



Reclaiming Postpartum Care Practices Among Urban Middle-Class Women in Contemporary China

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Abstract

Historically in China, it was believed that new mothers should stay secluded post-birth due to the “polluting power” of childbirth. The “polluting” postpartum body was later reinterpreted as the weak biology of birthing bodies due to the reproductive function in medical texts. The management of such “polluting power” of reproduction, “sitting the month”, aimed to “purify” and “protect” the postpartum body from childbirth. Managing women’s reproduction fitted in broader narratives of naturalised gendered experiences within a social structure where women were subordinated by men. It transformed a woman’s ambiguous (outsider/insider) identity into a managed part of the system of reproduction. Therefore, such tradition maintained the hierarchical relationship between women and men. The gendered hierarchy and segregation have been challenged, although not uprooted, during socialist revolutions. Now with an emerging postpartum care-providing industry, middle-class women are encouraged to purchase such care from a commercial setting. They are empowered to seek autonomy and negotiate the exact terms of the care with other parties involved in their postpartum care. However, the extended family network is still highly relied upon for child rearing and other supports due to financial constraints and insecurities, and thus women’s postpartum care still remains as a family issue. This article, drawing on a sub-set of a larger sample, focuses on data from 13 open-ended interviews with women who have purchased commercial postpartum care. I illustrate how women are using these services in the hope to gain an enjoyable postpartum care experience. I analyse that despite the considerable degree of autonomy this consumption offers to women, how the Confucian model of intergenerational dependence and gendered relations endures, and thus how they still face structural constraints to reclaim their own postpartum care practices.

Keywords

postpartum care; tradition; patriarchy; autonomy; family politics

Introduction

The growth of China's market economy has overseen a commodification of postpartum care in urban spaces. These practices have their origins in the tradition of *zuoyuezi* ("sitting the month"). Various *yuezi* ("the month") hotel-like centres are emerging; women and their newly-born babies can stay within these centres for a month right after childbirth to receive intensive care including nutritious meals, babysitting, and various activities. Another popular commercial service is hiring a *yuesao* (postpartum carer) to assist "the month" at one's own home. The tradition itself, based on ancient folk beliefs and later TCM¹, promotes that mothers should stay secluded for the first month post-birth – a crucial period during which time they were coerced to comply with restrictive regulations. This included wearing long and warm clothing while foregoing taboo behaviours such as exposing oneself to cold air and bathing/showering.

This article draws on a sub-set of a larger sample from my PhD research, which looks at how the commodification of postpartum care shifts gender relations and reconfigures the hierarchies in women's marital and familial life. In 2021, I conducted 27 open-ended unstructured interviews with 29 participants, among which 2 were couple interviews. The participants included 13 women who had purchased commercial postpartum care, 6 family members of women who had purchased commercial postpartum care, and 8 care workers in the postpartum care business. The central aim of this article is to examine women's subjectivity and agency in postpartum care practices. I therefore focus on the 13 accounts of women who had purchased commercial postpartum care.

This article will first examine the traditional postpartum care's roots in the folk belief, "polluting power" of reproduction, as well as its ideological context in pre-revolutionary China. The socio-political changes during periods of revolutions and reforms will be analysed to examine the relevance of the "polluting power", and the ideology it was situated in, in Contemporary China. The second section will discuss a possible "feminist awakening" in which postpartum women seek higher degree of autonomy in their paid care practices in present days. Surrounded by discourses that promote personal choice in the consumer market, my participants seemed enabled, if not empowered, to negotiate a better postpartum care experience by purchasing it. The third section will examine the ethics and values of the historical ideology that still have an impact on women's life in contemporary China. Drawing on my own data, I argue that the traditional values and ethics have been reconfigured but remain persistent within the urban middle-class family. Therefore, women's autonomy in their own postpartum care practices is limited due to the remaining structural constraints.

Chinese postpartum care: the "polluting power" of reproduction and patriarchy

All the 13 women I interviewed had completed 月子 ("the month"). I had originally intended to talk about their commercial postpartum care in a more general sense, nonetheless, the practice of "sitting the month" was reported as an essential post-birth practice. "Sitting", meaning resting, indicating one should not move around during the first month after

¹Traditional Chinese Medicine

childbirth. The restriction on movement also includes staying secluded. Traditionally, the seclusion was deemed necessary to keep other people safe because life events such as menstruation, childbirth, and death were understood as sources of pollution due to their “boundary breaking abilities”, both bodily and of social groups (Douglas, 1966; Ahern, 1975)². This was because these activities of entering and exiting (i.e. marrying in/out, childbirth, death) could affect the stability of the group/family, and thus needed to be managed. The concept of *boundaries* within a Chinese context was established within Confucianism, an ideology that promoted men’s dominance over women and the senior members’ authority over the young ones, in pre-revolutionary (imperial) China³ (Gao, 2003).

