

Postpartum practices of women in China – a comparison between urban and rural households

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Introduction

This report outlines the background, conceptual and methodological processes, data collection plan and strategies for analysis for a PhD project on the postpartum practices of women from urban and rural households in Mainland China. The purpose of this research study is to understand the ways in which postpartum practices are dynamically fashioned in Chinese society and to add value to the scholarship on women's health in Chinese contemporary society and its place in global health studies.

The first section of the report summarises the available literature on the importance of postpartum health practices and the Chinese postpartum practice of *Zuo yuezi*. This literature review will focus on public and community health and nursing and midwifery studies, however due to the interdisciplinary nature of the subject matter, it will also draw on diverse literatures sources including sociology and anthropology. This is followed by a discussion of the main conceptual and theoretical approaches considered in developing this study. The second section of the report lists the main aims and research questions of the study, and the third section outlines the study design, methods of data collection and strategies of analysis. The fourth section describes the ethical considerations of the study, and the final section comprises a timeline of research activities and proposed thesis outline. The Appendices list out the recruitment and methodological tools, as well as the summaries and a reflection on two pilot interviews.

Section one: background and literature review

A) Background

Socio-cultural considerations of childbirth practices

Whilst childbirth is a biological event, the experiences of pregnancy, childbirth and the postpartum period are heavily shaped by social and cultural factors. According to community health and midwifery studies, the time of conception to 24 months of age (sometimes framed as the first 1000 days), not only imparts significant biological changes to the woman, but also intersects with her social sphere through culturally sanctioned practices. Pregnancy, birthing and postpartum customs are commonly observed in Asia and Africa (and the overseas diaspora) where many women avoid transgressions of these customs for their own health and to promote social harmony. In particular, mothers follow postpartum practices to protect the health of the mother and the newborn baby, and to prevent future ailments. The various postpartum practices following childbirth are a way to demonstrate the women's transition into motherhood, a process which is imbued with cultural meanings sustained by their immediate social sphere including family elders (Raman et al., 2016a, 2016b; Withers, Kharazmi & Lim, 2018).

Studies have shown that inadequate maternal nutrition is associated with higher rates of maternal death and poor fetal outcomes, including, preterm birth, low birth weight and small size for gestational age (Christian et al., 2015). However, cultural beliefs, food preferences and taboos, as drivers of food choices, and the socioeconomic barriers to achieving adequate maternal dietary intake during pregnancy and postpartum are not well studied (Kavle & Landry, 2018).

Cultural beliefs and practices have been shown to have a strong influence on health and care-seeking behaviours relating to childbirth and the postpartum period (Greenhalgh et al., 2015). Having stronger cultural competency and sensitivity, through recognising and appreciating prevalent birthing and postpartum traditions is crucial for health professionals. This helps them to understand the concerns of mothers and their family, especially for Westerners working in cross-cultural health programmes, as well as native-born specialists in non-Western societies trained in Western medicine, who may dismiss these beliefs and practices as old-fashioned, irrational and superstitious. This enables rapport to be built with these women, but also allows for the management of major health problems including postpartum depression during this time, and facilitates better uptake of maternal health services (Withers, Kharazmi and Lim, 2018). Without culturally appropriate maternity care, mothers have often found feeling mistreated by healthcare workers at hospitals during and after birth (Bohren et al., 2015).

Although childbirth practices are mostly considered within the biomedical paradigm, the anthropologist Jordan (1993) in her groundbreaking book argues that childbirth is a significant event across societies and its accompanying practices should be viewed within the “biosocial framework”, and not be merely studied as a medical procedure. She adopts a cross-cultural lens to compare birthing systems and emphasises the importance of locally shared views regarding the routine processes, the course and management of birthing customs. Specifically, these considerations are two-fold: 1) the socialisation process by which women are introduced to their culture’s birthing system through formal and informal transmission channels; 2) the

content of these instructions regarding the substantive knowledge a woman is expected to acquire and the physical preparations in preparation for birth (ibid: 55). Therefore, whilst it is important to identify the birthing practices across geographical and cultural settings, the underpinning processes and their significance should be understood in their social-cultural contexts, especially on how these biomedical and local views on postpartum practices overlap.

The postpartum period

The World Health Organization (2014) has identified the postpartum (or “postnatal” – when used with reference to the newborn) period (defined as up to six weeks from birth) as a critical phase in the lives of mothers and their newborn babies. It is often a neglected period for the provision of quality care (World Health Organization, 2014; UNICEF, 2015), however, and is found to be particularly deficient in the rural areas of low and middle income countries (Titaley, Dibley & Roberts, 2009; Tao et al., 2011). Sufficient and appropriate care administered throughout pregnancy to the postpartum period has been shown not only to reduce maternal and infant mortality significantly, but also provides physical and emotional support for the family on the arrival of a newborn. Doctors have also remarked on the need to treat the postpartum period as an extension to pregnancy referring to it as the 4th trimester highlighting the importance of adequate attention and support for both the mother and baby during this time (Verbiest, Tully & Stuebe, 2017).

Why China?

