holroyd et al. (1997) in an interview-based study of seven women in Hong Kong who reported that their mothers-in-law dominated their postpartum care as an exercise of power in their relationship.

The qualitative studies aimed to offer a more in-depth look into the perceptions and views of the practice of ZYZ, and explored the inter- and intra-generational family dynamics during this time. A study by Holroyd, Lopez and Chan (2011) reported that mothers in Hong Kong were more likely to follow the instructions laid down by their natal mothers rather than their mothers-in-law. Mothers are considered more likely to draw support from their natal family at a time of rapid social change and transition period into motherhood which reinforces mother-daughter kinship relations. Raven et al. (2007) identified a respect for tradition and strong influences from family elders in ZYZ amongst new mothers in Fujian province, China, which represent wider Confucian ideologies of filial piety, but recognised that their adaptations were based on more modern health beliefs which are influenced by the media that can lead to inter-generational conflict. The study provided an insight into the practice through the narratives of the mothers, partners and elders; however it did not compare urban and rural households, and the relationships between the various family elders.

Studies in other Asian countries such as Malaysia and Singapore provided a cross-sectional view of the practices of Chinese mothers (Table 1c). The women reportedly adhered to specific dietary adjustments in the postpartum period even though their families have lived in Southeast Asia since the 19<sup>th</sup> century following their migration from Mainland China. Such alterations in their dietary intakes have also been reported in larger studies which focus on quantitative dietary intakes (Chen et al., 2013; Fok et al., 2016; Poh et al.,

2005). In other qualitative studies, Chin et al. (2010) and Naser et al. (2012) respectively discussed the wide adaptations of urban Malaysian (n=47) and Singaporean (n=30) Chinese women. However, the recognition of following ZYZ demonstrates that the influence of a family's cultural background is strong when it comes to childbirth practices for Chinese women in Southeast Asia.

## 2) Ideas of 'pollution' and rite of passage

Anthropological research (table 1e) considers postpartum practices as rites of passage that accompany the birth, which explains why women should be separated from the rest of family and society for a defined period of time. This is also the time when domestic roles are reversed between family elders and the mother of the newborn, who is given sanction to rest for an entire month (Ahern, 1975; Pillsbury, 1978; Liamputtong, 2004). The idea of 'pollution' is prevalent in postpartum practices amongst women in Nepal, India, Bangladesh and Papua New Guinea who are barred from preparing or serving food, tending to crops or collecting water during this period (Withers, Kharazmi & Lim, 2018). Sexual abstinence is also prevalent during the postpartum period in other Asian countries. In Myanmar, the act was widely believed to cause reverse flow of the lochia into the uterus, thus endangering life, as reported by Sein (2013) from 260 interviews with urban and rural women. Earlier anthropological interpretations based on ethnographic research in the rural areas of Taiwan, suggested that postpartum confinement at home is a ritual of 'cleansing' to avoid pollution passing on to the rest of the family and society, as birth fluids are considered 'dirty'. Women also refrained

from temple worshipping in order to be spared the anger of the king of gods (Ahern, 1975; Pillsbury, 1978).

Topley (1970) whose anthropological fieldwork focused on childrearing practices in Hong Kong, reported that idea that lochia is considered unclean relate to “ritual notions”, which concerns the mother’s transitional state during her rite of passage. This requires her to separate from the usual activities, until she completes the postpartum period which renders her ‘clean’ again. This concept of pollution has been long established in Chinese medical history, which identifies the month of birth as “a period of liminality and danger strongly shaped by the taboos surrounding birth blood and newborn infants. Doctors advised one hundred days’ rest of full physical recovery, rationalized in terms of the mother’s physical health, and complained that women considered thirty ritually charged days enough” (Furth, 1999: 110). In some villages in southern China, women are considered “dirty” for one hundred days following childbirth, any sexual intercourse with a woman during this time is believed to be “physically weakening” and bring about contagious diseases to the man, such as tuberculosis (Johnson, 1970: 226).