Some scholars have argued that, in different contexts, men’s unease or envy caused by its dependence on women’s reproduction has transformed into a defensive mechanism whereby devaluation and appropriation of the envied object and provocation of envy in others are often used (see the discussion of “womb envy” in Bayne, 2011). Although this psychoanalysis may simplify and reduce womanhood to motherhood, its psychosocial value may offer an explanation for the origin of the taboos around reproductive events in a Chinese context. The construction of (and magnifying) men’s “exclusive” functions and social activities (i.e. “production” as opposed to reproduction), for example, was one of the defensive strategies. In the Chinese context, this “defensive mechanism” was the gender segregation prescribed in Confucianism: the distinction of *nei* (inner) and *wai* (outer) disciplined family members to conduct activities based on gender (Sangwha, 1999). Women were supposed to be active solely within the realm of family life, focusing on reproduction and following the men in her family, while men participated in outside (public) activities. The strict gender distinction and women’s subordination to men within Confucianism resonates with Walby (1990)’s private-public theorisation of patriarchy⁴ in western contexts.

By the same logic, the devaluation of women’s reproductive function also worked as a “defence” within this Confucian patriarchy as it emphasised women’s subordination and submission. Women’s reproduction was overshadowed with negative sentiment due to its power to “intrude new people or remove old ones” into a social group that was dominated by men (Adhern, 1975, p. 213; emphasis quoted). As a wife, the woman was perceived as an outsider/stranger “breaking into” her husband’s family. However, as a mother, she would be responsible for the lineage, which gives her greater power over her husband’s family due to its dependence on her generativity and loyalty. For instance, her son (and also her husband) as the heir may potentially become her ally and challenge the dominance of the patriarch (the senior authoritative figure) or the lineage solidarity causing *fenjia* (“the

²Such concern of “purity” and “pollution” is at the heart of many other societies, tribes and religions to maintain their social order (see in Douglas, 1966). For instance, in the Chinese context, the postpartum blood and discharge were considered impure, and thus may bring bad luck to other people. Lochia, the vaginal discharge after birth, is still called 恶露 (“evil liquid”) in China even today. The term projects a negative sentiment of pollution and uncleanness on blood in reproductive events.

³Imperial China refers to the historical period from 221 BC (Qin dynasty) to 1911 AD (Qing dynasty). Across the dynasties, although sometimes suppressed, Confucianism was the most influential school of thought that bound women’s virtues to marriage (Gao, 2003). For example, Three Obediences, the moral protocol for maiden and married women in Confucianism, suggests women follow the men in her family: the father before her marriage, the husband after she marries, and her sons in widowhood.

⁴Walby (1989) defines patriarchy as “a system of social structures, and practices in which men dominate, oppress and exploit women” (p. 214).

family division”) (Ahern, 1975). In addition, her ties to her family of birth and her social connections within a community could also support her to challenge her husband’s authority⁵. This ambiguity of women’s social identity (insider/outsider, virtuous/malicious) required a cultural strategy to maintain the stability of the patriarchal order, thus attaching negative values to the reproductive events became necessary to neutralise women’s *destablising* power.

Therefore, to reason the management (appropriation and devaluation) of women’s reproduction (power), the “polluting” concept could not remain in ungrounded superstitions. The “polluting power” of reproduction was further translated into disorders and contagion (to infants) in the medical texts in late imperial China from 1600 to 1850 (Furth, 1986; 1987). Rituals that were believed to eliminate the pollution were reinterpreted as medical precautions for the mother and the child’s well-being (Furth, 1987). For instance, the loss of blood due to the reproductive function (i.e. menstruation, gestation and childbirth) was described as an inherently “depleting” process that made people assigned female at birth a medical category chronically suffering from disorders. The biology of birthing bodies was thus interpreted as “the sickly sex”, due to the natural *inner* weakness (of losing blood) and therefore, the vulnerability to *outer* infections. In this sense, a careful observation and management in every possible aspect, as well as the guidance of medical handbooks, medical authorities and senior family members, was recommended by the medical texts (Furth, 1986). In addition, the polluting power – the emotional and sexual power of women – was also used to pathologise miscarriages and infant developmental problems⁶. This then not only made the observation and management seem more necessary, but also put the moral weight (of protecting the infant) on women to obey and accept the observation and management from the authorities (i.e. medical professionals and experienced, senior family members). Furthermore, Wolf (1975) points out that an oppressed young woman may voluntarily stay in the system and later engage in oppressing the next younger generation of women, due to her own potential to gain power and authority through reproduction, particularly by having a son. A woman’s strong emotional bond with her son, and authority over a subservient daughters-in-law in her later life may encourage the internalisation of her subordination in early years. The constant vigilance and observation of the birthing body were thus rationalised and internalised as a necessary practice.

Moderating the superstition of the *polluting power*, the serial medicalisations of women as “a weaker sex” exposed to/causing dangerous *pollutions* due to their reproductive function went hand in hand with the Confucian patriarchy and paternalistic pity and protection. Developing and rationalising the polluting power of reproduction, the power of women was devalued as a danger, not only to others but also to themselves. Therefore, the tradition of “sitting the month” can be seen as a coercive control of women aiming to maintain the hierarchical order in the Confucian patriarchy. The order is two-fold: a gendered one that naturalises women’s gender positions using biomedical discourse⁷, and a generational one

⁵ See discussions on ‘uterine family’ in Taiwanese villages in Wolf, 1972.

