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RETELLING AN OLD WIFE'S TALE:
POSTPARTUM CARE OF TAIWANESE AND CHINESE IMMIGRANT WOMEN

by

KUAN-YI CHEN

A dissertation submitted to the Graduate Faculty in Sociology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2017

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Postpartum care of Taiwanese and Chinese immigrant women

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This manuscript has been read and accepted for the Graduate Faculty in Sociology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy

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ABSTRACT

Retelling an old wife's tale:

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Kuan-Yi Chen

Advisor: Barbara Katz Rothman

The focus of this dissertation is the Chinese postpartum tradition *zuoyuezi*, often translated into English as doing-the-month. Having its roots in ancient China, this set of practices has maintained its salience today in Taiwan, China, and among first generation immigrant women in the U.S. Women not only continue to perform *zuoyuezi* at home, many also rely on emerging forms of commodified *zuoyuezi* care. While immigrant women's postpartum wellbeing and care has been the focus of scholarly research in health related fields, studies in the social sciences addressing immigrant women's postpartum practices and the care relations engendered remain scant.

In this qualitative project, I consider *zuoyuezi* as a cultural model of care, where women interact with caregivers as well as discourses and ideologies surrounding the postpartum body, health, gender, and family. Drawing on qualitative interviews with twenty-seven class-privileged women with experience doing the month and two care workers, as well as discourse analysis of popular *zuoyuezi* advice books, this dissertation aims to evaluate the social cost and benefits of *zuoyuezi*. I trace the contour of expert knowledge on *zuoyuezi*, and explore the factors that

influence immigrant women's understanding of *zuoyuezi* norms. I also discuss the ways in which women forge care relations with various caregivers, be they family members or paid care workers, as they negotiate domains of power relations in family and commodified care.

I argue that *zuoyuezi* is no longer a tradition with antiquated prescriptions and proscriptions. Women in fact draw on *zuoyuezi* norms to manage perceived health risks as constructed by popular expert discourses, to maintain the consistency of one's positions within the family, and to respond to social and embodied contingencies that arise in their postpartum period. I also demonstrate that *zuoyuezi* as a model of care is situated in a field of tensions where discourses surrounding the practices increasingly find legitimacy through espousing dominant scientific knowledge and the languages of consumerism; where filial norms continue to present struggles in the formation of intergenerational care relations; and where commodification produces precarity of care and hidden cost for the workers. Considerations to address these tensions are discussed.

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CHAPTER I

INTRODUCTION

In Chinese medical and folk belief, the elaborate set of practices associated with the postpartum period is demonstrative of its cultural significance. Literature on courtly etiquette and medicine began prescribing an appropriate approach to organize the postpartum period as far back as 200 B.C (Huang 2006). Whether carried to term or not, pregnancy and childbirth are considered to create stress on reproductive organ functions and result in the overall weakening of a woman's bodily integrity (Callister 2003 et al; Leung et al 2005; Huang 2006; Chen 2008).¹ In order to restore the imbalance of energy and improve bodily constitution, women are instructed to follow a set of practices involving various recommendations and restrictions on diet and activities. This set of practices is referred to as *zuoyuezi* in Mandarin Chinese, which means "doing the month."²

The diet prescribed during *zuoyuezi* generally includes a set of recommendations and restrictions that serves multiple purposes, including: to facilitate a complete vaginal discharge process; to nourish the reproductive organs; to restore energy balance; and to stimulate breastmilk production. Raw food and uncooked vegetables should be avoided, and water and salt consumption should be limited. *Zuoyuezi* also involves restrictions on physical activities that focus on rest and recuperation. Going outdoors, hair-washing, and bathing, to name a few, are discouraged in order to protect the postpartum body from external health threats.

Non-compliance of the prescriptions and proscriptions is said to result in negative health

¹ In some parts of China and in Taiwan, miscarriages are sometimes referred to as *hsiao-chan*, which means "minor birth."

² There are variations in the transliteration of *zuoyuezi* depending on the regional usage among linguistic subgroups. Some other examples include: *tso-yuei-tze*, *zou-wa*, *pei-yue*, *ue-lai*. I will use *zuoyuezi* to represent all variations since it seems to be most commonly used in English language publications on these practices.

consequences (Pillsbury 1978). The Chinese postpartum practices, then, are not just about baby care, but also involve care for the birthing woman's health and wellbeing.

Today, this set of practices for the postpartum period is still widely performed in Taiwan and China (Cheung et al 2006; Raven et al 2007; Lin 2009; Holroyd et al 2011). While many women carry out *zuoyuezi* with the help of family caregivers at home, recent decades have also seen the emergence of commercialized arrangements such as *zuoyuezi* care workers, postpartum meal services, or *zuoyuezi* centers. As *zuoyuezi* undergoes transformations in Taiwan and China, many first generation female immigrants to the US also continue to follow *zuoyuezi* practices.

In the US, popular media responses to *zuoyuezi* tend to follow two main narratives. One takes the “spectacle of consumption” approach that highlights the extreme commodification of postpartum care as a status symbol in Asia. For example, a *New York Times* article titled “A Tradition for New Mothers in China, Now \$27,000 a Month” describes center-based *zuoyuezi* care as an “opulent sequestration” (Levin 2015). *TIME Magazine* opens its feature article, “Wealthy Asian Moms ‘Sit the Month’ in Style,” with a vignette of a luxurious, well-designed space where women do the month with fantastic views and latest technologies (Brenhouse 2011). The other group takes the “immigrant cultural advantage” approach, which regards postpartum traditions brought to the US by immigrants as time-tested models for maternal and infant care vis-à-vis the paucity of a postpartum care culture in the US (Kolker 2011). A *Daily Beast* article, also by Brenhouse (2013), compares the postpartum experiences of American-born middle class women with their immigrant counterparts, including women who do the month. She concludes the article with a plea: “the postnatal period ought to be a formal, protected, well-monitored term and ... any woman who does not adequately and restfully observe it is putting herself and her infant at risk.”

Indeed, the postpartum period is an emotionally and physically charged transitional stage for a woman. It is marked by changes in her body, the construction of maternal identity, and the creations or re-organizations of care relations. It is not only a period in which various experts provide advice on mothering and baby care, but also a stage during which a woman confronts imperatives regarding her postpartum body (Dworkin and Wachs 2004; Carter 2010).

This dissertation seeks to investigate first-generation Chinese immigrant women's perception and performance of *zuoyuezi* in the US. It traces the contour of expert knowledge on *zuoyuezi* in the areas of health, body, and gender, and explores the factors that influence Chinese immigrant women's understanding of their postpartum period. It also discusses the negotiation that takes place as women form postpartum care relations with various caregivers, be they family members or paid care workers.

I argue that while immigrant women's continuation of *zuoyuezi* does afford them postpartum support, the everyday care relations are by no means frictionless. Ideologies and discourses that govern family relations and construct the postpartum body, and situational conditions arising from migration converge and interact in the postpartum period to shape *zuoyuezi* care. I seek to demonstrate that while the commodification of *zuoyuezi* has become an undeniable fact, immigrant women's experiences of paid care can not be reduced to the consumption of opulence. Rather, commodified *zuoyuezi* care in the US deserves specific consideration within the larger geopolitical contexts within which it has emerged. Such consideration will lead to more productive analysis of the commodified care relations that often produce perceptions of uncertainties among women who opt for paid care while incurs hidden cost for care workers.

***Zuoyuezi* and the reproductive body: A brief history of knowledge and practices**

While this study focuses on *zuoyuezi*'s contemporary configurations, I would like to first provide the historical context surrounding this set of practices. My goal is not to explicitly chart historical continuities and disjunctures, but to juxtapose contemporary *zuoyuezi* practices with their dynastic roots in Chinese medical cosmologies. I also aim to highlight moments of convergence with western biomedical thought and the force of the market since the 1900s.

The birthing body in dynastic China

Documentation of Chinese women's postpartum activities in early history is minimal, perhaps due to patriarchal notions of cultural significance. Historian Ping-Chen Hsiung, who writes extensively on childcare and infant feeding ideologies and practices in imperial China, once lamented that constructing a history on the everyday practices of childbirth and childrearing faces tremendous difficulty because the topic bears little political weight and immediacy in the eyes of the male-dominated literati class. Thus, the relative obscurity and paucity of available records on the postpartum period comes from the perceived triviality surrounding childbirth (Hsiung 1999). Historians whose work focuses on gender and Chinese medical thought also contend that epochal transitions in dynastic China have resulted in the loss of many medical texts. This fragmentation has made it difficult to chart a systematic understanding of the reproductive body as viewed through the eyes of Chinese medical philosophers and practitioners (Furth 1999). As a result, the evolution of postpartum practices and knowledge in dynastic China can only be deduced from scattered documentation in courtly records, compilations of medical prescriptions, and popular texts on healing.

Scholars in general agree that the earliest known textual articulation of the postpartum period can be traced back to the Han Dynasty (206 BC-220 AD) (Huang 2006; Wu 2010). Texts on courtly etiquettes from the period documented the appropriate social customs around the time of childbirth. These etiquettes include the spatial separation of the husband from the wife, and the required attire for the husband's visits during the postpartum period. Through the Tang, Song, and Yuan dynasties (618-1368), interests in understanding the human body grew among elite literati and medical practitioners. Diagnostic and treatment strategies began to be studied and developed more systematically. As a result, knowledge production surrounding what is understood in the biomedical model as obstetrics and gynecology also became more standardized. Specializations such as *fuke* (the department of married women's health) and *chanke* (the department of childbirth) both appeared during this period (Bray 1997; Wu 2010). Germinal works such as *Prescriptions Worth a Thousand* written by Simiao Sun,³ a Tang scholar active in the seventh century, contain sections on illnesses and symptoms exclusively observed among postpartum women (Wu 2010). Sun's work also explores the efficacy of various medicinal herbs and everyday food items on treating postpartum illnesses or replenishing the postpartum body. Ingredients such as pig knuckles and carp that are current *zuoyuezi* staples were already included in Sun's dietary prescriptions for postpartum women.⁴

During the Song Dynasty (960-1276), the institutionalization of medicine, advancement in printing technology, and expansion of imperial control over medical knowledge production and practices helped further solidify *fuke* and *chanke* as two separate departments (Furth 1999). Famed Song scholars such as Ziming Chen took up the postpartum period specifically, and

³ The translation of Chinese medical classics was adopted from Furth's book *The Flourishing Ying* (1999).

⁴ The Chinese version can be accessed online at <http://ctext.org/wiki.pl?if=gb&res=444835>.

addressed issues surrounding postpartum recuperation and treatments for severe postpartum illnesses (Furth 1999). According to Chen, every postpartum body faces two main threats: Blood stasis and *qi* depletion.⁵ While blood is generally understood in Chinese medical thought as contributing to the vitality of wellbeing, it spells a problem when it is trapped within the postpartum body, where the stagnant blood becomes harmful *er-lu* (noxious dew). The majority of Chen's recommendations for postpartum recovery, which include herbal tonics, food therapy, and resting techniques, aim at enhancing the circulation of blood and ensuring the complete expulsion of noxious dew (Wu 2010).

While the growing male literati and medical practitioners contributed largely to the preservation and development of *fuke* and *chanke* theories and official knowledge, men were rarely called into the birthing chamber unless serious ailments threatened a woman's life (Furth 1999). Women thus were the primary practitioners of childbirth and postpartum care. From the Yuan Dynasty (1271-1368) onward, men and women's domains were further segregated both socially and spatially, and the notion of blood pollution in the form of menses and childbirth continued to inform the absence of male experts in these female domains (Furth 1999). However, this physical absence did not prevent men from controlling birthing practices. They often expressed suspicion towards female birth attendants and helpers who were called upon to care for the birthing women. Chen, for example, distanced his philosophy from childbirth approaches that were based on magic and folk wisdom. Positioning himself against "Buddhist books," "old shamans," and "the vulgarities of old woman" midwifery practitioners (Furth 1999, p. 102), Chen was part of a larger trend among state-sanctioned medical intellectuals who increasingly

⁵ *Qi* and blood are two interdependent features that propel the vital core of the human body. *Qi* is often referred to as the vital energy. While *qi* generates and commands the blood, blood at the same time nourishes the *qi*.

distanced themselves from healers whose crafts included elements of spiritualism, and those, largely women, whose involvement in healing was seen to be based on uneducated guesses.

Modernization and (bio)medicalization

In Republican China (1911-1949), maternal and infant health appeared in popular publications as an integral part of the overall improvement of sanitation and public health in rapidly urbanizing cities across the country (Johnson 2011). Public discourses drew their base materials from more industrialized nations, and maternity became a core project of these nation-building campaigns. This development was also driven by China's serial defeats in wars against western nations, which led many Chinese to believe in the innate inferiority of the Chinese population, and produced an urgent need to pursue eugenicist projects (Dikötter 1998). Images of fertile, dedicated mothers proliferated in a new republic that was struggling to part with its dynastic past and to prove itself as a modern nation (Glosser 1995; Johnson 2011). Biological reproduction was thus closely linked to a nationalistic goal of racial improvement.

It was during this period that childbirth left the domain of the family, and came under the auspices of state-sponsored biomedical institutions. As part of the modernizing efforts, lay midwives, who played a central role in assisting childbirths in women's homes for centuries, became the subject of reform alongside programs to promote obstetric care and science. Newly established education programs made the re-training of lay midwives their central concern. Informed by western biomedical models, they also aimed to implement licensure as a requirement for practice (Wu and Johnson 2014). The nationalist drive for scientific improvements in population health also affected how babies were nursed. The normative status of breastfeeding began to meet challenges as scientific thinking and theories of women's

liberation converged (Chou 2010). On one hand, the new sociopolitical climate continued to prioritize breastfeeding as an act beneficial for the nation. On the other hand, the use of formula and other “scientific” childrearing techniques began to be associated with the notion of cosmopolitanism and progress among urban, educated women. While the nascent competition between the breast and the bottle was evident, the vast majority of Chinese women continued to feed their children at the breast (Chou 2010).

As the Chinese Communist Party (CCP) took control of the mainland in 1949, biomedicalization continued to redefine childbirth practices. In a continuation of the modernizing project initiated by the nationalist government, the People’s Republic of China (PRC) party-state led campaigns for a new style of midwifery that introduced aseptic instruments of delivery and western obstetric techniques (Goldstein 1998; Hershatter 2011). While scholars are in disagreement in terms of the changes’ effects on women’s agency, they tend to agree that efforts to reduce the risks of childbirth and to improve population health do not always translate into a consistent attention to women’s reproductive health and needs. For one, the party-state glorified women’s participation in the workforce as an expression of socialist revolutionary morale. Yet the implementation of birth planning policies and the emphasis on production had limited impact in challenging the structure of gender hierarchy in both public and private spheres. Women’s heavy involvement in mothering, childcare, and domestic work remained expected, invisible, and beyond the purview of state policy (Hershatter 2004; Ahn 2011). Consequently, campaigns to modernize midwifery are argued to be lackluster as compared to CCP’s vigorous push for

women's labor participation (Hershatter 2004). It wasn't until 1988 that the PRC state put into effect legislations protecting female workers' reproductive needs.⁶

In post-reform China, where public expenditure rapidly withdrew under the currents of privatization, forces of marketization radically transformed national health care systems (Blumenthal and Hsiao 2005). In 1995, the government passed the Law on Maternal and Infant Health Care, which guarantees a woman's right to institutional delivery. This attempt to improve maternal and infant health to meet international standards resulted in the increase of hospital births (Feng et al 2011). Meanwhile, despite improvements in policy accommodations for maternal health and services (for example, nursing breaks during work days and the extension of maternity leave), breastfeeding rates began to fall in the 1950s. By 1990s, only 11% of Chinese women in urban areas breastfed for six months (Gottschang 2007).⁷ In response, the state spearheaded public education campaigns in accordance with the United Nations' Baby Friendly Hospitals Initiative to promote breastfeeding among Chinese women. Several scholars observed that, despite large scope initiatives to promote breastfeeding, the contemporary discourse of "breast is best" is yet to solidify its status among birthing women in urban China (Gottschang 2007; Gong and Jackson 2012). Even after public panic spread over adulterated infant formula in 2008, urban middle-class parents—many of whom felt anxious about infant food safety—continued to rely on formula, only to switch to foreign brands (Gong and Jackson 2012).