In her interviews of 52 women after caesarean in three urban areas in China, Cheung et al. (2006) concluded that ZYZ is important in that it bridges the event of childbirth, and facilitates the women’s transition to motherhood and incorporate them into their new duties. Although the concept of pollution is no longer cited in more recent accounts with Chinese women, the ritual of marking the completion of one month (or 100 days) postpartum remains the

pinnacle of newborn celebrations with the family. Interestingly, the notion of 'postpartum' behaviour was juxtaposed to 'normal' behaviour of not practising ZYZ in the population survey by Wang et al. (2008) (Table 1b). This further suggests that the deviation of 'a normal state' of the women is also implied in health studies based on altered health behaviours.

Chmielowska and Shih (2007) who interviewed women in Taiwan discussed the importance of this transitional *quarantine* as a way of maintaining the balance of relationships in the family but also helping its members to recognise the change of status of the woman. This change, as the authors suggest, is considered disruptive to the woman's existing community. The community will be reinstated when she is 'reincorporated' after the month of ZYZ. Further, the instruction to rest is a metaphor to taking 'maternity leave' from household duties, social and religious rites, whilst these are assumed by the rest of the family, including caring for and carrying the newborn. The authors went on to explain how some of the prescriptions and proscriptions are important to the women from a physical anthropology perspective to prioritise women's nutritional needs in the family for lactation, and barring her from possible 'infections' from using cold untreated water and through social contact with other people. These theories on biological anthropology, however, do not explain why ZYZ is continued until this day suggesting these ritual notions are less resistant to change compared to women's status in society.

### 3) Authoritative knowledge

Brigitte Jordan's concept of 'authoritative knowledge' encompasses the idea that '[f]or any particular domain several knowledge systems may exist, some of which, by consensus, carry more weight than others, either because they explain the state of the world better for the purposes at hand...or because they are associated with a stronger power base' (Jordan, 1997:56). This section also draws mainly on anthropological literature as listed in Table 1e. The medical anthropologist Pillsbury (1978) identified three key areas which inform the practice and knowledge of ZYZ:

- folk medicine in 'little tradition' which refers to the body of knowledge transmitted through socialization (Redfield, 1989: 50), containing the popular ideas that influence health and which are practised by the majority of the population;
- traditional Chinese medicine in 'great tradition' which refers to the body of knowledge transmitted through books, scholars and institutions (Redfield, 1989: 50), which are rooted in Chinese cosmology in the broad concept that balances the harmony of the body ('*qi*' or 'pneuma') comprised of the five elements (or relationships thereof) and by contrasting 'yin' (cold) and 'yang' (hot) energies in the body. This approach is rooted in finding one's balance through augmenting or supplementing any deficiencies ('*bu*'), a significant part of this is also an elaborate humoral theory of food;
- Western medicine, the medical tradition developed in the west, which should be interpreted in conjunction with folk and traditional Chinese medicine.

This differentiation of knowledge paradigms is supported by an earlier account by Topley (1970) who discussed the evolution of “Chinese traditional medicine” and discussed the complex relationships differentiating the discipline from “scholarly” and “folk”, “great” and “little” traditions. As she concluded about the case in Hong Kong,

*What then is folk medicine? It is a miscellaneous collection of ideas and methods rejected by scholarly practice and by certain members of the scholarly tradition - there is no unanimous agreement. It includes religious ideas as well as certain medical ideas of metaphysical origin, and ritual along with medical treatment... Part of what is traditional is transmitted orally (although not passed through lines of masters reckoned as 'orthodox' by all); and much is passed on by persons other than doctors-priests for example, and old women knowledgeable in matters of diagnosis and cure (especially of childhood disorders). Part is written, being based on ancient and other books rejected by the scholarly, and some of this writing makes use of yin and yang and theory of Elements...” (ibid: 424).*

Furth (1999) further discusses despite the prescription of rules in medical literature being dominated by males, “illiterate grannies” were heavily involved in the midwifery practices especially in elite households, suggesting the importance of folk medicine of medical practice in everyday life.