⁶ For instance, it was believed that “heat” that resulted from an overly “heating diet” (i.e. fat, raw meat and alcohol) and extreme emotions (i.e. anger, lust and anxiety) became “poison” which could harm the infant and lead to a miscarriage (Furth, 1987).

⁷ And the linguistic indistinguishableness between “female” and “woman”, “male” and “man” also furthers the naturalisation of sexuality and gender.

manifested in the relationship between the postpartum woman and the authority of 月子 (“the month”) knowledge that restricts the postpartum body from “polluting” (destabilising) the old patriarchal family. Understanding Chinese women’s contemporary postpartum practices in the newly emergent commercial postpartum care industry first requires an examination of the Confucian patriarchy within China today. How has it transformed after periods of revolutions and reforms? To what extent do historical patriarchal features remain relevant today?

The gendered order prescribed in the Confucian patriarchy is often considered to have been challenged in Mao’s China⁸, where women’s participation in public was celebrated and glorified, housework was “socialised”⁹ and private lands were collectivised for mass mobilising labour and stimulating productivity (Sechiyama, 2013). The asymmetrical generational relations had also been shifted, as the mass participation in extrafamilial groups and integration into the public life brought supports and empowerment to individuals (Stacey, 1983). This was especially the case during the Cultural Revolution¹⁰: when the political campaigns attacked any bourgeois and feudalist elements in China (Hooper, 1998; Hong, 1994), the formerly essentialised gender meanings in Confucian ethics, as remnants of feudalism, were suppressed (Sechiyama, 2013). Although the state acknowledged women’s productive role and their economic capacity in the socialist construction, the celebration of women’s participation in production did not end their domestic unpaid labour (Stacey, 1983; Yang, 1999; Sechiyama, 2013). All social problems in Mao’s era were categorised and solved as class problems, and as a result, equality was framed as an economic and development issue without reference to women’s personal lives (Evans, 2008). The state provided social reproduction support to maximise the production rather than consciously re-valorising reproduction (Yang, 1999). The Confucian (/patriarchal) family ideals (i.e. stressed wifely and motherly duties) were never truly eliminated¹¹ (Stacey, 1983; Liu, 2007), even in an era where women’s emancipation was at its peak and the Confucian ethics were criticised as feudalist remnants.

The marketisation, in the reform era¹², eventually saw the state’s retreat from public facilities (i.e. free childcare services, schools etc.), and reproduction became each individual family’s responsibility (Song, 2011). With an emphasis on profit, while facing unemployment among youth, there was a reversed emphasis on women’s domestic role and a call for women to ‘return home’¹³ (Yang, 1999; Sechiyama, 2013). Furthermore, the emphasis and governance on women’s reproductive function was strengthened with the implementation of birth planning policy – famously known as One Child Policy (Greenhalgh and Winckler, 2005). The birth planning aimed to manage the rapid population growth and

⁸ From 1949 to 1976.

⁹ This precisely means “nationalised by the socialist state”, but there was no revalorisation of reproductive labour, which will be discussed later.

¹⁰ From 1966 to 1976.

¹¹ For example, in urban areas, the *danwei* leader became the new patriarch-like authority, interfering individuals’ personal decisions in life (Liu, 2007). Through *danwei*, “the interconnection of public and private spheres”, a new patriarchal institution was forged to continue regulating individuals under Confucian familial protocols, though which were “theoretically rendered obsolete by socialism” (p. 86).

¹² Under Deng’s government, from 1978 to 1992.

¹³ A suggestion has been seen in many countries experiencing unemployment throughout history (see in Mies, 1986 on Europe; Honey, 1984 on America).

the population quality. By quality, the policy makes the implication of differentiating the superior birth from the inferior one¹⁴, and the good parenting practice from the bad one (Greenhalgh and Winckler, 2005). The Confucian ideals of wifely and motherly duties were revived and reinforced once again to mobilise women to cultivate high-quality future generations for the nation (Greenhalgh and Winckler, 2005; Xie, 2021). In such nationalist rhetoric, women's naturalised motherhood is often highlighted and even glorified to serve the state's imperatives of reproduction and production (Yuval-Davis, 2003; Chou, 2012). Therefore, the persistent Confucian values continued to influence policies as well as individuals' everyday practices in post-Mao China.

In more recent years, Confucianism has been again endorsed by the state in order to preserve cultural heritage as a part of nationalistic rhetoric (Ho et al., 2018). First under Hu's presidency¹⁵, a "harmonious society", which "inculcate(s) the subservience in both the public sphere and the private sphere of intimacy" (Ho et al., 2018, p. 17), became the prominent rhetoric that limited what can be said and done. Then under Xi's presidency¹⁶, women's familial obligations – to marry and bear children – were stressed to sustain social stability (Evans, 2021). A heterosexual marriage with child(ren) is emphasised as the only legitimate family form by the state (Ji, 2017; Ho et al., 2018). For example, the government implemented different policies such as scrapping the decades-long one-child policy and shifting to two-child policy and then today's three-child policy, in the hope of boosting the number of births. In 2021, a 30-day divorce 'cool-off period' was also enacted to deter married couples from separating. In conclusion, the compromises and/or cooperation that women made with the patriarchy during the revolutions and reforms made never stopped. A private patriarchy has transformed into a state patriarchy in the state's redeployment of the Confucian ethics, in the process of controlling its population and regulating women's reproduction.