In Taiwan, the trajectory of the medicalization of childbirth cannot be viewed independently from its Japanese annexation (1895-1945), during which the colonial government

⁶ In a way, these policies resulted in the preservation of folk midwifery knowledge in rural areas (Hershatter 2011).

⁷ There is a gap between policy and its implementation. In a survey of factory workers in Zhejiang province, Fang et al. (2005) reported that half of the factories did not have protection for pregnant employees, and nearly 40% of female workers received no maternity leave. Others have reported cases of hiring discrimination against female workers of childbearing age (Hershatter 2004).

embarked on a project of scientific colonialism to modernize the island's public health system, medical education, and maternal and infant care. The effort led to the establishment of modern midwifery training and outlawing of lay birthing practices in the first half of the 20th century, despite birthing women's trust—even among middle class women—in lay birthing attendants' skills and experience, as well as their deep connections within local communities (Wu 2010). Since then, midwives with institutionalized training attended more than half of Taiwanese births until the early 1960s, when hospital or obstetrician attended births experienced steady growth. Wu (2000) argues that the unequal pathways of credentializing, coupled with family planning and insurance policies that favored the expertise of obstetricians, contributed to the gradual marginalization of midwifery. By the early 1980s, midwives attended only 15% of births, and during the '90s, almost all Taiwanese women gave birth in a hospital. It was not until the late 1990s that activists started organizing to demand more institutional recognition of midwifery in Taiwan (Wu 2000). The progress has been slow. As of 2014, Taiwan has about 40-50 midwives practicing at 15 stand-alone midwifery clinics throughout the island (Chu 2014).

During the post-war era, the nationalist government of Taiwan received substantial international aid from the US and the UN; some of this aid was in the form of infant formula and powdered milk. Supply stations were set up throughout the island to distribute infant formula as a part of the government's public health campaign to strengthen infant health (Ministry of Health and Welfare 2012, 2013). Since early 1950s to mid-1980s, breastfeeding rates among Taiwanese women dropped quite dramatically, from over 90% to 32% in urban areas.⁸ Another study conducted in 1989 reported that exclusive breastfeeding at one month was at a mere 5.4%,

⁸ The above statistics reflect exclusive and mixed feeding combined. Reporting from a village in Northern Taiwan in the '60s, Wolf (1972) observed breastfeeding as almost universal although exclusivity was not, and co-sleeping as common practice at least for the first months of a baby's life.

whereas 21% used both the breast and the bottle (Cheng and Cheng 2010). Many argue that the popularization of formula, the public education of scientific motherhood founded on its nutritional benefits, and the institutional support from hospitals together contributed to the decline of breastfeeding (Chung 2006; Cheng and Cheng 2010; Huang 2012). In 1991, the government initiated comprehensive campaigns to revive breastfeeding. By 2004, exclusive feeding rate at one month has climbed up to 46.6%, and as of 2012, it was at 71.9%, while 51% gave up exclusive feeding by the sixth month postpartum (Ministry of Health and Welfare 2012).

***Zuoyuezi* among Chinese and Taiwanese women in the 20th century**

Little documentation exists on women's postpartum practices during the first half of the 20th century. References to *zuoyuezi* are scattered in news articles and literary works without detailed depiction of the actual practices. *Zuoyuezi* also remains on the periphery of scholarly analyses of childbirth and early mothering practices (Wolf 1972; Chou 2010). In her work on the adoption of bottle feeding among educated Chinese women in the early Republican period, Chou (2010) cites a woman's memoir in which she recounted seeing a relative do the month.

In the late 1950s and 1960s, anthropologist Margery Wolf made multiple visits to a Hokkien village in Northern Taiwan, and documented the life course rituals and kin ties of women (Wolf 1972). In her research on childbirth and infant care, Wolf observed that each postpartum woman "ha[d] earned herself the right to a month of better than average food," and noticed the postpartum body's ritual uncleanness, where a postpartum body was shunned (Wolf 1972, pp. 56-57). In China, revolution era news reports of provincial party cadres used birthing women's postpartum repose as an indication of the respect she received as a party member and a hard worker (Yang 1954; Li 1958).

In the 1970s, anthropologist Barbara Pillsbury conducted field research in Taiwan, and subsequently published one of the first systematic studies of *zuoyuezi* (Pillsbury 1978). The Taiwanese women she interviewed talked about a series of prescriptions involving a month-long confinement at home after giving birth, and were expected to follow a set of prescriptions and proscriptions that included “refraining from washing and all contact with water and wind, following a hot diet to remedy pregnancy-induced hot/cold imbalance, and observing taboos premised on the belief in the polluting powers of placental blood” (Pillsbury 1978). Pillsbury groups the postpartum rules into three categories, each embodying a specific principle: (1) avoid things that cause diseases and ailments, (2) restore health after giving birth, and (3) abide by the concept of blood pollution.

While classical Chinese medical texts diverge over whether childbirth and its aftermath should be considered an illness, many women Pillsbury talked to in the 1970s shared a picture of a drastically weakened postpartum body. They described postpartum proscriptions that were in place to protect the perceived vulnerability of the postpartum body; the prohibition of washing oneself, exposing oneself to the wind, and moving around too much was believed to safeguard the body from external health threats. By the same token, breaking these rules could undermine a woman’s future health. Frequent contact with water through body, hair, and hand washing was perceived to heighten the risk of developing asthma, arthritis, and chronic aches and pains. Direct exposure to drafts was also said to cause rheumatism as the wind enters the joints of the postpartum body.

In addition to rules put in place for their preventive purposes, postpartum women were told to abide by prescriptions and proscriptions that aim to restore. As I previously discussed, it was believed that childbirth creates imbalance of vital forces within the maternal body; a body

that is depleted of *qi* and in danger of blood stasis. As a result, steps need to be taken in order to restore this imbalance. The prescriptions to consume hot foods and to avoid cold food fall into this curative category. The criteria for categorizing food as hot or cold do not correspond neatly with their temperature per se, but reflect an item's intrinsic property based on the longstanding tradition of Chinese humoral theory. According to the theory, each food ingredient, beside its taste, has another dimension of characteristics that places it on a spectrum from hot to cold. Some foods, such as chicken and ginger, are hot, whereas turnips and watermelons are cold. One can also find an abundance of food ingredients that are neither cold nor hot, but have moderate property. Because the postpartum body is almost always considered cold, it is instructive for postpartum women to consume more hot foods to restore equilibrium (Pillsbury 1978).

Postpartum confinement is also closely associated with the idea of blood pollution. "Women in the month carry flashes of blood (*xie-guang*) all over their body. It is unclean. They should stay indoors, not to offend the gods... Isn't it obvious why they can't go out?" said one informant when anthropologist Ling-ling Wong asked whether a postpartum woman could visit a Buddhist temple during the month (Wong 1994, p. 41). Similarly, women who spoke with Pillsbury and Wolf made connections between the blood contamination taboo and confinement (Pillsbury 1978; Wolf 1972). The postpartum body needed to remain out of sight not just because of a fear of gods; this confinement was a way to maintain social norms in everyday interaction. A postpartum woman's uncleanness brings about bad luck and misfortune to people she comes into contact with. In turn, visiting others or having visitors was heavily frowned upon during the month (Pillsbury 1978)

While the rules of *zuoyuezi* were historically informed by Chinese medical philosophy, scholars agree that it was primarily a folk medical tradition passed down through generations of

women. That is, *zuoyuezi* expertise lies mainly in the hands of mothers, mothers-in-law, and other older women who are experienced in the matters of childbirth (Pillsbury 1978; Furth 1999; Wu 2010). The practice of *zuoyuezi* is also spatially specific, with the care work happening mainly in the confines of a private household. Today, while many women in Taiwan and China still do the month with the help of their family members, there has been a surge of commercialized support arrangements since the late 1980s. These include doing-the-month care workers, meal delivery services, and postpartum maternity centers, where women spend up to 40 days in single occupancy rooms with baby care services and amenities (Chu 1996; Cheung et al 2006; Huang 2006; Raven et al 2007; Lin 2009; Holroyd et al 2011).

The market for commercial establishments and service-providers began to expand in the 1980s in Taiwan, where magazines targeting women readers ran features on the novelty of these services (Wu 1983). The first type of establishments is the postpartum maternity center, which is either affiliated with a major hospital or independently run. Postpartum maternity centers provide residential postpartum care to both the mothers and the babies. The second type of care arrangement is the *zuoyuezi* care worker, known as *yuesao* (the month's sister-in-law), who makes daily house visits or provides round-the-clock care during the month. The third type of care arrangement is the postpartum meal service, which delivers pre-cooked meals catering specifically to women's *zuoyuezi* needs. These new arrangements have transformed *zuoyuezi* care that was previously defined by kin ties, and transported postpartum care beyond the privacy of the home into an institutionalized and commodified setting. They also galvanized a new field

where expert knowledge on the postpartum body and care is produced and disseminated in popular advice books.⁹

Immigration and *Zuoyuezi* in the US

Chinese migration to the US experienced its first uptick during the Gold Rush on the West Coast as Chinese peasants arrived in search for work, mostly in mining and railroad construction (Chang 2004). Although Chinese laborers were initially welcome for their willingness to accept the most strenuous jobs on menial wages, conflicts soon erupted between them and white workers. The ensuing protests from white workers who feared labor competition, followed by decades of xenophobic anti-Chinese campaigns, culminated in the passing of the first legislation limiting immigration on the basis of race (Takaki, 1990; Chang 2004). The series of Chinese exclusion laws that were passed since 1882 forbade “persons of Chinese race” from entering the US, with few exceptions. These were preceded by the passage of Page Law in 1875, which attempted to control the entry of Chinese women, whose sexuality and racialized bodies were suspected to threaten the moral and physical constitution of the white American populace (Chan 1991). Between then and 1965, the Chinese population in the US not only dwindled, but also became a “bachelor society” (Glenn 1983; Kwong 2005).

While the tightening of the US borders was temporarily relaxed during World War II when the US attempted to court China as its wartime ally, Chinese immigration did not pick up again until 1965, when the Immigration Reform Act abolished the national quota system that was put in place in 1921. The 1965 Act introduced two provisions replacing the national quota principle. First, it gave priority to immigration on the basis of family reunification. Second, it

⁹ I will describe and discuss these commercialized institutions and service providers, both in home country and in the US in more details in Chapter II and Chapter V.

courted migrants possessing desired occupational skills or economic capital. In addition, international students, who increasingly participated in the global circuit of skilled migration, also arrived to seek education and, later, many adjusted their status to become permanent residents or naturalized citizens (Chang 1992; Zweig et al 2004). The post-1965 immigration from Taiwan and China is characterized by an unprecedented volume and an increasing bifurcation in human capital (Zhou et al. 2013; Kwong 2005). To date, Chinese immigrants are the third largest foreign-born group in the US. The group also makes up more than one percent of New York and California's total population (Hooper and Batalova 2015).

My respondents' trajectory of migration is the product of the above historical processes and shifting political and economic contexts in China, Taiwan, and the US. The majority of my respondents originally arrived in the US holding non-immigrant visas as international students, visiting scholars, or spouses. Most finished college education in Taiwan or China, and were in the US to pursue graduate degrees. Many later transitioned, or were in the process of transitioning at the time of our meeting, to permanent legal resident status through employment. Some obtained Green Cards or became naturalized US citizens through marriage. Most migrated unmarried and without extended family members. A few migrated with family members at an earlier age, at or slightly before the completion of high school education in their home country.

As migration from Chinese speaking countries surged since the second half of the twentieth century, first-generation immigrants brought with them the practices of *zuoyuezi*. Case studies in nursing suggest the continuing prevalence of the practice among Chinese and Taiwanese immigrant women with the help of family members (Donaldson et al 2010; Callister et al 2011). The kin caregivers, usually mothers or mothers-in-law, either already live in the US or travel from Asia exclusively to provide postpartum care. In California, postpartum meal

services, postpartum *yuesao*, and *zuoyuezi* centers advertise not only within the local community but also to potential clients across the country (Tai 2011). In the New York City metropolitan area, while the number of established businesses is significantly lower, an estimate of 40 *zuoyuezi* centers has opened their doors to postpartum women (Li 2015). New York City residents who wish to order postpartum meals to be delivered to their homes daily or weekly also have a handful of local options (Peir 2011). In addition, several American born writers of Chinese or Taiwanese descent penned English language books on *zuoyuezi* (Ou 2016; Whitley 2016)

Among these commercialized options, *zuoyuezi* centers have been caught in the controversy over birth tourism, where pregnant non-nationals cross the US borders to receive obstetric care. The recent debate focuses on Chinese nationals who enter and give birth in the US to acquire American citizenship for their newborns. This practice is not new. Women from countries such as Taiwan, South Korea, and Turkey have been known to make such trips before the recent outpour of media coverage, and most relied on transnational social networks to facilitate the process (Gordy 1997). Cross-border movements of human and capital incentivized by pathways to citizenship are similarly unexceptional (Dzankic 2012). The recent emergence of birth tourism in California that has garnered media attention since the early 2010s, however, is entangled with the conservative push to limit birthright citizenship, and sparked by the more institutionalized organization of the practice (Carlson 2015; Nori 2016). In these cases, commercialized, often transnational, brokerage is often involved to provide women and their family members with traveling tips, secure lodging before and after birth, and connect clients with obstetric care at local hospitals. Some operate from properties in predominantly residential

neighborhoods, while others rent out blocks of hotel rooms to accommodate customers (Carlson 2015).¹⁰

The highly political debate over birth tourism in its institutionalized form in *zuoyuezi* centers raises important questions about the history of Asian Americans' experience with othering, as well as the meaning and conceptualization of citizenship in a globalized context. In this study, however, I want to stress that *zuoyuezi* centers in the U.S. are not just a part of the transnational chain of birth tourism, but also provide a postpartum care option for immigrant women living in the US.¹¹ As I will demonstrate in Chapter V, the controversy surrounding birth tourism as it plays out in center spaces shapes how women perceive the local consumer market. It also impacts the ways in which other local stakeholders articulate consumer needs.

¹⁰ A recent event that triggered media attention and community backlash was the municipal crackdown of a commercial establishment in Chino Hills, an affluent suburban district east of Rowland Heights, one of the Chinese ethnoburbs in the San Gabriel Valley in Southern California. While Chino Hills' Asian population does not compare with the more established ethnoburbs, as of 2010 its Asian population has exceeded 30%, an 8% increase since 2000. Citing building code and zoning violations, municipality officials demanded the closing of a residential townhouse that was converted to accommodate women from China and their newborns. In addition to the intervention of local authorities, organized protests by local residents intensified the debate. Through the community organization Not in Chino Hills, local residents argued that the existence of business operations of this nature in a residential neighborhood undermines public safety (LA Times 2013). Yet the public plea to protect quality of life could not cloak the politics of citizenship and immigration involved. In an interview, a local resident said: "When people think of the American dream, they're not thinking about birth tourism. They're thinking about people who come here, immigrate here, work hard, pay their taxes, become citizens and become Americans" (CBS News 2013). This remark constructs an idealized image of immigration and an honorable path to citizenship that is based on a shared ethos and civic responsibilities. The local Asian American community also took a stance. The Chinese American Association of Chino Hills published a letter through Not in Chino Hills to condemn the business practices of birth tourism. While the letter was cautious in depicting the women as "innocent" and targeted mainly the businesses for exploiting US constitutions, the mere announcement of support from the Chinese American community perhaps speaks volumes about the immigrant community's anxiety over exclusion and othering (Ngai 1999).