### ***Hospitalization, medical intervention and ZYZ***

Since the mid-1990s, the Chinese government has encouraged hospital deliveries to improve maternal and infant outcomes, especially in rural areas by waiving the in-patient charges for hospital deliveries and improving the provision of local maternity services. Licenses for traditional birth attendants

were suspended. All these changes saw a dramatic increase in hospital births to above 95% in most regions (Song et al., 2016). This is similar to other countries where childbirth is increasingly promoted as a medical affair to for safety purposes. In China, although caesarean section rates rose dramatically in the 2000's due to changing preferences and increased agency in birthing choices of the women (Hellerstein, Feldman & Duan, 2014), they have now reduced as a result of social factors and the influence of public policy (Wang & Hesketh, 2017). Cheung et al. (2006) has previously written that women who underwent caesarean sections were more likely to follow ZYZ as one of her participants said it was the only way for her to “ensure a full recovery from having had a caesarean” (ibid: 197) and were able to adapt the practice due to their wounds. Although the actual event of childbirth is maintained by obstetrics authoritative knowledge at hospitals, postpartum care of ZYZ is provided not only by the women's family and further trained professionals which may be limited to wealthy urban dwellers (see following section on marketisation of ZYZ).

Whilst it is customary for Chinese mothers to practise ZYZ, little is known about the ways in the knowledge on ZYZ is being transmitted inter-generationally within the family in the context of rapid societal changes in China which affect the socioeconomic status of women and their households. As Raven et al. (2007) reported, women were able to mitigate some aspects of the tradition with their understandings of Westernised approaches taken from biomedical and nutritional sciences, such as increased fruit intake for

vitamins. However the effects on infant feeding decisions as well as the postpartum wellbeing of the mothers is not as well understood.

#### 4) Marketisation of ZYZ

From birth attendants to healthcare workers, childbirth is seen as a women's business in China (Cheung, 2009; Kartchner & Callister, 2003). Although it has traditionally been a custom to move to the husbands' family following marriage, due to the patrilocal nature of Chinese families, and the emphasis on continuing the patrilineal line of descent, urban women in China are increasingly forming nuclear family units (Cheung et al., 2006). As a result, the postpartum care for some affluent families in the cities is no longer offered by family elders especially mothers-in-law, but hired domestic care (Cheung et al., 2006). However the extent of this is yet to be studied. Postpartum practices as an extension of the childbirth experience, have become increasingly commercialised and market-driven, crossing from a private family affair into a public trade in some regions (Ding & Tian, 2018). In some Chinese cities, the hiring of live-in confinement nannies, nurses or helpers (「月嫂」 “*yuesau*” or 「月子保姆」 “*yuezibaomu*”) has become a popular business. For example, more than 50% of new Taiwanese mothers undergo the doing the month transition at postpartum nursing centres (PNCs) where help and guidance from healthcare professionals now replaces that provided by the women's mothers and mothers-in-law (Yeh et al., 2014, 2017; Yeh, St John, & Venturato, 2016). Although there is little information regarding the uptake of these commercialised services at PNCs on Mainland China, the extortionate fees and luxurious services available have been widely reported

by the local press (Ap & Lu, 2015). Cheung et al. (2006) who studied the ways in which ZYZ is commercialised in China wrote that home-helpers are the products of the surge of ZYZ as a result of China moving towards woman-centred care, rapid development of the internet (which contributes to the dissemination of information and social aspirations) and increased marketisation of these services following the economic reforms. No study has followed up on the experiences of women who had hired help or stayed in PNCs in Mainland China, but has been reportedly becoming “increasingly popular” and compared to as “postpartum doulas” (Ding & Tian, 2018: 148). However, in Malaysia, mothers interviewed reported that the *pei yue* (「陪月」, equivalent to *yuesau*) has taken over the role of mothers and mothers-in-law, in terms of offering expert knowledge and assistance to the new mother (Chin et al., 2010). Although these options and care remain largely for the rich and privileged, in a rapidly changing society in Mainland China, their implications have not been well studied, as there is no research which shows how the practice of ZYZ is negotiated between the domestic, public and commercial spheres.