A possible feminist awakening: seeking autonomy in postpartum care

Despite the state's promotion of heterosexual, reproductive marriage, the latest statistics from the 7th Census in China show marriage rates have been declining since 2013. The continuously declining marriage rates might suggest changing attitudes toward matrimony among the younger Chinese population. For instance, uncooperative attitudes towards the exploitative marriage market were expressed strongly by new strands of radical feminism on the internet in China (Wu and Dong, 2019). These changing attitudes towards marriage and reproduction coincide with worsening economic conditions (expensive housing, cost of education etc.), which have also contributed to rising divorce rates and declining birth rates in other East Asian countries (Sechiyama, 2013). Fraser (2016) notes that we are now living in the era of the globalising financialised capitalism regime, which promotes state and corporate disinvestment from social welfare. Childcare, healthcare, and education are increasingly marketised and externalised for those who can afford them and internalised for those who cannot in what Fraser calls a "care deficit" (Fraser, 2016). China's increasing involvement in the global economy after marketisation

¹⁴ By selecting healthy babies and controlling the population quantity, the birth planning justified women's forced sufferings (i.e. abortion, sterilisation) as legitimate means for the sake of the collective benefits (Chung, 2012).

¹⁵ From 2002 to 2012.

¹⁶ Since 2013.

shares such characteristics: individual responsibilities are stressed whereas individual rights are not (Ji, 2017).

In my data, numerous participants reflected on the latest three-child policy and pointed out the lack of social supports on childcare. Some even expressed anger and felt betrayed linking back to the previous one child policy. Feeling the birth planning going from one extreme to the other, Jane, expressed her discontent by quoting her friend's complaint:

My friend said this when the three-child policy was out and I totally agreed. She said, "how come we women have so many responsibilities and yet I don't see them talking about our rights? Where is the care offered to us? Is what we put our bodies through just taken for granted?" They can't think women are just going to have three children only because they say so. We need actual, practical supports. (Jane)

"What women put their bodies through" does not only refer to the bodily changes caused by pregnancy or childbirth, but also has the historical implication of how previous cohorts of women were "spayed"¹⁷ for the nation's development under the hard-handed birth control (McMillan, 2006). This condemnation on the U-turn of the birth planning policies is due to the consistent deprivation of women's reproductive freedom and rights. This echoes many women's agitations towards gender inequality and injustice that are flourishing on different social media platforms (see in Wu and Dong, 2019). This anger signals such a destabilising power as has been discussed previously – it questions the control and regulation of women's bodies in the patriarchal order. My data suggest that this anger is accompanied by women's pursuit of their reproductive freedom and autonomy. For instance, when discussing the seclusion in her paid postpartum care, Lily criticised the pollution concept as a backward belief and told me that her "sitting the month" practice was autonomous:

I know the best about my own body. I was very tired after giving birth. And I did need time to heal my body because you would need to rest for a while after a surgery anyway would you [...]. I listen to what my body tells me rather than any social norm or superstition [...]. With the yuesao's care and help with the baby, I can focus on myself. (Lily)

Lily emphasised the importance to acknowledge the tiredness after giving birth. By comparing childbirth experience to "a surgery", Lily implied that her postpartum rest is a choice that every person should have, not because of the biomedical conceptualisation of birthing people's weakness. She explained that her understanding of rest is to consciously decide to trust her own body. "Sitting the month" thus becomes a mindful choice, which in turn, makes it an action of reclaiming one's own body. She sits the month, not because the cultural norm expects her to, but because it happens to fit into her own agenda of self-care. This "conscious choice" thus has the potential to transform the traditional practice from paternalistic pity/protection to autonomous self-care.

¹⁷ I quote the term directly from Greenhalgh and Winckler (2005) to show the brutality of the forced abortion.

In addition, the sentiment of “focusing on oneself” in Lily’s extract was shared by other participants. China’s participation in the global market economy and consumerism encourages individuals’ search for happiness and freedom, promoting the legitimacy of individual choice (Rofel, 2007). McRobbie (2004) identifies that an inclusion and promotion of women as subjects with capability in consumer culture emerged around the 1990s after the second-wave of (western) feminism. One of its characteristics is “taking feminism into account’ by celebrating women’s empowerment and autonomy. Purchasing commercial care allowed many participants to choose their ideal care setting, where they are free to reject some traditional practices they personally find unreasonable.

I thought I would only give birth once. I wanted to treat myself [...]. I made sure the carers did not have those backward beliefs like no bathing or showering in the ‘month’ before I booked the place. (Kate)

Kate’s extract shows her conscious effort to tailor the exact terms of her postpartum care towards her preference in the commercial space. The commercial setting offers the consumers “choices” to navigate their own recovery period, drawing on modern sensibilities or/and traditional knowledge. Similarly, Tanya also disagrees with the strict taboos (e.g. no hair washing), but appreciates the services (hair-washing by the carer with heating on) provided in response to the taboos.