¹¹ The pervasiveness of the association between *zuoyuezi* centers in the US and birth tourism also shows through in my informal conversation with friends in Taiwan and China. When I mention that I am studying *zuoyuezi* in the US, it is not uncommon for people to harp on the birth tourism angle as the initial response. The fact that immigrants do the month is very much overshadowed by the political nature of birth tourism.

Framing *zuoyuezi* among immigrants in the U.S.

As noted previously, early social science literature focuses on the functional significance of *zuoyuezi* as a rite of passage that creates social cohesion, socializes a woman into her maternal role, and solidifies family relations (Pillsbury 1978; Wong 1994). Later, feminist scholars, mostly working with women in Taiwan, began to explore the ways in which *zuoyuezi* serves as an instrument of patriarchy to exercise disciplinary power over postpartum women. Its stipulations are considered to be the product of the patriarchal desire to control female reproductive functions through the transmission of postpartum and childrearing knowledge from older female kin members (Wan 1999).

The increasing popularity of *zuoyuezi* centers in Taiwan also prompted several researchers to investigate the spatiality and care relations engendered within the center. They argue that *zuoyuezi* activities at the centers discipline the female body through medicalized protocols in both maternal and baby care and commodified care relations. The standardization of everyday routines also contributes to a sense of social alienation (Lu 1999). While Lu's work tells the story of capital's use of the female body for profit accumulation and the extension of the medical gaze through commodified *zuoyuezi*, she and other scholars also pointed out that women should not be considered victims of these processes. Instead, they suggest that women sometimes exercise their agency through their identification as consumers, responding to restrictions and constraints produced through the dual processes of medicalization and commodification (Chen 2008; Lin 2009). In other fields such as nursing, studies focus on clinical analyses of *zuoyuezi*'s effects on postpartum physical and mental wellbeing.

As a starting point, I follow this general argument on the position of women's agency vis-à-vis the multiplicity of discourses over body, health, gender norms, and motherhood during

the postpartum period. However, as the aforementioned literature focuses on the experience of women in their home societies, these studies do not take into account the diverse range of family formations and caring relations that migration can create, nor do they capture the ways in which women understand *zuoyuezi*'s various prescriptions and proscriptions as they come into closer contact with other iterations of postpartum norms. In North America, research in nursing, psychology, and medicine have begun documenting immigrants' practice of *zuoyuezi* and its implication in postnatal health or culturally sensitive nursing practices (some examples: Kartchner and Callister 2003; Donaldson et al 2010; Callister et al 2011). Yet these works tend to treat *zuoyuezi* as a cultural object inherited directly from the sending society, or focus on the clinical implications of *zuoyuezi* from the perspective of western biomedicine. In social science literature, the mentioning of *zuoyuezi* among immigrant women is not common, or it is discussed at the fringe of scholarly works on gender relations (Rosenblatt and Stewart 2004).

This study is an attempt to give immigrant women's postpartum practices a more visible place in the literature on women's health and postpartum care. I use works on immigrant culture and health, carework and mothering, and risks and health to guide my exploration of immigrant women and their caregivers' experiences of *zuoyuezi*.

Immigration and culture

One central focus of this dissertation is immigrants' cultural practices—the ways in which knowledge informing women's postpartum practices is produced, how it shapes postpartum care relations, and how women make decisions on postpartum repose as they are situated at the intersection of different sets of knowledge that include but not limited to that of *zuoyuezi*.

Earlier generation of scholars who studied immigration projected the eventual decline of home country cultures in the process of immigrant assimilation that was thought to be unidirectional, inevitable, non-reversible, and continuous (Gordon 1964; Suarez-Orozco 2001). Yet, the experience of immigrants from non-European origins since the 1960s has demonstrated a much diverse pathways in which home country culture is retained, relinquished, or adapted. This new wave of immigration called for a new generation of analytical approach, in which immigrants' human capital, institutional reception in the destination society, and co-ethnic communities and networks are argued to constitute varied pathways of incorporation over generations (Zhou and Bankston 1998; Portez and Rumbaut 2001). Immigrant culture is by no means timeless and insular; but embedded in the social, political, and economic realms (Foner 1997; Glick 2007). Immigrant culture becomes mutable and adaptable as immigrants interact with the structure of the destination society.

As I will illustrate in the following chapters, *zuoyuezi* as a postpartum tradition can hardly be separated from the expectation of it being embedded in a network of care. In most cases, a woman doing *zuoyuezi* implies forging care relations. For women who solicit family care, everyday caregiving and care receiving are inevitably shaped by values and norms governing gender and intergenerational dynamics. Filial norms that demand respect for family elders, especially women's relation with mothers-in-law, affect women's sense of agency, and they in turn device various strategies to challenge filial expectations implicitly or explicitly (Pyke & Shih 2010).

Indeed intergenerational kin scripts often get rewritten in the process of provisioning family care in immigrant families. For example, Lan (2008) traces the process through which home country cultural ideologies undergo changes as immigrant families seek to rearrange kin

care within various institutional structures of the receiving society. Sun's (2012) work on kin reciprocity in the transnational context also demonstrates the redefinition of cultural ideals that enable immigrant families to maintain transnational caregiving that seems to contradict traditional notions of filial obligations. Others bring structural processes and factors to bear on the analysis of immigrant family dynamics, such as divisions of household labor and mothering (Kim et al 2006; Pinto & Coltrane 2009).

Zuoyuezi can also be seen as a set of health-seeking practices that entail prescriptions and proscriptions on postpartum activities and diet. In the field of health, 'culture' often becomes the explanatory factor behind immigrant health outcome, health-seeking behaviors, management of illnesses, and attitudes toward dominant medical institutions (Markides and Coreil 1986; Hunt et al 2004). One approach, often referred to as the acculturation thesis, investigates the relation between immigrants' adoption of their destination society's health norms and their health outcome (Rumbaut and Weeks 1996; Scribner 1996; Abraido-Lanza et al 1999). Some posit that dimensions of immigrant culture, be they home country health beliefs or co-ethnic networks, form a protective shield for recent immigrants, and that the power of this shield erodes as immigrants adopt cultural norms of the destination society.¹²

Others critique that rather than seeing culture as the explanatory factor, one shall see culture, or the retention of culture, to be the resulting strategy immigrant use to deal with structural barriers they face navigating healthcare and medical institutions (Anderson et al 1995; Miranda et al. 2010; Ransford et al. 2010; Viruell-Fuentes et al 2012) In addition, traditional immigrant health research tends to treat the border between immigrant culture and "mainstream"

¹² Other hypotheses include the healthy immigrant effect—immigrants' overall health tend to be self-selective—and what is referred to as the "salmon-bias," where immigrants with poorer health tend to return home.

culture as clear and distinct. Home country cultural beliefs and practices are also taken to be shared by all group members uniformly (Lu and Racine 2015). Scholars argue that this tendency to reify immigrant cultural traits results in the decontextualization of culture that ignores the interplay of social structures and immigrants' agency (Hunt et al 2004).¹³

This study of immigrant women's *zuoyuezi* practices is informed by these productive reexaminations of the conceptual and analytical frameworks employed to study immigrant culture and immigrant health. I take the view that culture remains a salient domain shaping immigrant life. Yet at the same time, culture is far from discrete and consistent. Instead of seeing culture as a factor that determines immigrant women's postpartum behavior, I follow the scholarly framework which treats culture—both its borders and how people approach it—dynamically. The study of Taiwanese and Chinese women's *zuoyuezi* is not just a look at *zuoyuezi* as a set of cultural stipulations, but, more importantly, it is also an exploration of the ways in which women understand and renegotiate its associated norms and scripts in the contexts of migration.

Carework and mothering

Zuoyuezi does not happen in a social vacuum. While the prescriptions and proscriptions center around the postpartum women—what to do or not do, what to eat or not eat—meals and behavioral sanctions are nevertheless prepared and at times co-enforced by someone else. For more than half of my respondents, postpartum caregiving is a family matter. They rally, negotiate, and sometimes deflect the caregiving of parents, in-laws, and their spouses. They also

¹³ Other major critiques include: a lack of consistency in the actual measurements of acculturation, which is often defined by proxy variables such as language use and proficiency, the prominence of co-ethnic social networks, and/or the age of migration (Hunt et al 2004; Zane and Mak 2003). Also, the trajectory of acculturation is assumed to be linear and homogeneous as is projected in Gordon's now outdated model (Salant and Lauderdale 2003).

delegate baby care among the family caregivers. For others, *zuoyuezi* means the involvement of one or more paid care workers, at home or at a *zuoyuezi* center. These workers often share a similar background as migrants from Taiwan or China, yet their skill levels and job trajectories are quite diverse.

Zuoyuezi is, thus, very much about care, and about the carework performed by all the parties involved. While it is a period of rest and mothering, women I spoke to also often allude to its significance as a social event, and point to the normative expectation to do the month with social support beyond the nuclear family formation.¹⁴ By carework, I mean the practical and affective support provided by family members, paid care workers, and postpartum women themselves. I follow the definition of caregiving used by Cancian and Oliker (2000) as “feelings of affection and responsibility combined with actions that provide responsively an individual’s personal needs or wellbeing, in a face-to-face relationship.” In addition, I would like to point out that the notion of face-to-face relationships as one element constituting caregiving has been challenged by scholars studying the transnational family keeping of migrants (Sun 2012; Francisco 2015). In my study, I also find proxy caregiving among my respondents and their family members.

Caregiving occupies a contradictory status; it is culturally valued and romanticized, but caregivers do not receive much support, either in the form of government policies or through monetary compensation. This overall devaluation of care comes from the association of care with the private sphere, with altruism, and with femininity (England and Folbre 1999; Cancian and

¹⁴ When I was recruiting on one mommy web forum, a forum member commented: “I guess for those of us who did it alone at home nibbling on bread to get by, we really don’t have much to talk about.” This user did not respond to my further inquiry to interview her, yet her remark perhaps sheds some light on *zuoyuezi* as something a woman should go through with additional help beyond the nuclear family formation.

Oliker 2000; Folbre 2001). Despite women's participation in the workforce, they still shoulder a larger share of unpaid household carework (Sayer et al 2004). Within this culturally constructed constraint of gendered care, women often come up with what Hochschild calls gender strategies, where they mobilize help and resources to juggle problems at hand (Hochschild 2003). Others points out that the "naturalness" with which women pick up carework, paid or unpaid, masks the unequal material conditions underlying this cultural gender bias, and the lack of state policy support in helping the increasing number of working families (Glenn 2000, Folbre 2001).

Especially hard hit are working class communities and women of color, whose carework is situated at the intersection of mothering, work, and race. For example, breadwinning and mothering often overlap with each other for ethnic and racial minority women who have to pursue paid work to keep the family going. They simultaneously give care through collective strategies with non-mother caregivers, whom Collins has referred to as "othermothers" (Collins 1994; Hondagneu-Sotelo and Avila 1997; Parreñas 2005). Gender inequality in the household is also shaped by the structure of the market and by traditional values. In immigrant families, paid work may help women gain financial independence and afford them greater decision-making power.

However, employment does not necessarily result in the fundamental reordering of traditional gender ideologies that confine women to caregiving roles. Some find that women do not have much control in the renegotiation of conjugal or filial power relations, even among those who earn a middle class or professional wage (Espiritu 1997; Zhou 2000; Shih and Pyke 2010). Spousal experiences of occupational downward mobility are also argued to hamper the formation of more egalitarian households (Min 1998), not to mention women's own downward mobility due to circumstances of migration (Zhou 2000). Mobility obstacles created by racism

and classism often become a more immediate project of survival for immigrant families than the improvement of women's status (Kibria 1993; Espiritu 1997). These seemingly contradictory aspects of immigrant women's empowerment and disempowerment thus shape the reality of caregiving in immigrant families.

In response to the care gap, many families and individuals find solutions in the marketplace where they transfer care to paid workers. The consumption of paid care, especially for those with higher socioeconomic status, is often equated with the procurement of experiences that potentially contribute to the children's future success and wellbeing, and the reproduction of cultural and human capital (Wrigley 1995; Lareau 2011). Feminists argue that the commodification of care reproduces racial and class inequality as affluent families shift the burden of carework to poor women of color (Glenn 1992). As the process of globalization intensifies, this care chain is further extended to include women from less industrialized nations responding to care deficits in industrialized nations (Hochschild 2000; Zimmermann et al 2006). While the commodification of carework has enabled both the workers to support their own families and the hiring families to pursue work outside the home, scholars have addressed the social and emotional cost of commodification. The transfer of care, for example, calls for extraordinary efforts between the migrant worker and her network in the home communities to maintain care in their own families (Parreñas 2005; Isaksen et al 2008). In the domain of employer-employee relations, the fact that the intimacy of carework is produced through commodified care relations creates contradictions workers have to reconcile on a day-to-day basis (Glenn 1986). The reality of performing care labor in someone's domestic space also results in complex boundary work on the part of both the employer and the worker (Rollins 1985; Romero 1988; Lan 2003; MacDonald 2008).

Studies on postpartum carework have been sparse (Fox 2009, p. 14). Existing works tend to focus on the effects of spousal support on building more equitable division of household and childcare labor. Yet these studies on spousal involvement at the same time perpetuate the controlling image of the nuclear family formation as isolated and self-sufficient (Hansen 2005). The study of paid and unpaid *zuoyuezi* carework not only recognizes the reality of many immigrant women/couples in rallying postpartum support by enacting resources from and beyond the extended family network, but also provides new analytical insights into the role caregivers outside the nuclear family play in general.

Risks, motherhood, and neoliberalism

Zuoyuezi also embodies a set of normalizing assumptions not only on women's role as mothers, such as dietary recommendations to facilitate breastfeeding, but also on the postpartum body and health. To tease out the logic of these assumptions and how immigrant women and their caregivers understand and organize postpartum activities accordingly, I will build my analysis on literature related to health, risk, and governmentality.

Several social scientists have advanced the theorization of risks under capitalism in late modernity (Beck 1992; Giddens 1999). They recognize that risks, understood as objectively existing or as socially constructed, have become pervasive and shape how decisions are made, from personal health decisions to macro-level political and economic choices. Risks, as well as the various responses to bring them under human control, are the product of a society that is future-conscious, and that understands the future as something that can be manipulated from the present. In other words, the emphasis on risks is part and parcel of an industrialized society's attempt to control its fate under capitalism (Giddens 2003). As we live in what Beck (1992) calls

“risk societies,” individuals develop strong awareness of risks that are very often identified through techno-scientific experts.

Culturally, risk is postulated as a symbolic threat against individuals, and framed as a strategic construction by social groups to patrol their boundaries and to justify acts of inclusion/exclusion (Douglas 1992). Douglas suggests that risk operates similarly as the premodern notion of sin—it announces a group’s culturally specific approach to the structuring of social relations and stratification. Culturally distinct groups, then, respond to uncertainties differently, in culturally meaningful ways.