### Summary of literature review

The literature review has shown us that ZYZ is a commonly referred to postpartum practice for recovery from pregnancy and childbirth by Chinese women in Chinese societies and overseas. Although cited for health reasons, the practice of separating the woman from the rest of her social group for one month has been considered as a rite of passage which remains important for Chinese societies according to anthropological studies. The basis for the

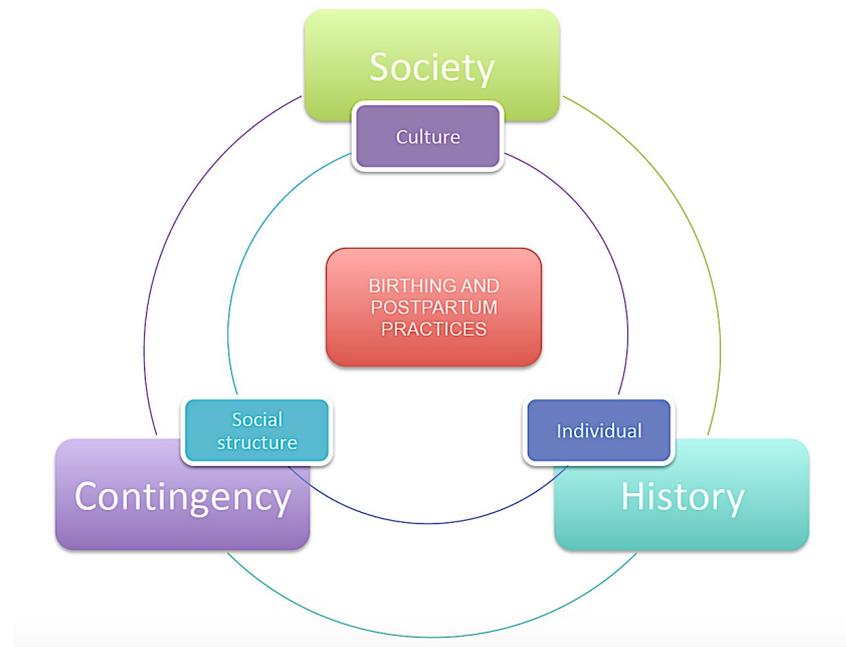
custom is also strongly influenced by family elders, especially by the women's mother and mother-in-law, although the ideas of filial piety have not been thoroughly discussed to explain this Chinese social order. To a lesser extent, urban mothers may hire postpartum help and assistance, however its practice and relevance in contemporary China are yet to be explored in detail. As Westernised biomedical and nutritional knowledge becomes more available in China, it will be useful to examine the key holders of the authoritative knowledge that influence the postpartum practice of ZYZ.

Whilst most of the studies conducted in China examined the practice of ZYZ and the health status and nutritional intakes of the women, other studies looked at more complex family dynamics and negotiations of the practice and how it is influenced by both culture and modern health information. The latter will form the backbone of my research project where I will compare the practice across urban and rural households in Zhejiang, China.

### C) Conceptual and theoretical framework for the project

As discussed above, childbirth is a key phase of transition for a woman and her family. The medical anthropologist Jordan (1993) suggests that as the process of parturition is produced jointly and reflexively by universal biology within a particular society, so it should be most appropriately understood within the “biosocial framework”, especially for cross-cultural comparisons, to investigate what “cannot be seen from inside any particularly [birthing] system” (ibid: 45) as birth practices are often so rigidly shaped.

My research aims to offer an understanding of the social patterning of the women’s postpartum customs, relevant to the “culture-specific social matrix within which human biology is embedded” (ibid: 4). This underpinning is used as a guide for the conceptualisation of my research framework. Behruzi et al. (2013) proposed the conceptual framework as shown in Figure 2, to suggest how childbirth practices could be understood as an organisational cultural phenomenon, in order to identify the social and cultural characteristics of childbirth and the relations between these and the hospital (birth place). It aimed to uncover the main values and beliefs around the existing practices. I found this useful as a guide to the multi-faceted nature of women’s views and experiences of childbirth in the hospital setting. This is different to the medical and technological frameworks which prevail in most developed and increasingly for developing economies. I then proceeded to contextualise this framework for my project by applying the various factors to understand women's postpartum health beliefs and practices in China which are explained and summarised in Table 4.