In view of the rapid social changes as a result of China’s economic reform since the late 1970s following the Cultural Revolution, the medical system shifted quickly from

collectivism to marketisation which has encouraged the development of privatised medical healthcare (Cheung et al., 2006). With an increased enrolment in medical insurance schemes and efforts to eliminate maternal mortality, childbirth has become close to 100% hospitalisation, as mothers regard hospitals as the place to deliver safety and quality of care (Raven et al., 2015). The rates for caesarean sections reached an all-time high in 2010 but with changes in family planning policy and efforts to promote vaginal birth, caesarean deliveries have reduced (Wang & Hesketh, 2017).

When it comes to cultural considerations in postpartum practices, Chinese women and their families follow specific customs, both in China and overseas, which are collectively termed as “Zuo yuezi” (“doing” or “sitting” the month). Zuo yuezi entails a set of instructions and proscriptions on women’s food intake, movement and daily hygiene practices for around 30 days (Callister, Eads & Yeung Diehl, 2007). These practices, which are often referred to as “confinement” in the Anglophone world, have gained media attention in recent years, especially following the death of a mother in Shanghai overheating herself during the postpartum period. The way it has been heavily commercialised in some Chinese cities with wealthy families paying a hefty amount to stay at “specialist centres” has also made recent headlines.

The purpose of this research study is to understand how postpartum practices are dynamically fashioned in Chinese society, thus adding value to the scholarship on women’s health in Chinese contemporary society and its place in global health studies. My research questions can be found in Section Two.

Whilst much of the literature I have encountered encompasses the biomedical consequences of Zuo Yuezi practices and Traditional Chinese Medical philosophies, far less of research has studied the custom as a changing social experience. Further, such cultural practices, in global health studies, are often interpreted as overly restrictive, disempowering, risky and non-scientific. This reinforces a mostly Westernised and Eurocentric view of childbirth and maternal care, which undermines their “salutogenic” (health-supporting) role, a term originally coined by Antonovsky (1979), that focus on the ideas other than pathogenic (disease-causing) ones, such as rituals that may promote maternal-infant wellbeing (Raman et al., 2016b: 94). In order to fully study the factors which influence the women’s practices and their experiences after birth, I will also explore the rich qualitative literature in the humanities, specifically in anthropology. However, I anticipate tension and dissonance in trying to find a clear voice and position in bridging the divide between these domains, due to the large disparities of the foci, narratives and style of writings across the disciplines. Nonetheless, a cultural analysis offers a complementary lens to global health studies, by identifying the underlying causes and significance of these postpartum practices in the context of Chinese society. This is particularly important in my area of work as a nutritionist who grew up in Hong Kong with a keen interest in the dietary culture of China. I hope my research project will add to the understanding of the complexities of family food practices in order to provide culturally appropriate messages on food and health.

B) Literature Review on *Zuo yuezi* – the Chinese postpartum practice

The ideas behind “Zuo yuezi” (「坐月子」, abbreviated in the following as “ZYZ”) date back to ancient China and were first recorded in medical texts from the Han

dynasty (206BC to 220AD). Detailed prescriptions were noted from medical books from the Song dynasty (960-1279AD) suggesting that the month of birth postpartum (“zuo yue”) as a month of seclusion with further precautions (Furth, 1999).

A literature search of English publications was conducted to explore the postpartum practices of ZYZ (or doing/sitting the month) by Chinese women, the drivers for this tradition, possible effects on health and the significance of this practice to the family. I first performed this search from the electronic databases of PUBMED, PMC, CINAHL Plus, Scopus, Google Scholar and WHO Reproductive Health Library using the following keywords: postpartum, culture, rituals, China, *Zuo yuezi*, Doing the Month. A combination of the search strategy used for electronic databases were: “postpartum AND rituals AND China”, “postpartum AND culture AND China AND Doing the month” and “postpartum AND culture AND China AND Zuo yuezi”. Subsequently, I expanded this search using the keywords with a combination such as “childbirth AND Chinese OR Zuo yuezi AND anthropology” on Google Scholar. Hand searching complemented electronic searches. The reason to exclude Chinese articles was because they are not available in standard search engines and there is no consistent way of translating journal titles which may give rise to confusion for further referencing. Phan (2017) in his PhD thesis on American Chinese medicine also wrote about the challenges in including Chinese-language literature, as they are rarely peer reviewed and critically analysed.

The results of the literature search are shown in Table 1. Articles are categorised by geographical region and summarised according to their sample size, methods, results and discipline of enquiry. In total 38 articles of original research were found

within health studies (tables 1a to 1d) published from 1997 to 2018. A further five publications examine the topic from an anthropological perspective, based on ethnographic research (table 1e) mainly drawing from fieldwork in the 1960s to 1970s, and with one interview-based study in 2007. This is a reflection of the paucity of academic research in Mainland China, and the fact that it was virtually non-existent in English until around 10 to 15 years ago.

Tables 1a to 1d list the literature published in the health-related journals which encompass nursing and midwifery studies, community, public and global health studies and nutritional studies, across non-Asian countries (table 1a), Asian countries (Chinese-speaking) (table 1b), Asian countries (others) (table 1c) and others (table 1d). I separated these from the anthropological ethnographic research (table 1e) for ease of referral as they employ very different methods.