Michel Foucault’s theory of governmentality has also served to contextualize risk discourse within the construction of the neoliberal society (Lupton 2013). Foucault understands governmentality as an approach of governing that emerged in the seventeenth century, when it was no longer individuals who were the subject of state control but the population as a whole, thanks to advancements in technologies of measurement, surveillance, and scientific calculation. This development of the techniques to govern *life itself* operates not only to optimize the potential of the individual bodies, but also to create a vital population (Foucault 2003). In liberal nations of the West, the creation of a vital population no longer relies on disciplinary power that is exerted from a single institutional actor such as the state. Rather, the rise of neoliberalism displaces the core of power from the state into a multi-nodal, diffuse form of governance.

One key point raised in this body of Foucauldian scholarship is the active participation of individuals in these neoliberal regimes (Rose and Novas 2004). Governmentality realizes itself through the ways in which it produces individuals who actively engage in “self-regulation,” and who view their bodily improvement as an identity project. In health and medicine, the withdrawal of the welfare state in the West coincides with the emergence of health consumers,

who are now encouraged to take their health and wellbeing into their own hands and shop for the best options for their optimization. Groups or populations that are assessed as “at risk” are encouraged to take preemptive actions to reduce their exposure to risk factors. Being healthy, or on the flip side, taking the risk to be unhealthy, now falls into the realm of personal responsibility instead of being shouldered by social insurance (Lupton 1997).

As mentioned above, the calculation and prevention of risks has been identified as one of the defining features of the biomedical institution that originates in the West. Not surprisingly, the language of risk especially pervades the biomedical model of childbirth. Understanding pregnancy and childbirth as dangerous or risky is nothing new, but we seem to have entered a time when no pregnancies can escape the fate of being experienced, narrated, and measured in terms of risk (Rothman 2014). Women who smoke, drink alcohol, or use drugs, are single, poor, overly active, not active, too old, too young, overweight, underweight—on goes the list of risk factors that put a pregnancy under the scrutiny of the medical institution. There is almost no such thing as a normal pregnancy that doesn’t involve some talk and consideration of risk.

The totality of the technoscientific understanding of childbirth-related risks goes hand in hand with the larger process of medicalization. The advancement of medical technologies and biological knowledge of gestation increasingly connects a woman’s behavior during pregnancy with the trajectory of fetal development. What is considered to be “at-risk” is not just the pregnant woman but more often the fetus that develops in a potentially hazardous maternal environment (Armstrong 2003; Simonds et al. 2007). The dominance of biomedical risk assessment and its resulting surveillance is also argued to denigrate a woman’s ability to develop experiential knowledge regarding her own pregnancies and make pregnancy a (de)moralizing life event (Armstrong 2003; Lupton 2012).

The focus on risk does not end when the baby leaves the maternal body. As Vivian Zelizer (1985) argues, our understanding of children as emotionally priceless beings whose mental and physical development should be cultivated and nurtured is not a historically universal idea. Children are constructed to be dependent, vulnerable, and innocent beings whose early development requires close attention paid by the parents. The simple description of parenting as everyday things parents do to bring up their children can no longer fully capture the extent to which parenting is rendered a scientific enterprise that is emotionally, financially, and temporally costly for the parents. As the social obligations of parents have expanded to include more tasks, what constitutes good parenting, and especially good mothering, also becomes debated and politicized (Hays 1996). Parents are increasingly expected to assume the role of “risk manager” for their dependent children (Lee et al 2010).

While the works above tend to approach risk and childbirth from the macro perspective, the ways in which individuals perceive, respond to, or resist discourses of risk in everyday life has garnered scholarly attention. Indeed, researchers have found that many women internalize dominant discourses on childbirth, and in turn hold themselves accountable for the wellbeing of the unborn. They compromise the activities and inclinations that used to define who they were, and regulate and discipline themselves in the interest of the baby (Markens et al 1997; Nash 2011). Being aware of expert-defined risks and taking the right steps to avoid them becomes a way to demonstrate one’s sense of responsibility and validate one’s role as a good mother (Oakley 1993). Class status also plays a role in how women respond to expert advice in general and discourse of risk in particular. Some argue that affluent women seem to conform to the dominant discourse more because it enables them to simultaneously employ the language of self-regulation within the neoliberal framework (Avishai 2007). Others, on the contrary, find that

middle-class women's valuing of personal control contributes to their higher tendency to resist expert knowledge (Martin 1990).

Research Questions

This dissertation research is informed by and seeks to contribute to the literature on immigrant culture, carework and mothering, and risks and neoliberalism. It addresses the following questions:

- ❖ What is the contemporary landscape of expert knowledge (in relation to health, body, and gender, for example) on *zuoyuezi* to which recent Chinese and Taiwan immigrant women have been/are exposed?
- ❖ How do women perceive *zuoyuezi* and its associated knowledge in relation to their postpartum period? In what ways do these perceptions shape their postpartum decision-making?
- ❖ What does it take for *zuoyuezi* care to happen for immigrant women in the U.S.?
 - How is caregiving organized among family members? How do women's roles vis-à-vis those of various family caregivers shape the quality of *zuoyuezi* care relations?
 - Why do women transfer *zuoyuezi* care to commodified options? How do women understand and evaluate the *zuoyuezi* care they receive? How does commodification shape the interaction between postpartum women and careworkers?

- ❖ How do women understand and perform early motherhood in the context of *zuoyuezi*? In what ways does *zuoyuezi* shape how women mother?

Methods

I approach my research questions using a combination of qualitative methods. First, I conducted content analysis of popular advice books on *zuoyuezi*. Second, I spoke to foreign-born immigrant women from Taiwan and China about their *zuoyuezi* experience in the US. In addition, I talked to two *zuoyuezi* careworkers—*yuesao*—about their career trajectories and experience doing postpartum carework. In order to enrich the ways in which home country consumer markets shape how my respondents understand their postpartum experience, I also conducted fieldwork in China at a *yuesao* training institution and surveyed historical media coverage on the evolution of the practices.

Respondents and in-depth interviews

The bulk of this dissertation draws on semi-structured interviews with twenty-five women who have gone through *zuoyuezi* after childbirth. I recruited participants via a variety of avenues. First, I utilized my social network to recruit participants. Second, I identified several parenting and mothering web forums frequented by Taiwanese and Chinese immigrants in the U.S., where I posted recruitment messages. I also handed out flyers in communities in New York City with large Chinese and Taiwanese immigrants. While I did not specify the ethnic background of the respondents, given the cultural specificity of *zuoyuezi* related knowledge and practices, as well as my recruitment strategy, all respondents were women born in Taiwan or China. To ensure that they still retain some recollection of their *zuoyuezi* experience, I recruited immigrant women who have young children no older than 5 years of age. In addition, I recruited

women who work as a *yuesao* providing *zuoyuezi*-related care. The recruitment of postpartum workers was more difficult. I took out ads in the local Chinese newspaper and contacted workers directly on social media platforms, where some keep a profile. A couple of my respondents also referred me to the *yuesao* they had worked with. I ended up speaking to two women: One is based in Taiwan and travels internationally for work. The other migrated from Taiwan to the U.S. and started working as a *yuesao* after migration. I reached out to them either through their former clients' recommendation, or after reading about them from web forums. These interviews lasted from 45 minutes to 2 hours each.

The first group of women I spoke to are class-privileged. All the non-worker women included in this project are college-educated, and all but three received their college education in their home country. More than half arrived in the U.S. on a student visa pursuing a degree in the American higher education system; the vast majority enrolled in a graduate program. By the time of the interview, two of my respondents were still working on their degrees—one of them had returned to school from full-time employment, while others already began working, or had left their paid jobs to be stay-at-home mothers. Besides those who entered on student visas, four originally migrated to accompany their spouses' pursuit of a degree, and three migrated as teenagers with family members. Three of all respondents came to the U.S. already married, while the rest got married after coming to the U.S. Three are intermarried with non-Chinese/Taiwanese partners.¹⁵

All of the respondents had births in a biomedicalized setting in a hospital. Three reported seeing a midwife during their pregnancy, yet all three did so in the context of hospital care and

¹⁵ A sample consisting of class-privileged women is perhaps more the result of self-selection than purposive sampling. While I tried to diversify my recruitment efforts to represent a wide variety of socioeconomic backgrounds, women who were the most responsive were perhaps those who could afford to take *zuoyuezi* seriously.

prenatal OBGYN visits. I will spend a section in Chapter III discussing the encounter of *zuoyuezi* prescriptions and hospital care.¹⁶

Content analysis

To map the knowledge landscape in which women are embedded in terms of *zuoyuezi*, I used popular advice books on *zuoyuezi* to represent a site of discourse formation. While it is certainly not the only site where *zuoyuezi*-related knowledge is disseminated, as I will demonstrate in Chapter II, it is a major one, with more than three hundred titles published since 1990s. Because my main focus is on migrant women's experience of *zuoyuezi* in the U.S., I selected a sample of titles from those that are available through the public library system. In this case, I used New York City's three local library systems as my main source. Acknowledging the transnational nature of information circulation, I also made sure to include *zuoyuezi* advice books that have been long time bestsellers in China and Taiwan regardless of their availability in the US. Outside of the Chinese language based publications that predominate the genre, I searched for books written in English on the subject matter. I include a list of the analyzed titles in Appendix B. To enrich my background understanding of the evolution of *zuoyuezi*, I also did a survey of media coverage of *zuoyuezi* in Taiwan, China, and the U.S.

¹⁶ One woman, Weiwei, did talk about seeing a midwife as part of a new experience interacting with the American medical institution. The medical group that she visited had several midwives on its team. Throughout her pregnancy and during labor, a midwife was her primary caregiver. Weiwei in the beginning felt a bit reluctant about the arrangement since no one in her Chinese social circle worked with a midwife before. She was surprised to find that some of her coworkers, who were largely native-born Americans, in fact actively seek out midwife-led care. Her experience with the midwife, albeit in the hospital setting, and the positive reception of midwives in the U.S. sparked some nascent interest in Weiwei to explore other childbirth alternatives.

Field observation

It was not my original intention to cover the *yuesao* training for this particular project as it did not seem to be a relevant element in the context of migrant birth practices. However, the forces operating in the transnational social (discursive) field penetrated the methodological borders I erected. As I spoke to more women, the consumer marketplace at home seems to always linger. In some cases, mothers referred to elements of *zuoyuezi* consumerism back home to act against tradition. In others, it is employed to affirm certain truisms about the benefits of *zuoyuezi*.

During the summer of 2013, I participated in a week-long *yuesao* training program in China with about 70-80 other participants, all but one of whom were women. I did not collect personal level data during my observation, but focused my attention on the discourses that were being communicated in the lectures and practicum sessions. While the data collected during this trip will not feature centrally in this dissertation, I will refer to my field observation to support the findings from the interviews in the U.S.

The choice of language

In the Chinese language, the word *zuo* as in *zuoyuezi* can connote “to sit” or “to do,” which means that the term *zuoyuezi* is at times written as “sitting”-the-month. The wording also has a historical origin in ancient medical texts on women’s health (Wong 1994). As a woman enters into labor, the department of knowledge surrounding this phase is called *zuoyuemen*, “the Department of Sitting the Month.” While it refers to a different time frame in regard to childbirth—that is, before the birth of the child—the term sitting-the-month has also been adopted by health experts, lay people, and scholars alike (for example: Chu 1996; Cheung 1997;

Levin 2015). I decided to adopt *zuo* as in “to do,” and use the translation “doing the month” for two reasons. First, I agree with Wong’s argument that *zuoyuezi* entails more than behavioral recommendations on rest—hence the use of “to sit” to connote repose. It in fact also includes the everyday engagement with postpartum norms that can be better encapsulated by *zuo* as in “to do” (Wong 1994).

Second, as Zimmerman and West (1987) famously proposed, “doing” highlights the performative aspect of a seemingly essentialized construct and sheds light on the ways in which the construct is produced and reinforced through interactions. Their original proposition of “doing” emphasized gender’s omnirelevance, and, for this, it received some criticisms for downplaying human agency and resistance (Pascale 2007; Connell 2010). While I consider women’s acts of negotiation and resistance in transforming the meanings of *zuoyuezi*, I also acknowledge that women’s *zuoyuezi* practices and care relations remain in constant dialogue with, through doing or re-doing, a pre-existing set of scripts on the postpartum and the family. The adoption of “doing”-the-month seems more fitting in this context.

I used pseudonyms for every participating woman. One might notice a mixed use of Anglo and Chinese names. I did so to maintain consistency between the participating woman’s real identity and pseudonym. For those who used their Anglo name with me, I gave them an Anglo pseudonym, and the same principle applies to those who got in touch with me using their Chinese name. One’s choice of name is also very much contextual. Some display both their Anglo and Chinese names in their email handle, but went by just one when communicating with me. Other than that, I have no intention to suggest any substantial differences between these two groups with the assignment of pseudonyms.

Chapter Organization

Following this introductory chapter, I map the discursive landscape of contemporary *zuoyuezi* in Chapter II. Data for this chapter comes primarily from the content analysis of popular *zuoyuezi* advice books available in the US. I identify the ways in which knowledge surrounding *zuoyuezi* is produced, revealing how realities about the postpartum body and health are being constructed and communicated to readers. I argue that the definition of *zuoyuezi* has been made blurry to incorporate dominant forms of knowledge to embolden its legitimacy. *Zuoyuezi* discourses in these materials also draw from prevalent forms of subjectivity that are tuned to the idea of the entrepreneurial self. At the same time, they continue to highlight a woman's gendered role within the family and the nation.

In Chapter III, I turn to my conversations with women who had experience with *zuoyuezi*. I explore their decision-making process to do the month, as well as their takes on its constitutive prescriptions and proscriptions. The findings suggest that while *zuoyuezi*'s normative status seems to prevail in how women understand their postpartum repose, its inevitability does not translate to unyielding compliance to *zuoyuezi* stipulations. Women's *zuoyuezi* practices are in fact a response to a set of risks and vulnerabilities that draw from specific constructions of the postpartum body, their own structural position in the family, and their considerations of everyday care realities in the context of migration. I also show that in my respondents' own reflections on these prescriptions and proscriptions, they at the same time participate in transforming the meaning of *zuoyuezi*.

Contrary to the vantage point of many U.S.-borne studies on the postpartum period and early mothering, which largely presumes the centrality of the nuclear family as the basic unit of care, my respondents' postpartum periods are often spent within a more extended web of

caregiving among multiple family members. Chapter IV explores intergenerational caregiving in the context of *zuoyuezi*. I show how the family elders' traditional role as filial authority intersects with the evolution of *zuoyuezi* knowledge to shape the negotiation of compliance between family caregivers and the birthing women. Care relations also play out differently between those whose mothers visited to provide care and those whose mothers-in-law stepped in. I argue that the nature of spousal participation plays a crucial role in either reinforcing a gendered division of reproductive labor or enhancing a sense of instrumental support. Finally, I delve into the intersection of mothering and *zuoyuezi*, focusing on breastfeeding during the month. In this chapter, I challenge the perception that *zuoyuezi* beliefs are in conflict with contemporary mothering ideologies in relation to infant feeding practices.

Chapter V entails a discussion of *zuoyuezi* paid care. I first briefly survey the local *zuoyuezi* market in the US, and compare it with *zuoyuezi* commodified care in Taiwan and China. I highlight the ways in which the ideas and elements of commercialized *zuoyuezi* are depicted, framed, and deployed by dominant institutions and ethnic businesses alike. The chapter then touches on women's decisions to opt for, and their experiences with, commodified *zuoyuezi* care. I argue that paid care provides an "out" from the constraints of patriarchy, while a gendered division of labor continues to be reproduced and reinforced through the women's decision to consume paid care in the name of familial harmony. Commercialized options also conceptually match women's modern subjectivities founded upon an allegiance with biomedicine, risk reduction, and class-based lifestyle and taste. Lastly, using center care and *yuesao* care as two examples, I look at the care relations engendered and the strategies deployed by the postpartum women and the care workers to maintain the quality of care both as mother-consumers and as professionals.