**Figure 2. My first conceptual framework of childbirth and postnatal practices, adapted from Allaire and Firsirotu (1984) and (Behruzi et al., 2013)**

<b>Factors</b>	<b>Postpartum practices in China</b>
<b>Society</b>	The macro-environment in which the family unit, hospitals and postpartum health enterprises is structured and influenced.
<b>History</b>	Social history of the family unit, history of hospital and postpartum health enterprises.
<b>Contingency</b>	Resources of the family unit, hospitals and postpartum health enterprises.
<b>Culture</b>	Rites and rituals, customs, metaphors, stories which affect the women.
<b>Social structure</b>	Conventions, regulations and physical environment of the family unit, hospitals and postpartum health enterprises.
<b>Individual (the women)</b>	Choice, control, sentiments and perception of health during the postpartum period

**Table 4: Explanations of the factors from Figure 2**

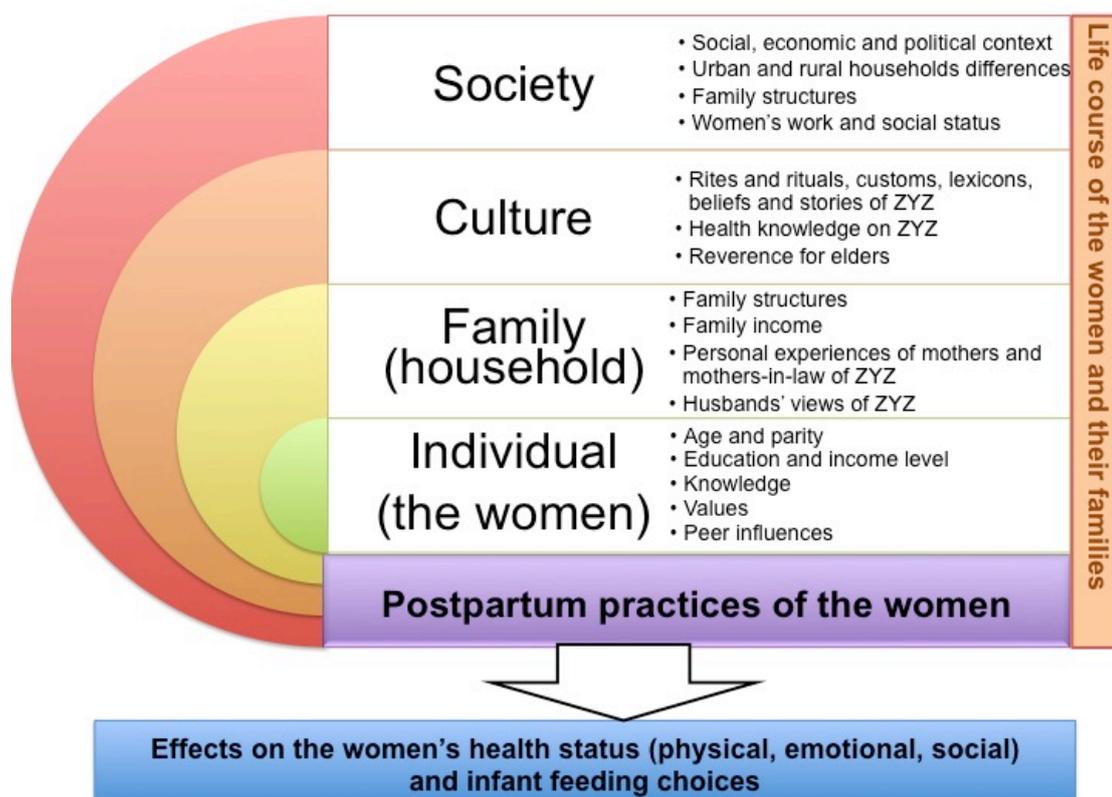
These layers of factors are to be explored via different methods through interviews, observation and a review of secondary sources in order to contextualise the women’s postpartum practices (see below Section three).