Sitting the month scientifically means I can wash my hair. When I was in the centre, I could get it washed. They would turn the heating on for me in advance. I could even lie down when I got my hair washed and blow-dried by yuesao. That’s very good service, and you definitely can’t get that at home. (Tanya)

Tanya even utilised the traditional emphasis on external management - the resources provided (e.g. heating, salon-like service) in the centre - to have a pleasant postpartum experience. Other participants who purchased care from similar facilities also reported the “enjoyable” nature of the services which are almost considered as post-birth retreat to reward oneself for going through all the pain and trouble in childbirth. Resonating Lily’s extracts, many participants expressed compassion towards mothers in general, including themselves, with regard to how they are resting and adjusting to be a mother. In addition, the commercial care setting provides a discursive space to women’s advantage, where the feeling of “*having no clue what to do looking at the tiny infant*” is acknowledged as “quite common” among new parents (Jane). The inexperience and difficulties during the postpartum period are normalised and therefore, seeking and purchasing professional help is encouraged. The remarks below are representative of the general recognition of the hardship of transiting to the role of a parent among the participants:

No matter how many theories you have read before, when the baby is there, you will just be overwhelmed facing the real challenges in real-life practices. Well, I was overwhelmed, and I saw it was quite common among all the other mothers staying in the same centre [...]. That’s just normal [...]. That’s why I think hiring help is necessary. (Olivia)

This commercial care acknowledges the shared difficulties when transitioning to motherhood and therefore helps mothers who may become overwhelmed of all the new challenges to stop doubting and blaming themselves for not living up to the image of the “perfect mother” who would just “know it all naturally” after childbirth. To some extent, the nationalist rhetoric describing the mother as the “natural nurturer” is destabilised: if childcare can be taught and modelled, then any parent should be able to learn how to do it; and if the transition is difficult, then all the adults who are responsible for the child should have enough resources and support to help them navigate the transition.

However, are my participants “empowered” by the “free choices” offered by the commercial care because of the consumerism and individualisation, or the achievement of feminism? Under what circumstances, with what resources and support, are women able to “make choices”? It is not hard to notice that my participants’ financial condition plays a key role in their care scenarios¹⁸. The class privilege of these women is manifested in their consumption power to even afford the commercial care in the first place. They possess the resources that allow them to “make choices”. They could have enjoyable self-care time because they have externalised some of the early childcare responsibilities onto the carers at the service facility. They could negotiate what practices to be included and excluded from the “care package” because of their consumption power. Offering individual solutions to the structural problem in the consumer culture is an “undoing of feminism” (Dosekun, 2015; quoted). It leaves no place for a collective movement for any social change because the consumption is only for individual interests (Lazar, 2014). In turn, it leaves the majority of women, the ones who are unable to buy their way out, with a lack of care and with higher degrees of patriarchal control and oppression. While some may have enough resources to break “the glass ceiling”, “the overwhelming majority of women are stuck in the basement sweeping up and cleaning up the broken pieces of glass” (Fraser and Schickert, 2018, p. 1). Doing my PhD research with privileged women who seem to “have it all”, I also intend to question whether they can break “the glass ceiling” - the structural constraint - with all the resources they possess.

The persistent patriarchal order of things

Double burden: naturalised and emphasised motherhood

My data suggest that reality has not yet reached the point where “the glass ceiling” is broken. Even for the women who are privileged enough to purchase the care they need, there remains asymmetric emphasis on women’s domestic role from a combination of cultural and biomedical discourses. The common recognition of the difficulties during the postpartum period among my participants is related to their emotional commitment to devote themselves in nurturing and cultivating the child. Several participants emphasised their stress to follow professional and ideal methods of care and model their own eventual childcare routines after the ones shown to them by their carers. Especially towards the end

¹⁸Based on the report released by the National Bureau of Statistics of China in May 2021, the national average annual wage of employees in urban private units was 57,727 yuan in 2020, and the national average annual wage of urban non-private sector employees was 97,379 yuan. However, the price of the commercial postpartum care ranges from 20,000 yuan to 100,000 yuan reported by my participants, which can take up a significant amount of an average person’s annual income.

of the care service, the anxiety level was reported to be high due to the pressure of doing it on their own or alone, for example feeling the need of quickly “*mastering the skills and techniques taught by the carer before she left*” (Poppy). In China, the new buzzword, 丧偶式育儿 (sang’oushi yu’er; “widowed child-rearing”), which sarcastically mocks the father’s absence or lack of involvement in child-rearing as if he were dead, indicates the burden of motherhood and asymmetric nurturing responsibilities within the family (Guo, 2019).