In the concluding chapter, I present a summary of my findings and reflect upon how they connect and contribute to the larger bodies of literature. I also discuss the limitations of the research, and possible directions for future research endeavors.

CHAPTER II

NO LONGER AN OLD WIFE'S TALE: POPULAR ZUOYUEZI DISCOURSES

A woman in a body-hugging cheongsam dress, a pair of red heels, and finely bundled hair, pushes a stroller that accommodates two toddlers, plus another one in a carrier on her back. She and the children, all in joyful mood, are surrounded by nothing and no one except for a few bushes of flowers. Thus is the cover design of *The Esthetical Puerperal Vacation*, an advice book written by Shu-qi Zhuang, arguably one of the most famous popular advice experts in *zuoyuezi*.

Born in 1920, Zhuang grew up in a Taiwan under Japanese annexation. She got her first exposure to traditional Chinese medicine working alongside her father, who owned a Chinese herbal store. Zhuang gained knowledge in Chinese medicine without any formal training, and eventually took over her father's business. In the second half of the 1950s, she migrated to Japan due to illness and a run-in with Taiwan's judicial system during the martial law era. After working as a domestic help for a few years, she enrolled in a medical school learning pharmacology, and later, biomedicine. By the time she received her medical degree, she was 46 (Dai 2014). Zhuang was 68 when she started her work in popular health promotion in Taiwan. The bits and pieces of her life that have been circulating in mass media conjure an image of a talented woman who could not receive formal education because of her gender, an acclaimed doctor who was entrusted by royalties and elites, as well as an entrepreneur who established a family enterprise dedicated to health promotion.¹⁷ By the time she passed away in 2014, Zhuang

¹⁷ Several oft-cited patient/pupil include Japanese princess, Vatican priests, as well as Taiwanese manufacturing tycoons. For example: <http://www.appledaily.com.tw/appledaily/article/headline/20150727/36688478/>

had been a household name, albeit one that was considered orthodox, in *zuoyuezi* popular advice.¹⁸ A Google search of her name and *yuezi* generates more than 65,000 results in Chinese language pages.¹⁹ When I was interviewing women about their *zuoyuezi* experience, quite a few also referred to her name, read about her *zuoyuezi* teachings, or got hold of her books.

This chapter is about the *zuoyuezi* discursive landscape Zhuang took part in shaping. Scholars, especially feminist scholars, often take issues with popular advice books or the self-help genre that purport to guide women through life's major events and support their sense of relational, physical, and mental wellbeing. These critical analyses rest on a central concern for women's agency, as publications in this genre often reproduce gender inequalities through the perpetuation of patriarchal ideologies (Currie 1999), or only to provide 'illusory cures' for our fundamental sense of alienation (Simonds 1992). Within this genre, popular advice books on health promotion are argued to reinforce the idea of the entrepreneurial subject where health outcome is an individual responsibility. Women readers are encouraged to engage in self-surveillance and discipline (Duncan 1994; Roy 2008), and their agency squeezed by medicalized discourses and the notion of choice (Marshall and Woollett 2000).

In this chapter, I use discourse analysis to examine popular advice books that specifically aim to help women through their *zuoyuezi* (Lupton 1992; Cheek 2004). I explore the construction of the postpartum body and a woman's subjectivity in these texts, and the strategies deployed to frame health risks, authorities of knowledge, and a woman's gender role. I also investigate the

¹⁸ The enterprise that Zhuang established, which encompassed many aspects of health promotion, did not seem to withstand her passing. Her children and grandchildren went separate ways in their pursuit to continue Zhuang's legacy, leaving Zhuang's own business inundated with posthumous financial problems.

¹⁹ Because one character (Qi in Zhuang Shu-Qi) of her name is quite uncommon, plenty of pages cite her name incorrectly. The statistics above is based on a search that includes her full name and the term *yuezi*. If the search is done with her partial name (Zhuang Shu) and *yuezi*, which captures webpages that use her name incorrectly, the number of results goes up to more than 250,000.

ways in which traditional themes of curative, preventive, and contamination taboos are elaborated by these popular advice texts.

The proliferation of *zuoyuezi* advice books

In Taiwan, news articles on *zuoyuezi* began to appear in popular magazines in the early 80s, many of which picked up the nascent ascendance of commercialized establishments that popped up across Taiwan's larger cities. Article titled 'Your Wife Deserves a Relaxed *Yuezi*' (Qiang 1987), or 'To Love Her is to Care for Her: Postpartum Maternity Centers' (Wu 1983), to name a few, were run in monthlies that targeted the growing number of middle-class Taiwanese women and their families. According to the catalogue of The National Central Library of Taiwan, it wasn't until the late 1980s did book-length popular advice works appeared in the market.²⁰ During the nineties, at least 39 titles were published. The following decade, up to 2010, another 74 popular advice books were released, either as brand new titles or, in a few cases, as updated editions of earlier works. Bestsellers that were a hit in the previous decade, such as *How to Do the Month*, were repackaged, with multimedia supplements added. The first half of the 2010's continued to see the publication of new works, but the volume didn't seem to be as big as the previous decade.

In China, publications on *zuoyuezi* as a specific sub-genre within pregnancy and childbirth advice books had a slightly slower start than in Taiwan. Between 1951, when a pamphlet was published by a provincial health bureau, and 1999, less than ten books were published with the term *zuoyuezi* in their titles. However, since 2000, the market for *zuoyuezi*

²⁰ According to the catalogue of the National Central Library of Taiwan, the first of such works was published in 1988, titled *The Big Deal about Ue-lai: Reshaping the Concept of Doing the Month*. Four years afterwards, Zhuang's book *How to Do the Month* hit the market and a longstanding popularity ensued. The term 'ue-lai' is Taiwanese for doing-the-month.

advice books has grown tremendously. According to the National Library of China, the volume has increased from 53 titles in the first half of the 2000s to a whopping 185 books from 2011 to date.

In the US, access to *zuoyuezi* advice books in mainstream marketplaces remains quite limited. One can purchase titles from on-line bookstores in Asia, and limited number of titles is available at local ethnic bookstores. For physical copies of Chinese language books on *zuoyuezi*, the most convenient and affordable route perhaps is through the public library systems in areas with large Chinese-reading population. In New York City for example, New York Public Library, Brooklyn Public Library, and Queens Public Library combined offer at least 30 titles on *zuoyuezi*.²¹ In addition to Chinese language titles published in Asia and made available locally in the US, a couple of publications specifically targeting English-speaking readers in the US have been published, a market by now is close to non-existent. In 2012, G.M. Whitley, a second generation Taiwanese American writer and a mother of three American-born children, published *Lockdown: An American girl's guide to Chinese postpartum recovery*.

As Pillsbury puts it, historically the expertise of *zuoyuezi* is passed down through China's rich folk medical tradition. "It is something 'everybody' does to get well and remain well after parturition, and its specialists generally are simply mothers, mothers-in-law, and older women who are experienced in such matters." (Pillsbury 1978) At the time of their research, popular advice books on *zuoyuezi* were yet to make their ways into the hands of Taiwanese and Chinese mothers and mothers-to-be. Now, more than three decades after Pillsbury and Wong concluded their research, *zuoyuezi* culture is no longer exclusively a folk tradition, it is also circulated and disseminated through a plethora of popular advice books on the market.

²¹ The number of 'listed' titles is higher, in the 60s, but many are yet to be in stock.

Books surveyed

The publications on *zuoyuezi* straddle a wide spectrum. Some have a generalist focus, others deal with more specific areas such as postpartum food preparation. In order to create a levelled field of survey, I excluded books that have narrower focuses, and selected only those that adopt a generalist approach. This includes books that cover a wide range of *zuoyuezi* related topics from postpartum health, diet, everyday activities, to infant care. I used the on-line catalogues of NYPL, Brooklyn Public Library, and Queens Public Library to identify texts that are available locally for the public. I also searched Amazon.com for English language titles on doing-the-month. I analyzed the content of 14 popular advice books—13 from New York City’s public library systems, one available through Amazon.com. The thirteen titles available through New York’s public library systems have been checked out 2,526 times.²²

The selections that form the basis of my analysis are not meant to be representative of all *zuoyuezi*-related popular literature available at this time. For example, many of my respondents spoke about their reliance on the Internet as a source of information. Indeed, a quick Google search reveals the following preliminary statistics: The search term *zuoyuezi*, in Chinese, generates more than 1.9 million results, and its English transliteration also has at least 10,800 hits. The sheer amount of information that is easily accessible perhaps is indicative of the staying significance of *zuoyuezi*. The fact that these books have been made available for readers in the local community also means that ethnic enterprises such as the media and businesses are not the only driving force behind immigrants’ maintenance of everyday transnationalism (Lin 1998; Zhou and Cai 2002). Mainstream cultural institutions, in this case public libraries, can also play a role in enabling the recreation of home-country practices.

²² Circulation statistics were obtained from each library system individually.

With each book, I paid attention to several pre-determined themes pertaining to the core questions of my dissertation. I identified paragraphs that touch on: 1) health-related risks, 2) the utilization of expert knowledge, 3) the role of the caregivers (both family members and hired help), and 4) the construction of postpartum woman's subjectivity in general. In addition to the main texts, I also analyzed the cover and the author bio of each text, whenever they are available. Description of the analyzed titles is in Appendix B.

Postpartum body at risk

Zuoyuezi refers to the period after the fetus and placenta are expelled, and when the woman's body and reproductive organs recover. It usually takes 6-8 weeks. Medically it is called the postpartum period, or zuoyuezi in folk culture. No matter which one, they both imply the need for birthing women to rest in bed and recuperate, so that the reproductive organs could recover as soon as possible. (My First Yuezi Book, p15)

Like *My First Yuezi Book*, most popular advice books on *zuoyuezi* devote pages detailing the anatomical and physiological reordering of the maternal body after childbirth. Most books devote sections to describe the physical challenges engendered by this reordering, such as an increase in perspiration, lochia discharge, problems with urination and bowel movements, puerperal fever, and breastmilk production. Among these postpartum occurrences, the recovery of internal organs, reproductive and otherwise, is often highlighted explicitly. The emptied uterus is now making its way back into its 'normal' size and position, as are other internal organs that were previously pushed and shoved as the fetus grew. *The Most Wanted Yuezi Book*, for example, puts it this way: "[After childbirth,] the cervix and vulva sag and become swollen. The surface of the uterine walls has wounds and crumbles...The vulva usually needs 10 days or more to recover. Uterus, 42 days, and uterine walls, 56 days." (Qin 2011, p.11) In these texts, the readers are constantly reminded of the inner workings of the postpartum body. These descriptions go beyond

summarizing the possible postpartum somatic sensations, such as fever, pain, and swollenness, which are commonly addressed by American popular advice literature, to further elaborate on the invisible mechanisms of organ reordering and the timeline for healing.

While the above passage may suggest that the postpartum body is on its way to recovery, the process is never portrayed as natural. In other words, the books stress the need for intervention during the postpartum period. *Scientific Zuoyuezi*, for example, suggests that the recovery of the postpartum body is “not just a matter of time”, but also depends on a woman’s diet, rest, and everyday exercise (Li 2009, p22). Another book *Esthetical Puerperal Vacation* goes so far to evoke the image of the postpartum body as an abnormal body, and hence can not be treated as if it is in a relatively normative state:

To say that pregnancy is just a natural process is to misplace the impact it has on the body. A postpartum body is not normal, so it cannot be treated and used as if it had gone back to the pre-pregnancy state. Working out or walking as a form of getting back the physique is not a smart move, nor is it wise to eat as if nothing is out of the ordinary. (Zhuang 1993, p102).

The postpartum body is not just a body in transition, but also a body whose prospect of recovery is not guaranteed, and its need for caution and maintenance quite certain.

Indeed, a further exploration of these books’ depiction of the postpartum organ anatomy exemplifies the theme of caution and maintenance, and on the flip side, the potential consequences of letting ‘nature’ take its course. As described previously, uterine shrinkage and healing is one commonly highlighted process. While it is made clear that postpartum uterine contractions and discharge are both normal, the prospect of full recovery is nevertheless cast in uncertainties. Without proper care, many authors suggest, the uterus and internal organs surrounding it may fall into a prolonged state of displacement, which sows the seeds for future

health problems. The organs that do not completely return to their respective locations are presented as ticking time bombs that could eventually compromise a woman's health:

The expanded uterus presses against other internal organs during pregnancy. Once the placenta is out, the uterus begins to contract rapidly. It means that internal organs are no longer squeezed and will begin to sag. Frequent walking and sitting up will hinder the process of organ contraction into recovery. Internal organ prolapses is the root cause of most female illnesses. Especially during the first week after giving birth, one should rest in bed except for eating, using the restroom, and some light exercise. (Tang and Wei 2012, p56)

Several books, such as *Celebrity Yuesao*, *Esthetical Puerperal Vacation*, and *The Most Wanted Yuezhi Book*, further invoke the outcome of rapid aging, albeit ambiguously defined, if postpartum recovery is treated lightly. "If you do not do the month well, one childbirth is like aging a decade. No woman would like to shoulder this kind of risks." (Qin 2011, p15) Maternal body during the postpartum period, in other words, is constructed as a body at risk.

This construction of postpartum risk is also leveraged through traditional Chinese medical knowledge, which treats childbirth as a process that leaves a woman besieged by stagnant blood flow and at the same time depleted with *qi* (Wu 2010). This construction of the postpartum body as overwhelmed by stasis and depletion is shared by many popular advice books. Some anchor their dietary recommendations on the principle that food consumption should in no way undermine the already poor state of blood circulation. Everyday activities that expose the postpartum body to coldness such as contact with cold water are also connected to blood stasis, which leads to undesirable consequences as unwanted blood fails to be expelled from the body (ex. Zhang 1997, Qin 2011). Others invoke the image of a body that is 'hollowed and weakened at a hundred joints' (*bai jie kong xu*), which breaches the body's defensive mechanisms against external threats (Lin 2012). Previously banal activities such as direct

exposure to drafts and going out for a walk become potentially hazardous behaviors that need to be carefully planned and regulated.

A month to enhancement

While the multiplicity of risk construction prevails in these books, the postpartum body is not always presented exclusively with its vulnerabilities. Several titles in fact create another image of the body as renewable, and even full of potential. For example, the author of *Esthetical Puerperal Vacation* was famous for popularizing the notion that the postpartum period is one important phase in a woman's life to undergo a comprehensive health augmentation. Through diet and activity regulation, a woman can enhance the integrity of her long-term health and bodily constitution. The back cover of the book puts it this way: "Each woman has three opportunities in their whole life to reshape their body to make it younger, more beautiful, and healthier. These are puberty, childbirth, and menopause."