## Life Course as Development Theory

Understanding birth and the postpartum period as an important *transition* (Raman et al., 2016a, 2016b; Withers, Kharazmi & Lim, 2018) within a particular, dynamic, historical context suggests the usefulness of a life course perspective (Elder, 1998). A life course approach acknowledges that “[1] all stages of a person’s life are intricately intertwined with each other, with the lives of other people in society, and with past and future generations of their families; [2] understanding that health and well-being depend on interactions between risk and protective factors throughout people’s lives; [3] taking action early to ensure the best start in life, appropriately protect and promote health during life’s transition periods, and as a whole society, to create healthy environments, improve conditions of daily life and strengthen people-centred health systems” (Müller, 2018: 1-2). This is particularly useful when looking at the multiple and intersecting layers and life histories of the family which affect the views and experiences of the women.

In my study, a sensitivity to the life course suggests the usefulness of a methodological approach that seeks to understand the ways in which mothers’ postpartum practices are influenced by her personal choices, cultural and social background, and her immediate and wider family unit within particular contexts. This is exceptionally important in offering new considerations on childbirth and postpartum practices, shaped at the individual, family and society levels embedded within the cultural context, and the implications on the individuals’ perceived status of their own health and wellbeing of their family.

I borrow Brannen and Nilsen (2011) who used comparative biographical interviewing to map out their respondents' life course at the organisational unit of work in order to compare individual lives across societies. They used a multi-layered contextual approach which entail: the factual events in the person's life, the meaning these have for him or her, and the way the story about them is told (ibid: 609). Through interviewing the women and their family members on their specific experiences and views on childbirth and postpartum practices, I can map out how these overlap with key events in Chinese society to see how these have developed other time. For data collection and analysis, refer to Section three.



**Figure 3. My amended conceptual framework of postpartum practices and effects on health by women in China**

As discussed below, given the qualitative and iterative nature of the research design, I anticipate that this guiding conceptual framework will be subject to change as fieldwork progresses and I identify further determinants for the postpartum experiences of the women and their family lives.

## Section two: main aims and research questions

The research will examine the postpartum practices of *Zuo yuezi* in China, to offer new understandings of how these are considered, negotiated and practised by the women and their families across urban and rural households. This is as defined by their “*hukou*” 「戶口」 – the unique Chinese household registration system, that institutionalised China’s rural-urban dual society system which has shown to have an urban bias with rural *hukou* holders more likely to be have unmet health needs. This is shown to be defined by their household registration rather than place of residence. (Zhu & Österle, 2017)

My key research questions are as follows:

- 1) What are the postpartum practices observed by the women of urban and rural households in Zhejiang, China? To what extent are they informed by ZYZ? What is the reported impact of ZYZ on women’s physical and mental health and their infant feeding choices?
- 2) How are these postpartum practices negotiated between the women’s family members, and with healthcare professionals, and what does this say about family life and healthcare culture in Chinese society?
- 3) How does knowledge from ‘folk medicine’ and ‘Western medicine’ and health sciences (Pillsbury, 1978) influence the way women and their families take part in, and account for the postpartum practice of ZYZ?

To answer these questions, the study will adopt a qualitative design comprising semi-structured interviews and ethnographic observations in order

to capture the complexities of the women's experiences, views and inter-family negotiations on postpartum practices. In order to contextualise the women's experiences and perceptions in contemporary China, I will also, my interviews and ethnographic enquiry will be complemented by my analysis of secondary sources including the published literature and policy documents.

## **Section three: study design, methods of data collection and strategies of analysis**

### **Research context**

The study will take place in Zhejiang province, China, where my primary supervisor (Professor Hesketh) has established collaborations with Zhejiang University, its affiliated Women's Hospital, and the All-China Women's Federation. The University is in the provincial capital city Hangzhou and my primary supervisor has connections in the rural county of Kaihua. I will collect data from urban and rural households and interview the health professionals at these two locations. Conducting research in China is different from the West and entails particular challenges. These established personal networks and introductions are very important in order to gain access to participants, however I am aware of certain ethical considerations which are outlined in Section four.

### **Research design**

My project encompasses a qualitative design to explore the experiences and views of the women and their family members through interviews and participant observation. This allows the interpretation of their narratives, but also how these may be constructed through an examination of their life histories against the changes in Chinese society. A summary of my research questions, planned methods and topics to be explored are listed in Table 3.