In pursuit of “quality children”, Greenhalgh and Winckler (2005) argue that, on one hand, the “modernisation project”, stressing science and modern innovations as bases for decision-making, requires “a good mother” to adopt global scientific and intensive mothering practices; on the other hand, the burgeoning “free market” is competing with families for labour power. As a result, women need to work multiple shifts in between work and family. In addition, the neoliberalisation of the birth programme in the later reforms (from the 1990s to the 2000s) has turned families into enterprises where women became a skilful manager of family - and the perfect child’s cocreator, with the state (Greenhalgh and Winckler, 2005). Such a role of management in the family requires women to constantly think, plan, and carry out the plan for the benefit of the family. As a result, heated discussions on motherhood have flooded social media platforms in recent years as part of women’s agitations against gendered double standards in marriage and family life (Wu and Dong, 2019). Many participants revealed feelings of disappointment towards their partners for failing to share the childcare responsibilities. Mona questioned the gendered double standards in marriage and family responsibilities:

The double standard is so obvious - on one hand, the mum needs to be able to bring income to the family and be responsible for almost, what, 80% of the housework and care work. On the other hand, the dad can still enjoy his social life such as hanging out with friends after work rather than coming home to do the chores. His life is still the same you know, but for me, it’s upside-down. (Mona)

Mona’s emotional exhaustion caused by “doing it alone”, was shared by other participants who all have full-time jobs. Without any practical support from her partner in childcare, “*it is emotionally exhausting doing it alone. Without a reliable partner, raising even just one child is super tiring.*” (Mona). Furthermore, the recruitment of a paid carer seems to further ‘waive’ the care responsibility of these women’s partners. The absence of my participants’ partners in their care scenes reinforces current understandings of care work as highly femininised. For example, many participants reported that with the hired carer staying with them during their postpartum period, their partners were sleeping in another bedroom so that the carer could stay with them to help with childcare (e.g. breastfeeding) at night. Men are excluded from the care scene, but for these women, even when some of the physical care was transferred to the carer, they remain the primary carer for the child. Tanya commented on her and her partner’s different speed of adapting to their new roles and taking on domestic responsibilities:

My husband only had about a week-long paternity leave. He went back to work on the day 2 or 3 after the childbirth [...]. He only came to visit us at night after work. (T sighs) Men are just... so slow shifting to the new role

you know. I had to do a lot of worry work but he never does that [...]. He probably thought my job-free postpartum period with professional care was very relaxing because the only thing I had to do was taking care of the child. (Tanya)

Tanya showed her frustration that the “worry work” was neither recognised nor shared by her partner. She then suggested that I should interview her husband on the division of labour in the household. She called her husband over to do the interview with her. “*I know I am not doing much but I am quite busy at work, so I only have time at the weekend*”, Tanya’s husband explained. When I asked him what types of chores he usually does at home, he replied to me that he does “*all kinds of things*” at home. “*Whenever Tanya can’t manage by herself, I’d help*”, then he added. The use of the word “help” implied his expectation that the “worry work” and all the chores are Tanya’s responsibilities. “Help” has its negative connotation of being a burden to others, as it assumes it is fundamentally the woman’s job to care, while everyone else’s support is only to help her finish her job. It resonates with the alliance between the revived patriarchal tradition and neoliberalism where women need to be the skilful manager in the enterprise of family (Ji, 2017).

In my data, some of the justifications of the feminisation of care even prescribe a naturalised construction of gender identities. Sally ascribed an essentialised gender difference to explain her partner’s lack of participation in the care work at home.

My husband didn’t know how to take care of me. He is 男的¹⁹ (nan de)- he wouldn’t have known [...]. 男人(nan ren)²⁰ are probably all the same let me tell you - they are just not good at these things. (Sally)

Sally’s complaint was finished with an implication that perhaps men in general are inferior to women, in terms of doing chores and care work. Situated in this internalised sexism is her attachment of her own value to the care work, in turn, which may in a way offset the subordination and devalorisation she endures in her life. Kandiyoti (1988; 1998) argues that women’s attachment to some patriarchal arrangements may derive from an actual stake in certain positions of power. Being in charge of the care work at home and thus being a care authority figure, perhaps brings such power and encourages women’s internalisation of the gender inequality in a broader sense. McMillan (2006) points out that the indistinguishability of Chinese terms on sex and gender suggests the lack of a linguistic tool to deconstruct the naturalisation of gender difference. Such naturalisation of gender difference in language endorsed by the state effectively limits the articulation of the realities of gender and sexual injustice and inequality (Evans, 2008). The naturalised, socio-biological gender difference thereby remains a part of the “taken-for-granted”, common sense arrangements. Coined by Evans (2021), this “patchy patriarchy” continues to characterise widely held gender assumptions and expectations, whereby a striking paradox is presented: with women’s increasing access to education and employment and a higher degree of autonomy, a certain attachment to the gender order of the traditional patriarchy remains and is reinscribed in new ways.

¹⁹ In Chinese, this adjective means “of male or man”.

²⁰ In Chinese, this noun means “male human or men”.