Childbirth is also framed as an event that involves the disposal of old waste, and the infusion of new vitality. Ill elements that have been accumulating within the maternal body, they argue, are unloaded along with the expelling of the baby and placenta. The process then presents an opportunity for regeneration that brings about youth and stamina, even an opening to improve one's health. This idea of improvement includes the possibility to remedy pre-existing conditions resulting from previous childbirths. *Lockdown*, for example, maintains this line of argument as it describes belly wrap as a necessary inconvenience that helps set displaced internal organs into their respective positions. "If you are bemoaning a pooch from a previous pregnancy, know that each subsequent pregnancy resets the placement of your organs. The old pooch can be remedied." (Whitley 2012)

Similarly, *The Most Wanted Yuezi Book* describes the enhancement potentials of *zuoyuezi* using the language of capitalism. It sees *zuoyuezi* as a form of investment that not only regenerates one's bodily capital but also create additional profit:

Childbirth puts a new mother in danger of becoming a yellow-faced lady. However, if you do the maintenance well during the month, your skin will not only win back the lost capital, but gain interests as well." (Qin 2011, p79)

This idea of surplus—you don't just get the body back, but more—is often tied up with a gendered expectation on physical beauty and youth. Several books bring forth the theme of youthful rejuvenation, in that childbirth does not mean a woman have to give up her sense of womanhood. One celebrity testimonial in *How to Do the Month* describes a successful doing-the-month this way: "People who don't know me might as well be surprised to learn that I am married with kids. Because I look like a single lady!" (Zhuang 1993/2005, p64) Another professional woman proclaims that the security guard at her office building could no longer recognize her when she returned to work because she looked much younger. These passages link *zuoyuezi* to a woman's self-conscious reemergence from the privacy of childbirth. It affords the successful erasure of the physical changes brought about by gestation and childbirth. The body is not only reset, but also made more desirable for a woman's presentation of the public self.

The changing meaning of confinement

The traditional no-visitor rule based on blood contamination produces female bodies that are transgressive and dangerous to societal norms (Douglas 1978). Perhaps not surprisingly, none of the books include prohibitions related to blood contamination, for example, going to the temple or having visitors. Yet, the no visitor rules stay on with an interesting discursive turn. Visitors are now discouraged not because of the possible misfortunes brought forth by a

woman's unclean body, but because visitors pose threats and nuisance to the birthing woman and her newborn. They carry germs, disrupt a woman from her rest and baby nursing, and sometimes give unsolicited advice. Visitor control strategies are therefore provided for new mothers to keep visitors away diplomatically and decidedly.

For example, social boundaries should be more explicitly redrawn based on kinship status, which means that only those who are immediate family members are allowed to visit during the first month. Postpartum women should welcome only to those who commit to helping out instead of being entertained (Whitley 2012). New parents should also discourage visitors by proactively sending status updates of the mother and her baby to friends and relatives (Tang and Wei 2012). This new physical boundary applies to contact with the baby as well. Guests are advised to refrain from baby-holding for sanitary reasons, and if it can not be avoided, ask the guest to wash their hands or wear a mask (Qin 2011, Zhao 2002). In the past, the focus was on a woman's self-regulation in order to avoid a certain perceived notion of contamination. She was therefore expected to take part in maintaining the integrity of established social orders. Now, the basis for restrictions in social interaction shifts from seeing a woman's birthing body as a liability to treating it as needing protections from liabilities. A postpartum body is thus transformed from a risky body to a body at risk.²³

From folk knowledge to scientific expertise

The antagonism held by medical experts towards lay experts is not new. In Western history on healing, medicine, and more specifically, childbirth, lay people who became experts

²³ It is worthy of note that while making causal claims that connect postpartum care with long term health outcomes, books most often do not make explicit attempt to include evidence supporting such claims regardless of the type of authority they represent.

through the accumulation of experiential knowledge often were dismissed by male-dominated experts. Despite the efforts on the part of many to highlight women's ability to access various forms of knowing, authoritative knowledge based of biomedicine continues to dominate and define maternal care, partly through their active construction of risk involved in childbirth (Sargent 1997; Rothman 2014; Rothman 2015). Scholars also noted that although women in general receive advice from other maternal figures around them, there is a general absence of mothers in pregnancy and childbirth advice materials. In other words, wisdom residing within the extended family network gets little attention (Kehily 2014).

In the case of maternity health within Chinese medical traditions, this tension plays out between male-dominated medical literati and practitioners, and women who tend to actual childbirths, which were deemed by some as a natural process not necessarily requiring much human intervention (Wu 2010). By the time Pillsbury did her research in Taiwan, traditional childbirth practices such as midwifery was in rapid decline, and over half of Taiwanese women had their babies in a hospital setting by then. In spite of this development, *zuoyuezi* seemed to remain commonly practiced in Taiwan, with its expertise passing through the hands of mothers, mothers-in-law, and older women with experience (Pillsbury 1978). From then to now, almost all Taiwanese women give birth in a hospital (Wu 2010), so do the vast majority of Chinese women except for pockets of remote areas (Feng et al 2011).

In popular advice books on *zuoyuezi*, legitimate, biomedical expertise seems to have also replaced folk-based knowledge generated and passed down by women. This trend is not just exemplified by the over-representation of dominant authoritative knowledge in these books, but also by the implicit and explicit trivialization and denigration of how mothers and other older women know and understand the postpartum body.

Among the fourteen titles analyzed, the authorship of eight is represented by either biomedical or orthodox Chinese medical authority; and in two cases, by both. The authors are billed as practitioners at renowned medical institutions, or as holders of advanced medical credentials. The cover of *Do the Month Right*, written by a Chinese medical doctor specializing in women's health, ensures the readers of its scientific lineage 'combining Chinese medicine and modern clinical expertise' (Lin 2012). Those that do not have the backing of advanced degrees nor professional experience in medicine still seek to highlight their expertise in such area. For example, the author of *Yuesao Ah-lai's Journal* describes herself as an educator specialized in 'cosmetics, science, medicine, psychology, and nutrition' (Zhang 2012).

Only two titles do not based their authorship on medical credentials or expertise in dominant forms of scientific knowledge. One, *Celebrity Yuesao's Zuoyuezi Bible*, highlights the author's experiential knowledge as a *yuesao*, whose hands-on skill is praised by her affluent employers including "corporate entrepreneurs, news anchors, and white collar workers." (Tang and Wei 2012) Although this book is not backed by biomedicine, it is endorsed by a class of keen, affluent, and powerful consumers. The author of the second book, *Lockdown*, is a former lawyer and stay-at-home mother of four who calls herself the 'executive director of her household'. Instead of emphasizing the scientific basis of *zuoyuezi*, she stresses her experience as an American-born woman who finds learnable wisdom in her mother's not-so-American approach to postpartum recovery. The book is based on her mother's take on *zuoyuezi*, and features her mother's hand-drawings to illustrate mild postpartum exercises that help with recovery.²⁴

²⁴ Three books do not make known the credentials of the authorship, nor do they argue for its author's legitimacy of expertise.

Trivializing lay expertise

The coupling with biomedicine aside, *zuoyuezi* continues to enjoy the status as a time-tested tradition in these books. They highlight expert opinions on the nutritional benefits of *zuoyuezi* food on the one hand, and present *zuoyuezi* as “the ancestral wisdom handed down for thousands of years...an heirloom passed down through generations of mothers and in-laws” on the other (Zhuang 2003/2009, cover text). Yet the legitimacy of maternal figures doesn't seem to speak for itself unless being validated by dominant knowledge systems and its representatives. *Esthetical Puerperal Vacation* begins with a personal story in which the author recounted the times when she gave birth. Her mother served as the main caregiver during her postpartum month with the ‘instruction and supervision’ of her father, an herbalist with a wealth of knowledge in postpartum care. Although it was her mother who raised turkeys months before her due date, and tended the stove for medicinal brews, it was her father's expert knowledge that she recognized as definitive and guiding. Coincidentally, the author of *Do the Month Right* includes such narrative: “During my *zuoyuezi*, I was lucky enough to have a Chinese medical doctor father who instructed my mother how to do the month for their daughter, and taught me how to breastfeed. I felt very blessed, happy, and comfortable.” (Lin 2012, p4) In other words, they highlight the impact of ‘real’ experts in their positive postpartum experience. In doing so, women's care labor and expertise become trivialized.

In other instances, mothers and in-laws are depicted as valuable presence in a woman's transition to motherhood not so much for the knowledge they possess. Rather, their contribution is defined mainly by their status as a blood kin or kin-through-marriage, which makes them more trustworthy than other helpers, namely, a hired care worker. They can be trusted because of the bond they have with their grandchildren (Li 2009, p24). Older family members in this case are

not considered to possess the legitimate knowledge regarding *zuoyuezi*. While not stated outright, the colloquially circulated information and experiential knowledge doesn't seem to bode well with the 'scientific' *zuoyuezi* the book strives to promote. However, these women's desire to care for their family members is reified, seen as part of their nature to do so. This assumption facilitates a demarcation between family and non-family members whose emotional authenticity may not be taken for granted.

The contribution of mothers and in-laws is not only trivialized, but sometimes also casted in a negative light as their beliefs in postpartum maternal and infant care are taken to be outdated and at times dangerous. The critique, or more precisely, criticism of folk-based knowledge becomes the rhetorical device for many books to legitimize its own claim to be scientific, effective, or befitting contemporary womanhood. *Yuesao Ah-lai's Journal* deploys multiple vignettes to illustrate such generation gap that undermines a woman's health and wellbeing. Written in a format that resembles a postpartum worker's journal, the book addresses a variety of topics that are commonly encountered by women during their *zuoyuezi*. In one vignette, Ah-lai, the fictitious worker, writes about her employer's neighbor who recently had a child. The mother-in-law prepared for the neighbor a lot of bone soup in an attempt to boost her breast milk production. While breastfeeding went well, the baby developed diarrhea. Ah-lai, talking to her own client, suspected it was the soup's high fat content that upset the baby's stomach:

The grandma took the baby to the doctor. It turned out to be exactly what I suspected. My client was impressed, saying that I was a prophet. I told her, any qualified *yuesao* should possess some medical common sense like this. (Zhang 2012, p145)

To be clear, the moral of this vignette is to clarify a misconception on food therapy that equates nutrition with abundance. However, to explicate this, the author constructs a tension between an

older woman—the arbiter of partial facts—and an experienced care worker—the heir of medical *commonsense*.

In *Post-delivery Care for Young Mothers*, this tension is played out between a woman’s mother-in-law and her well-educated grandmother. Authored by the granddaughter of Shu-qi Zhuang, the preface of the book includes Zhang’s personal birth story, where she was unsettled by her mother-in-law’s obliviousness to postpartum dietary rules, only to be comforted by her grandmother’s advice. She described the day right after giving birth to her first child, when her mother-in-law brought her food at the hospital. “I opened the meal box and saw fish, pig liver with sesame oil, and a fried egg! I called my grandma to ask for her opinion, and she insisted that I can only start to eat those dishes on the fifteenth day” (Zhang et al 1999/2003, p47). Zhang eventually gave in to her mother-in-law, who put a lot of efforts into preparing the meals. But she also characterizes this decision as leading to unwanted outcomes such as her inability to lose weight after childbirth, and the general discomfort from having over-stimulating food. For her second pregnancy, she made sure she ordered from the meal service company run by her grandmother. “I asked the professional food consultant at Guanghe to design my *zuoyuezi* meals. They all went through careful training, and we signed a formal contract. So I knew for sure that my *yuezi* will be done strictly following my grandma's method...” (p50) It perhaps is no surprise that Zhang highlights the benefits and professionalism of an expertise-driven doing-the-month given her family’s involvement in marrying expert advice with for-profit ventures. Yet this passage also stands to support the discursive push within these popular advice books to create a boundary between themselves and folk-based knowledge. Mothers and in-laws, the traditional arbiters of *zuoyuezi* of knowledge, are often sidelined as well-intended family members whose

approach to postpartum care often interfere with a woman's idea of health, wellbeing, and womanhood.

Locating the intellectual roots of *zuoyuezi*

In addition to trivializing other women's role as experts-through-experience, some books also share a tendency to emphasize its intellectual ties with traditional Chinese medicine. Indeed, elements of traditional *zuoyuezi* rules are influenced by Chinese medical thoughts. The dietary proscriptions are based on the humoral theory developed by medical literati, and certain enunciations of the postpartum body can also be traced to medical classics written in imperial China (Pillsbury 1978; Wong 1994). It is therefore not surprising to find references to historical medical texts that are deemed classics in women's health. Postpartum food therapy's ancient origin is underlined, giving some food items a legitimate lineage in the history of traditional Chinese medicine. For example, in its recommended list of postpartum dishes, *My First Yuezi Book* (1997) attributes each dish to a recognized source among classical Chinese medical texts, such as *Prescriptions from the Golden Cabinet*, a classic work published in 1300s. While other titles do not necessarily share the commitment to specific citations, several do emphasize the ancient medical roots of Chinese postpartum prescriptions and proscriptions. *Scientific Zuoyuezi*, for example, refers to the wisdom of 'generations of famous medical experts on women's health' to provide its readers advice on rest. (Li 2009, p33)

This explicit connection with an orthodox intellectual root is accompanied a demarcation of the boundary between folk and expert knowledge. Some caution that folk adaptation of Chinese medical thoughts in everyday postpartum practices could engender misinformation and

harmful consequences. In *Enjoy Youth and Longevity Doing the Month This Way*, the author makes sure the readers do not conflate the two:

Although the idea of health cultivation comes from the advice of ancient medical experts, the long history of its practice by lay people inevitably produce misinterpretations and errors, which in turn jeopardizes a postpartum woman's health. (Zhao 2002, p29)

Later in the book, when the author touches on the nitty-gritty of postpartum advice, she again introduces certain traditional practices as misguided readings of Chinese medicine. She argues that the traditional proscription on washing and contact with water in fact runs counter to the core beliefs of Chinese medical knowledge, which emphasizes 'cleanness and hygiene' (p32), and cites the works of multiple dynastic philosophers and practitioners to support her claims. The author of *Do the Month Right* (Lin 2012) also opens the introductory chapter by distinguishing herself from those who trace their knowledge set from what she calls 'ambiguous sources'. Trained in Chinese medicine, she clarifies her pedigree by citing her intellectual and professional influences, and aligning herself with several famed literati and practitioners. Consequently, she established her professional qualification to disseminate *zuoyuezi*-related guidelines.

Border redrawn

Another theme that characterizes these texts is the commonplace utilization and incorporation of biomedical knowledge on childbirth and health. This is exemplified in several different ways. First, as is touched on previously, the authorship is represented partly by biomedical experts. At least seven titles enlist authorship with biomedical credentials, either with a medical doctor degree or as nursing professionals. Also, as highlighted in the previous section, many books espouse biomedical knowledge to construct a postpartum body at risk. Postpartum bodily conditions, such as anatomical changes of the uterus, are presented in languages that are

no stranger to biomedicine. In addition, efficacies purported by *zuoyuezi* rules are either fortified or challenged through the introduction of biomedical knowledge. A vaguely defined and all-encompassing concept of the West or western forms of medicine is often referenced to build a case in support of or reject elements of Chinese postpartum practices. In the following section, I address this last aspect in more details.

Finding western parallels or contrasts is one common strategy to present a convincing case of the importance of *zuoyuezi*. Here, the west either epitomizes the advanced development of biomedical knowledge, or is used to allude to a deterministic reading of cultural differences. *The Most Wanted Yuezi Book* (2011) juxtaposes *zuoyuezi* rules with what it claims to be the western approach to postpartum recovery. On one hand, it foregrounds the shared emphasis on postpartum recovery in both China and the west. It cites biomedical research published in the west, albeit unnamed, that incomplete postpartum recovery contributes to sustained weight gain, swollen breasts, hair loss, and constipation. It also depicts a West where postpartum care receives increasing attention. On the other hand, it identifies differences in the perception of the postpartum period to highlight the unique benefits of *zuoyuezi* practices. It presents an image of Western women who seem unperturbed by the absence of family support, dietary restrictions, and food therapy. In so doing, the book cautions Chinese women of the danger involved in rejecting *zuoyuezi* rules all together based on the belief that western cultural habits are more superior or modern. Through simultaneously aligning and disassociating *zuoyuezi* with the West, or a notion of the West, it establishes *zuoyuezi* as both scientifically sound and culturally important.