The gendered expectation of women as primary caregivers has an impact on the workplace, and in turn, the arrangements at the workplace further reinforce the gendered, practical division of labour within the family at home. There remains drastic difference between the length of maternity leave and paternity leave in China (James, 2021)²¹. For example, Tanya's husband's short paternity leave worsened the unequal division of domestic labour; a fair share of responsibilities in the household was hard to develop when the other person was not even physically around. A similar situation was reported by Elena:

My husband went on a business trip right after I gave birth [...]. (E sighs) I've been doing all the childcare since day one [...]. I feel frustrated about this. I usually tell him that I am not even asking to split everything in half but at least he should do what he's supposed to do. Sometimes the situation becomes better after a talk [...]. But there's this problem - my husband goes on business trips a lot. Whenever he is away, I get to do all of it by myself again. We can't solve this. (Elena)

Elena's extract shows her ongoing effort in amending the unequal care workload. Demanding her husband to share childcare responsibilities demonstrates Elena's longing for gender equality in her marriage and family life. Instead of asking for "help", Elena demanded "care". To care, is to practice the nurturing and caring despite our sex or gender, to practice community, to recognise and honour the interdependent sociality (Hedva, 2016). However, care cannot be a useful moral and political concept without challenging its associations as a "women's morality" (Tronto, 1993). Elena's husband's absence right after her childbirth put the childcare responsibilities all on her and led to his continued inexperience in parenting. The consciousness of her husband towards the care work may be raised through communication, however, on a practical level, his work responsibilities which require him to travel a lot disrupt his participation in care work within the household. Therefore, Elena struggles to achieve equality at home. De-gendering care is essential to destabilise the power hierarchy: not only women can and should give care - everyone can and should, and women have needs of care - not just being careful.

In contrast, women are also in full-time employment in most cases. Mona, who used to be a stay-at-home mum, commented on her own struggle as a stay-at-home mum in the past.

No one understood my decision to be a stay-at-home mum. Not only my in-laws, even my own mother didn't understand. She asked me why, 'Did you get a master's degree just for this?' [...]. My husband didn't say anything, but I don't think he was fully on board with this decision either [...]. I probably wouldn't choose to stay at home if given another chance. I don't know if it's just me, but I feel that in China you got to have your own income. (Mona)

Mona shared how her unpaid labour as a housewife has not been appreciated nor supported by her family members. Her feeling that her domestic labour is inferior to paid labour is shared by many other middle-class women (Xie, 2021), yet they are still expected

²¹ Maternity and paternity leave varies in different regions in China. However, in general, women are usually allowed to have a paid maternity leave up to more than 100 days, while paternity leave only lasts 10 to 15 days.

to do the domestic labour. “The working identity is an integral part of their gendered success to be perceived as modern and desirable” (Xie, 2021, p. 218). This has a historical reason: during the socialist revolutions, women were mass-mobilised to join the production to contribute to the socialist construction (Sechiyama, 2013). The ‘working identity’ thus became a political, modern and desirable one because it was seen as anti-feudalist and pro-equality. In addition, having dual income is crucial for most families due to the increasing cost of living in urban China (Ji, 2017). Yet the Confucian naturalisation of women’s domestic role has been revived by multiple state propagandas in recent years (Ho et al., 2018). Therefore, despite the “awakening feminist consciousness” on the double burden among the women I interviewed, none of them feel like they have the option to give up on either identity (as a worker and a mother). To resolve such a contradiction, my data suggest that both externalisation and internalisation of reproductive labour are happening among urban middle-class women. Except purchasing commercial care, some of the reproductive labour was transferred onto the extended family. Reliance on intergenerational intimacy, whereby multi-generational families adopt strategies of communicative intimacy and pool resources together to cultivate the new generation, has been increasingly practised in China (Yan, 2016).

A third shift: maintaining familial harmony

Similar to Xie (2021)’s accounts of urban middle-class women in China, childbirth usually pushes young couples to move into co-residence with elder family members due to pressure from work and intensified domestic responsibilities. Most of my participants developed intergenerational co-residence after the birth of a child, even if only temporarily. This co-residence means that either the young couple moves into one set of parents’ places or has either set of parents stay with them in their own place. In China, the marital residence is culturally expected to be purchased by the husband and/or his family in China (Zhang, 2010). It is rare to see a young couple moving to the wife’s family of birth because it may damage the masculine and breadwinning image a man needs to present (Xie, 2021). My data suggest that such a patrilocal tendency remains. Many participants had both sides of parents’ support even when they purchased commercial postpartum care, but the support from the husband’s parents is usually emphasised due to the patrilocal tendency. For example, Helen, who hired a *yuesao* to sit the month at home and has her own family’s support on childcare, was not happy about her in-laws’ lack of care.

We don’t live with my in-laws. I heard from many friends who live with their in-laws that there are many conflicts and drama [...]. My in-laws don’t really do anything for us. My husband’s dad remarried. His step-mum has her own side of family to take care of. Obviously, she was not going to care for me. I can’t count on his dad – well he is a man. [...]. To be honest, it’s impossible to say that I am not a tiny bit upset about this. They are never here. (Helen)

She stressed the “obviousness” of the absence of her husband’s stepmother. On the one hand, Helen could not receive support from her in-laws. Without the support of his biological mother, Helen’s husband (and including her) could not receive the same kind of support as Helen did from her own family. While Helen’s husband still has his biological father, he was disqualified to take on caring responsibility “because he is a man”,

resonating the gendered expectation of caretaking. It is still predominantly the mothers' responsibility to maintain the emotional bond with their offspring, even in adulthood. On the other hand, Helen first reported living independently in a positive tone because the stories she heard about living with in-laws are full of drama. Echoing this, a few other participants revealed that their main purpose of purchasing commercial postpartum care was to tactically avoid familial conflicts. For example, Elena, expressed concerns about generational conflicts, power and dominance within her family in the postpartum period:

Well, I thought, 'let's all just listen to the yuezi centre so no one gets to say anything - that's fair [...]. Otherwise it would be draining to argue about everything. It'd be better to utilise this month to reach the consensus between all the family members to avoid future conflicts. (Elena)

She utilised the authority of the postpartum care professionals as a shield to protect her from becoming emotionally drained due to potential frequent arguments over childcare issues with her family members. Compared to a more submissive relationship that children used to have with their parents in pre-revolutionary China, my participants have more freedom now to decide on their postpartum care practices. However, as Elena's and previous extracts show, negotiations, compromises, and conflicts are not uncommon in urban middle-class family life. Even when they intend to buy their way out, "*some intergenerational conflicts are inevitable*" (Olivia).

Poppy, who lives with her parents-in-law, received mother-in-law's support alongside the commercial care. She disclosed on her strategies of communicating with the elderly family members:

I actually found my yuesao through my mother-in-law's network [...]. She helps me with childcare now [...]. The elders will have their opinions for sure. You must tread carefully when you respond to these. My strategy is I tell myself that it's up to me whether I want to accept them as good advice or ignore them. But I don't see the need to explicitly disagree or even argue with them because they usually have a good intention. (Poppy)

Although Poppy was aware that she could make autonomous decisions, the gesture of "not disagreeing or arguing" is deemed important and necessary to prevent bad sentiment between generations (Gottschang, 2016). Although their elder family members no longer have the absolute authority over my participants due to the latter's economic independence. The "inevitable" opinions raised by the elders still suggest that a financial and emotional investment/support from parents today may re-enact parents' entitlement to exercise certain authority to meddle in their children's life (Ji, 2017). The social norm of a harmonious family ideal is then reasserted in the process of "treading carefully" between generations. It demands efforts and tactics to achieve the familial harmony of every family member, but more so of women due to the naturalisation of women's domestic role. As suggested in Helen's and Poppy's extracts, both generations of women are responsible for managing the emotional ties within the family. The two generations of mothers build the bridge between the small family units and create an interdependent extended family life. The younger woman, taking on the demanding household manager role, faces a tremendous amount of pressure under the parental gaze (Xie, 2021). Similar to the concept

of “worry work” that Tanya mentioned earlier, such emotional care work to maintain familial harmony is as demanding as physical care work. Additionally, it adds “another layer of burden” (Olivia) to the emphasised motherhood that already stresses women enough during their postpartum period.

Conclusion

I began this article by arguing that under a Confucianist (patriarchal) ideology, women’s reproductive function (and related care practices) underwent a process of naturalisation and surveillance. This naturalisation of women’s gender role, the emphasis on women’s reproduction and domestic responsibilities, has persisted as a cultural undercurrent throughout revolutions and reforms in China. Therefore, the naturalised reproductive role has historically furthered the regulation of women to the present day. Within this context, I then illustrated how my participants utilised the commercial postpartum service that promotes individualism to assist them with gaining a considerable degree of autonomy in their postpartum care practice. Provided with consumer choices, they questioned the necessity of some of the restrictions and taboos, and sometimes decided to not to comply with certain rules. However, with the intention and the resources to reclaim their own postpartum care experience, and to “focus on the self-care”, they still face a structural constraint where the persistent patriarchal order of things pressures them to carry on with their naturalised motherly caring role. The reinforced domestic duties that women are expected to fulfil have created a globally shared “double burden” that women struggle with on a daily basis. In addition, most participants reflected on receiving familial care alongside the commercial care, i.e. from their parents(-in-law). The intimacy practised in the intergenerational family is also gender-biased, as women of both generations are expected to maintain the familial harmony based on Confucian values. The expectation of women to be a maintainer of harmony in the intergenerational family intensifies the pressure of the “double burden”, which has become a “third shift” that women need to work. My data suggest that the Confucian ethics endorsed by the state have a profound impact on the everyday life “choices” of the women who seem to “have it all”. Under a transformed patriarchy and globalised capitalist regime, individualised postpartum care “choices” offered by the market are limited and prove insufficient to solve the structural problems my participants are facing. The accounts in my research may illuminate a bitter reality faced by women in the broader society: without financial means to purchase care, women face a tremendous amount of pressure to work multiple “shifts” to care, even when they are in need of care themselves.

Acknowledgements

I would like to express my thanks to the anonymous peer-reviewer for their comments on the manuscript. Thanks, should also go to the associate editor of Cultivate, Agnes, and my partner, Billy, for their detailed and kind suggestions during the editing process.

I would be remiss in not mentioning my participants’ collaboration which made this research possible. Thank you all for your participation!

This research was supported by China Scholarship Council – University of York joint-funded PhD Scholarship.

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