Biomedical knowledge is also often explicitly used to support critiques and revisions of traditional proscriptions. Several books discourage washing prohibitions. One should wash hair

regularly, they argue, given the amount of scientific facts revealing the effect of germs on our health. It is also uncivilized according to the codes of modern life. Similarly, the proclaimed benefits of traditional rules are juxtaposed with their potential downsides with supporting biomedical evidence. For example, the rule of not going outdoors to avoid exposure to cold drafts is scrutinized in *Do the Month Right* (2012). In a section on everyday activities, the author cautions that adhering to this rule means a woman will have limited exposure to the sun, which may result in Vitamin D deficiency.

Interestingly, while old rules are scrutinized, questioned, and challenged, these books do not often completely reject the suspicious traditions. The author who connects limited outdoor activity with Vitamin D deficiency suggests postpartum women to keep track of their vitamin D level, and increase their intake accordingly (as opposed to recommending more frequent exposure to the sun). The writers who frown upon the washing prohibitions also add several clauses to their advices. Blow-dry immediately after hair washing or choose warmer hours of the day to shower. None encourage a complete rebellion against the no washing rule. And those that allow women more latitude in what they eat, also cautiously walk the line between ‘tradition’ and ‘science’. Fruits, many of which were eschewed because of their cold properties, now make the recommended list in quite a few books for their nutritional content—rich in vitamins and a good source of liquid. Yet, again, postpartum women are given tips to consume fruits with caution, or adopt strategies to avoid the complete undermining of traditional teachings.

The employment of biomedical knowledge does not strictly serve as a device for critique. It is also done to create alternative readings of certain traditional *zuoyuezi* rules to fortify them further. This happens often when it comes to the discussion on postpartum diet. In these cases, ingredients that are traditionally categorized through the hot/cold scheme remain to be described

as such. But their benefits understood in modern nutritional terms are also listed. Black beans, for example, are touted by doing-the-month experts to infuse energy in the blood, protect the kidney, get rid of wet elements in the body, and stimulate breastmilk. And it is at the same time described as rich in protein, beta-carotene, Vitamin B, and folic acid.

Even with ingredients whose therapeutic efficacies are well-established by Chinese medical texts and known to lay people, facts on their values according to modern nutritional and biochemical sciences still appear side by side with their humoral properties. Common therapeutic plants such as ginger and *Angelica sinensis* (*danggui*) are two examples. In *The Most Wanted Yuezhi Book* (2012), ginger's beneficial property is described in detail: "Once the gingerol enters the body, it produces anti-oxidation enzymes that are stronger than Vitamin E. It also stimulates blood circulation and dispels coldness."(p81) *Angelica sinensis* also acquires multiple readings as vitalizing and lubricating on one hand, and as a Tyrosinase-inhibitor on another (Zhang 2012).

Between the self and the multitude

When Pillsbury conducted her fieldwork in the 1970s, one observation she made is *zuoyuezi*'s integration in the overall culture. Although many Taiwanese women contended that adhering to all the rules were difficult, if not impossible, they did not go so far to question *zuoyuezi*'s validity. Pillsbury observed that "not only are the constituent practices of doing the month integrated among themselves but they also function to maintain social integration." (Pillsbury 1978) Wong, in her work in the early 90s, similarly understood *zuoyuezi* in terms of its functional significance in Chinese societies as a 'ritual process'. It announces a woman's transition into motherhood and stabilizes the reordering of a family's structure through a series of spatial and bodily rituals (Wong 1994). Unlike what Pillsbury and Wong observed, recent

popular advice books less and less employ discourses that connote *zuoyuezi*'s definitive authority or ritual significance. Many books solicit postpartum women's active engagement in making their own postpartum decisions, either through diligent self-monitoring or in the form of consumption activities. Yet at the same time, these books simultaneously underline the intimate connections between a woman's sense of self and her embeddedness within the family and the nation.

The entrepreneurial self

As demonstrated previously, many *zuoyuezi* popular advice books share the tendency to espouse dominant forms of authoritative knowledge to vouch for its benefits. The books' authors build causal links between *zuoyuezi* practices and a postpartum body through the lens of biomedicine or Chinese traditional medicine, and simultaneously glean out traditional rules that can no longer be validated by them. The presentation of facts on the postpartum body, including the risks and potentials that lie within, implies that it is partly up to each individual's active participation to safeguard and even enhance one's wellbeing.

Because the postpartum body is considered to be not just vulnerable but also more fluid than usual, women are advised to engage in *zuoyuezi* activities with awareness of their bodily conditions. Citing traditional Chinese medical theory on body humors, several books recommend women to know the innate constitution (*tizhi*) of their bodies, be it cold, hot, dry, wet, or anywhere on the spectrum of depletion. *Tizhi* is a composite term of *ti* (body) and *zhi* (substance or quality). The idea and its various classifications have been used by medical practitioners and lay people alike to provide clinical advices or holistic assessment of one's susceptibility to diseases, and in turn, intervention (Furth and Ch'en 1992; Lew-Ting et al 1998). Popular experts

on *zuoyuezi* argue that for women, puberty, childbirth, and menopause are the three springs where one's most susceptible for *tizhi* augmentation (Zhuang 2005).

The postpartum body is also positioned within a temporal dimension where a woman's bodily conditions follow an internal schedule. Women are advised to be cognizant of this internal progress so that *zuoyuezi* practices can be the most effective, or at least not counter-productive. Milk stimulating dishes such pig knuckles and fish soups are said to work only when one waits until one's body is set to produce breastmilk. Otherwise, a milk stimulating diet at a wrong time can only lead to clogged ducts. In their framing, while all postpartum bodies share similar characteristics, vulnerabilities, and potentialities, they are also individuated, each has its internal, evolving conditions. A woman who inhabits this body, then, should not only be aware of its peculiarities and specificities, but also actively exploit them in order to capitalize on *zuoyuezi*'s benefits.

In addition to being called upon to maintain full awareness of and engagement with her body, a woman is also encouraged to develop a sense of self that can rise above and tease through the various forms of authoritative knowledge and their representatives. A few books explicitly suggest that knowing the 'science' behind postpartum proscriptions and prescriptions is not enough to make a good postpartum recovery. The secret, they argue, lies in knowing oneself. While mastering the details of postpartum dietary plans and breastfeeding is good to have, what is more important is to explore who you are. Are you an easy-going person with no problem accepting others' advice? Are you a control freak who can't stand being told what to do? Books suggest that postpartum women plan their *zuoyuezi* according to their personal perks. 'Be uncompromising' is the motto stressed by *Celebrity Yuesao*'s author, who goes on to share with its readers the importance to stick to one's gun. A woman's postpartum recovery is so crucial

that she should not allow anyone opining on it before the woman herself does so. “Whoever tells you what must be done or must not be done for *zuoyuezi*, ask yourself why, and whether it makes any sense. Decide for yourself...there is no such thing as the official way to do it.” (Tang and Wei 2012, p1)

To be clear, this notion of encouraging women to be more aware of and to take control over their postpartum decisions is built on a particular assumption of the postpartum body, which is a body to be worked on. The work that is supposed to be invested on the postpartum body is not just to restore it from a weakened state, but also to optimize it for the better. Several books take to address their readers of a woman’s responsibility to be well and look good. They use the metaphor of “childbirth equals aging a decade” to implore women to take their postpartum practices seriously (Zhuang 1993/2005; Qin 2011). Others, such as *Zuoyuezi Tips & Infant Health* (2007), more explicitly hold women accountable for the outcome of their own health and physical appearance:

Don’t find excuses for yourself and allow your body to balloon up, your skin flappy, as if you feel comfortable about gaining weight. Examine your body seriously. Identify the areas that are unsightly and need maintenance.” (p164)

What is suggested here is the view of the postpartum body as susceptible to slippage into grotesqueness. The slippage is then constructed as problematic, the result of negligence, which can only be reversed with responsible self-monitoring.

In other instances, postpartum women are invited to condition their self-identity in order to become an effective collaborator of *zuoyuezi* practices. Their individuality is depicted to be in conflict with the postpartum mandates, and adjustments should be made to contain it. A postpartum woman should know better to curb her desire for that pint of favorite ice cream, a night cap with friends, or a few good runs on the treadmill, all for her own good. Some books

illustrate this self-initiated compromise of agency using testimonials. Celebrity women provide encouraging tips to other mothers on how to persevere through the month within constraints: “The meals taste not bad, but they can become repetitive toward the end. You just have to keep going for the sake of your own health. Then you'll see the results.” (Zhang et al 1993/2005,p47) Here, putting our own individuality on hold is something our future selves will be grateful for. In other words, knowledge producers appeal to women to impose temporary downsizing of their own sense of choice in the name of, ironically, self-interests.

Women in control

Quite a few books deploy narratives on consumption to solicit a woman’s identification as a consumer. The postpartum period is about relieving oneself, and being relieved, from everyday reproductive labor, except for breastfeeding. While many urge family members to participate in baby care, mommy care, and other house chores, some include accounts and surveys of consumption options as sources of care and services. *Zuoyuezi* proscriptions and prescriptions take on a non-constraining and even enjoyable character, which means one can maintain a sense of leisure through postpartum consumptive experiences. *Do the Month Right* (2012) enlists a chef working at a five star hotel to design postpartum food plans for its readers. *Esthetical Puerperal Vacation* (2005) includes the word ‘vacation’ as part of its English title. The following vignette featured in *Celebrity Yuesao* (2012) perhaps embodies a vivid example of the possibility for postpartum women to still enjoy themselves despite the month of seeming restrictions:

Mee works at a foreign company as a recruiter. She exercised her expertise when selecting a *yuesao* among numerous candidates. During the interview, Mee took out a shopping list that she prepared with over 100 items. The *yuesao* she eventually hired was able to describe the use of each item, what brand was good,

and whether it was necessary. She also supports breastfeeding mothers, and showed related knowledge. The *yuesao* was from around the area, so she didn't have to be away around Chinese New Year, which was close to Mee's due date. When the time approached, the *yuesao* texted Mee techniques to massage her breasts. After Mee gave birth, she helped Mee and the woman the next bed over to start breastfeed. During her *zuoyuezi*, Mee was able to wear a skirt around the house, or get some sun on the porch. Friends who visited were all surprised: how come your *zuoyuezi* looks so easy and relaxed? (p9)

This vignette powerfully demonstrates the ideal postpartum experience women like Mee—successful, independent, and decidedly middle-class—are encouraged to pursue. It portrays the birthing woman as the effective manager of reproductive labor, who transfers her professional skills in the capitalist economy to manage care relations at home. She is acutely aware of her personal needs as a woman-mother-consumer, and takes no prisoners to have these needs met.

Doing the month, American style

In *Lockdown*, the book that, according to its sub-title, aims to introduce the idea of *zuoyuezi* to 'American girls', discursive strategies focus on bridging the gap of cultural differences to appeal to American women's sense of self. That is, the theme of personal freedom and choice is underlined in the midst of seemingly restrictive rules and commandments, which are deployed explicitly to create humorous light-heartedness—it sounds like a prison sentence but we're just joking. Elements of the Chinese postpartum practices that could have hindered an American's motivation to try are reinterpreted so that they are rendered more familiar. Describing her mother's instruction on food preparation—'How much do I chop up? Until it looks good'—the author recognizes that the seeming casualness runs counter to the clearly quantifiable measurements commonly introduced in American recipes. Yet she at the same time affirms the readers that these instructions in fact opens up space "for your own culinary

creativity, and it also means you can add however much you want it to be.” (Whitley 2012) The ideas of creativity and latitude given to personal interpretation are evocative of the prevailing notion of individualism. The Chinese-ness of *zuoyuezi*-related practices is therefore given another layer of meaning that is readable and adaptable for an American readership.

The book also portrays doing-the-month as a matter of lifestyle choice. On the common practice of incorporating Chinese medicinal herbs into the postpartum diet, the author writes: “Herbs don't make a difference, as per personal experience. But why not if you insist on trying. Enlist the help of a Chinese speaking friend, or visit a Chinese herbalist. *Zuoyuezi* should be the only key word one needs to be given what one needs.” In this case, elements of doing-the-month are presented not so much in their health-related benefits but as a consumption choice for someone interested in crossing the cultural boundary to have a different postpartum experience. Ingredients in postpartum dishes are made replaceable, allowing women who are averse to adventuring too much into uncharted territories to substitute items that are traditionally used. Kidney beans can sub for soy beans, potatoes for papayas, peas for goji berries, chops for pork knuckles. Rice wine, the ingredient that anchors many *zuoyuezi* recipes, can also be eliminated. The rules for *zuoyuezi* become extremely flexible and adaptable so as not to stray too much from the consumptive norms among ‘American girls’, the targeted readership of the book.

For the family, for the nation

While discourses in these books tap into the neoliberal notion of the entrepreneurial self, and encourage women to enhance self-understanding, initiative, and adaptability, the focus of the self in the forms of self-governance and consumer identity only covers part of this landscape. In some books, *zuoyuezi* is at the same time portrayed as an occasion that affirms a woman’s roles

as a mother and a homemaker. In addition to providing suggestions and guidelines for everyday care practices for both the mother and the infant, these books take to the pages to elucidate the collectivism that forms the foundation of Chinese postpartum care. The author of *Celebrity Yuesao's Yuezi Bible*, for example, writes:

Doing the month thrives in our culture until this day because it exemplifies the mutual support and comradeship among family members...women should not go through this alone. It is something that calls for everyone's mutual understanding and communication.” (Tang and Wei 2012, p45)

While emphasizing the need for postpartum maternal care could ensure postpartum support, several books are quick to point out that collectivism does not translate straightforwardly into democratic decision-making. In fact, they explicitly address the issue of power struggle with other family members as an inevitable aspect of *zuoyuezi*, if not for one's entire married life. When it comes to filial hierarchy, it is suggested that internal harmony trumps personal wellbeing in the long run. In the all too likely scenarios where a woman's viewpoints contradict those of the family elders—in this case almost always a mother-in-law—a postpartum woman is advised to uphold the latter. “In-law relation is a life-long project that can not be taken lightly,” one proclaims Tang and Wei 2012, p47). The book further stresses the importance to nurture in-law relations as an integral element of domestic harmony—family elders are there to be respected, especially since they most often mean well.

Several books also allude to the notion that a woman's health is not merely for her own good. It in fact shapes the wellbeing of the entire family. “The reason why *zuoyuezi* remains commonly practiced is not just because people agree with the life cultivation wisdom within, but it also signifies the survival wisdom of the whole family. The wellbeing of the new mother is equal to a healthy baby, and a healthy, happy family.” (Qin 2011, epilogue). This image of a woman as the pillar of her family serves as a reminder that her sense of self can not be separated

from her reproductive and social roles. Her postpartum decision-making, in other words, is part of a collective process. Another author remarks that paying attention to postpartum diet is not simply about catering to one's personal wellbeing. It is also about the symbolic meaning of food preparation and consumption as labor of love by one's family:

Because I went through this myself, I understand why some women dump the medicinal decoction or sesame oil chicken behind their family's back. But doing so is not just wasting food; it is also a disservice to your family's love and your own health." (Zhuang 2005).

A woman, then, receives constant reminder of her social embeddedness, that *zuoyuezi* is not a time exclusively for the self. A woman, after all, needs to be aware of her role as a mother and has familial responsibilities. In its evaluation of various postpartum arrangements, *The Most Wanted Yuezi Book* touches on the pros and cons of staying at a postpartum maternity center. While the full delegation of mothering labor to a professional nursing staff is considered a godsend to new mothers, it also makes a teaching moment for the author to iterate what is at stake. "Many new mothers focus on themselves, on things such as losing weight. Don't forget to interact with the baby. You don't want to go home and find that you know very little about how to care for your own baby." (Qin 2011, p21) Like the cautionary warnings affixed on a beer bottle, women's ability to balance their self-interest and maternal role is held in suspect.

Mothering and childbirth being used as a device for nation-building projects is not new. Women are not just reproducers of human beings, the reproductive capability of their bodies is also used to construct a nation through the language of culture and politics (Yuval-Davis 1997). While the attempt to connect maternity with nation-building is not common among the books analyzed, several do touch on a woman's reproductive capability and mothering as an integral part in the production of nationhood. The call for breastfeeding, for example, goes beyond the

common citations of the nutritional benefits of breastmilk, maternal infant bonding, or breastfeed-to-lose-weight. That is, a personal narrative.

Scientific Zuoyuezi, for one, suggests that a woman who breastfeeds contributes to the society as a whole because it “increases population quality, decreases infant mortality and illnesses, and reduces expenditure on milk substitutes, birth planning, and pediatric care.” (Li 2009, p64) The book also makes suggestions on a woman’s daily protein consumption based on what it argues to be China’s national standards. Another book, *Zuoyuezi Tips & Infant Health* (2007), alludes to the public nature of mothering and childbirth in its discussion on China’s population policy. The editor addresses the importance to ensure the positive outcome of each childbirth for every Chinese family and the Chinese state in light of the One Child Policy:

No matter from the perspective of the state or the family, we can't afford to think about doing it again. Plus it is not fair nor humane for the birthing woman and the baby..... Since we can't afford to fail, we need to do as much homework as we could." (Intro to the series)

In other cases, the nation-building project comes through in the comparison with other countries, especially the more developed ones in the West. The presentation of elements of *zuoyuezi*, such as commonly prepared dishes, is fashioned in a way to elicit the connection between postpartum practices and population health. *Esthetical Puerperal Vacation*, for example, dedicates a section to a scientific symposium held in the 1980s on the merits of staple dishes such as chicken cooked with sesame oil and ginger (*mayouji*). Several nurses and doctors, including those working within the biomedical tradition, contributed their views on the Chinese postpartum traditions. Opinions diverge on how exactly is *mayouji* beneficial to the postpartum body—is it the protein, the heat producing property, or the calories? Yet several spoke with the subtext that Taiwanese women had much to do to catch up to international standards of maternal health around that era. The anxiety as a nation over falling behind on population health indicators

looms large in these statements. Sesame oil and chicken become nutritional foodstuff that is fatefully tied to the self-worth of a nation. (Zhuang 2003/2009, p126)

Chapter Summary

Neoliberalism creates a population of health consumers who are encouraged to take their state of wellbeing into their own hands, and engage in vigorous forms of health maintenance and optimization. Being healthy, or on the flip side, taking the risk to be unhealthy, now falls into the realm of personal responsibility (Rose 1993; Lupton 1995; Clarke et al. 2003). Once neoliberal subjects are given the ability to prevent illnesses and enhance their health, the idea of risks and their management become an integral part of self-governance. Under neoliberalism, risks can be both empowering and blame-inducing. Empowerment for those who can avoid them, and those who can't are treated as personally at fault. Simultaneously, one can increasingly go to expert advices and commercial markets that provide a variety of risk avoidance solutions (Pitts-Taylor 2010).

What is evident from my analysis is the prevalence of a risk discourse that constructs a woman's postpartum body as vulnerable, transitional, and has an uncertain status that calls for monitoring and care. The liminality of the postpartum body is set up as a problematic for which one has to actively find a way 'out'. While there is some continuity of the theme of a weakened body under threat throughout the epistemological history of *zuoyuezi*, the risk discourse that emerges from contemporary popular advice books is accompanied by three new developments. First, advices based on folk expertise receive secondary importance, if not dismissed as outdated and wrong. At the same time, postpartum proscriptions and prescriptions that remain are validated and endorsed by experts representing dominant forms of authoritative knowledge,

namely biomedicine and traditional Chinese medicine. The postpartum body—its appearances, conditions, and needs—is increasingly seen through this ‘scientific’ lens.

Second, discourses of these popular advice books produce a subject tuned to the neoliberal logic of self-monitoring, improvement, and eventual optimization. *Zuoyuezi* is not so much an oppressive force that makes women succumb to its rules, but an ally and resource for her health maintenance and optimization project. In other words, it is potentially empowering, and as demonstrated in my analysis, this potential is partly aided by the increasing consumptive options available. In short, the border of what constitutes as *zuoyuezi* has been blurred and altered to incorporate expert knowledge and to substantiate the neoliberal risk discourse. This is done at the expense of the ways of knowing that allow women fuller access to their body in a less mediated manner.

In some of these popular advice books, while women are called upon to become a neoliberal subject, they are at the same time reminded of their obligation as a citizen with reproductive capacity. State power in this case is exerted not through policy implementation but through the symbolic rendering of its significance. The cultivation of a postpartum woman’s biological potentials is depicted as both a personal responsibility and a national/familial asset.

CHAPTER III

MORE THAN A TRADITION: WOMEN'S PERCEPTION OF *ZUOYUEZI*

In this chapter I explore my respondent's view of *zuoyuezi*. I draw from their accounts on the decision-making process to do the month and their take on its constitutive proscriptions and prescriptions. The findings suggest that while *zuoyuezi*'s normative status seems to prevail in how women understand their postpartum body, its inevitability does not translate to unyielding compliance to the normative expectations associated with *zuoyuezi*. In discussing their take on *zuoyuezi* rules, it became clear that women's postpartum practices are informed by a variety of factors. They take into account prevailing discourses on health-related risk, their structural position in the family, as well as considerations on everyday care reality in the context of migration. I argue that in my respondents' own reflection on these stipulations, they at the same time participate in transforming the meaning of *zuoyuezi*.

In the following sections, I will cover several themes related to women's views of *zuoyuezi*. First, I contextualize *zuoyuezi*'s seeming inevitability that came through in most conversations I had with the participants. I explore the ways in which they considered the practices a necessary or unavoidable aspect of their postpartum period, as a solution to manage health risks and social vulnerabilities. Second, I discuss in more details how women understood postpartum proscriptions and prescriptions, and the tools they deployed to align with, challenge, and redefine them. Third, I look briefly at the encounter between *zuoyuezi* and America's biomedical institutions. More specifically, how women think their postpartum practices are received in interactions with representatives of dominant medical institution.

The inevitability of *zuoyuezi*

Almost without exceptions, my respondents acknowledge that doing-the-month is an integral part of their childbirth experience. One question I asked in every interview was whether they ever considered not do the month. All respondents gave a negative answer despite the diverse reasons that drove their decisions and the varying degrees to which they adhered to *zuoyuezi* rules.²⁵ Many women's initial answer took on a visceral quality as they implicitly positioned themselves within a home-country birth culture that emphasizes postpartum care—"It's a must. I had no doubt about it", or "it just seems very natural to do it".

This naturalized view of *zuoyuezi* as shared by many women demonstrates its normative status as a postpartum culture. Indeed, several women reflected more explicitly on the seeming inevitability of *zuoyuezi*, and pointed to the deep socialization in their home country birth culture so much so that one rarely thinks otherwise—"Since I am from Taiwan, I guess I grow up in this environment where everyone does it," or "we've been told so often about its importance."

Yet, upon further inquiry, women revealed postpartum decision-making processes that are multifaceted. The inevitability of *zuoyuezi*, in fact, reflects a need to manage perceived risks and vulnerabilities surrounding the postpartum body and the realities of childbirth. In the following two sections, I elaborate on these risks and vulnerabilities—health risks and social vulnerabilities—that shape my respondents' decision to do the month.

²⁵ Again, the overwhelming adherence to *zuoyuezi* can be the result of selection bias. My purpose here is not to speculate on the normative status of *zuoyuezi* among immigrant women, but to explore how those who did it articulate their decisions.

***Zuoyuezi* and health risks**

As surveyed in Chapter II, the rise of the popular advice genre on *zuoyuezi* and the discursive themes disseminated show that the source and boundary of *zuoyuezi* expertise have dispersed and moved to include dominant forms of biomedical and Chinese medical knowledge, while marginalizing the authority of folk experts. Popular discourses on *zuoyuezi* tend to construct a woman's postpartum body as vulnerable, transitional, and having an uncertain status that calls for monitoring and care. It posits that the female body becomes weakened and depleted after childbirth, and recommends a set of dietary regimens and activity restrictions to nurture the postpartum body. A few doing-the-month advice books also view the postpartum body as not only at risk, but at the same time open to enhancement.

Perhaps not surprisingly, quite a few of my respondents talked about the necessity of *zuoyuezi* along similar lines. They evoke an image of the future that is causally connected to the specific behavioral norms during the first postpartum month. Stories shared by other women of the negative health consequences of postpartum negligence often served as evidentiary materials that further support the necessity of *zuoyuezi*. Kate, for one, spoke about it this way:

Childbirth is such a dramatic event that the body takes a toll. I don't feel [the impact] now since I am still young and not anticipating negative effects anytime soon. But the older generation always talks about negative consequences of things like overusing the eyes [during the month]. Who knows if it is true? But since I can, I will just be more attentive in this one month.

In this account, the postpartum body, even the ones going through uncomplicated births, is understood as a traumatized body. It is also characterized to be deceptively normal, where birth related stressors might linger quietly until their eventual eruption in the future. If one overlooks the importance of postpartum care simply because the body seems quite fine, it is to overlook the causal link between the present and the future stretched out along a very long timeframe.

The knowledge that feeds the construction of the postpartum body comes from the accumulation of oral histories passed down by older generations. These lived experiences solidify into a cautionary tale told by distant proxy yet carries discursive weight, as Kate contended that ‘who knows if it’s true’. Several other women echoed this understanding of postpartum body at risk as part of an integrated totality that permeates the folk discourse of *zuoyuezi*.

For a few others, the credibility of the source of knowledge on the postpartum-body-at-risk derives from a more personal origin. These articulations of the inevitability of *zuoyuezi* tend to be rooted in personal stories circulated in their social network. Rose enthusiastically recalled her mother’s successful *zuoyuezi* as a living proof that it is something to strive for:

My mother knows the difference between a good month and a bad one. You’ll know when you get old, that’s what she says a lot. She and her sister are a good example. My aunt did not do her month that well. Now she has all sorts of pains and illnesses. My dad took care of my mom really well back then. He is a great cook, and my grandparents raised their own chickens. She had one chicken a day. Now I think of it, it is quite scary to have one chicken a day. But my point is she ate really well back then.

This is an example where the legitimacy of *zuoyuezi* as something more than simply a normative expectation is supported by the observation of seemingly divergent health trajectories. What is interesting about Rose’s account is that she attributed the differential health outcomes of her mother and aunt exclusively to the postpartum care they received. Although she was struck by the excessiveness and monotony of her mother’s diet, it nevertheless symbolized proper care, and perhaps more importantly, her family’s labor of love. In this case then, the affective aspect of postpartum care is woven with family members’ health histories to support *zuoyuezi*’s alleged effect to reduce health risks.

Several women's accounts also reflected the popular view that the condition of the postpartum body presents an opportunity for health enhancement. They wanted to take advantage of their *zuoyuezi* to improve their overall vitality, or to tackle existing health issues. They pointed to the perception of the postpartum period as a temporality in which opportunities for health optimization are made available exclusively for the birthing women, as Rose called it 'the second puberty', in consistence with popular experts' proclamation. Karen also reasoned:

I really felt rested after the first time. I felt stronger and healthier. I had no more menstrual cramps afterwards. So when I had my second, I thought, it was my last one, I had to do the month well.

Some others pointed to their immediate, embodied sensations after childbirth to illuminate the health benefits of *zuoyuezi*. Take April, who originally did not think much about the practices as something more than a cultural norm and family tradition. During the postpartum period, a few instances of physical vulnerabilities led her to gain new insights on the necessity to pay special care to her postpartum body:

There was this one time when the comforter slipped off my shoulder at night. That exposed arm ached since then. The other arm has been fine. The body is really different during [the postpartum period]. That numbness and coldness was something I never ever experienced before. I saw a doctor of Chinese medicine to adjust the condition, but it took a few months. It was not a coldness that could be remedied simply by keeping it warm, and it was just one arm! So I really think *zuoyuezi* is necessary.

The normative status of *zuoyuezi* as a cultural tradition becomes meaningful on a new level as women interpret their own embodied experience during the postpartum period. The peculiarity of the postpartum body is no longer a theoretical body whose long-term performance is tied to short-term cultivation. Rather, it is a body of the present that becomes strange, unfamiliar, and exposes new vulnerabilities due to childbirth.

As described previously, popular *zuoyuezi* advice books share a common strategy of finding western parallels or contrasts to present a case for the practices. In so doing, they emphasize simultaneously the practices' objective validity *and* cultural distinctness. Several of my respondents also used perceived American norms in the area of postpartum practices vis-à-vis *zuoyuezi* to elucidate their own adherence to the latter.

For example, Cathy told me that American women have slower uterine recovery because they do not use the belly wrap, which is commonly recommended by *zuoyuezi* experts to invigorate uterine contraction and to speed up its recovery. The belly wrap in question is indeed different from the postpartum wrap made of elastic fibers that is widely available in America's consumer market. Instead of elastic fibers, the binding material is usually a long piece of breathable muslin cloth that does not have much elasticity. Its status as a cultural product is also emphasized by experts of popular advice. In a *yuesao* training video that I came across while researching for the project, the instructor explicitly distinguishes between these two types of materials, saying 'what we use instead is a *traditional, ancient* [emphasis added] Chinese belly wrap. It is very popular in Taiwan.' (Pudong Digital Publishing Co. 2013)²⁶ In any case, *zuoyuezi* and its associated practices are articulated to be culturally specific and more superior in reducing health risks. Cathy made sense of *zuoyuezi* through the construction of two diverging health trajectories on the group level that were produced by distinct cultural beliefs and norms.

²⁶ Several other cultures also have a tradition of postpartum belly binding. In Malay, it is called bengkung. In Mexico, a rebozo is used. Postpartum bengkung binding is gaining traction among American women. A Google search on bengkung generates a variety of images with elaborate binding patterns and colorful fabrics, as well as enthusiasts or purveyors that provide bengkung instructions or services. A wellness center in Ohio, for example, charges \$140/hr for a belly wrapping session at home.

***Zuoyuezi* and social vulnerabilities**

The articulations of *zuoyuezi*'s inevitability can also be encapsulated by social vulnerabilities produced by the realities surrounding childbirth. By social vulnerabilities I mean the perception that one's existing social relations, identities, and structural locations are destabilized or intensified to create a sense of uncertainty. Themes women often identified include the rising demand of reproductive care following childbirth, the anxiety produced by the expectation to reconcile the changes of their body, a desire to belong, and postpartum familial obligations that potentially threatens one's social roles. These social vulnerabilities are woven into my respondents' narratives when they talked about why *zuoyuezi* is important to them.

*Postpartum care deficit*²⁷

Women's immediate postpartum reality is often characterized by an overwhelming sense of responsibility and the dramatic rise of care work (Fox 2009). This precarity of care, and the state of being overwhelmed, also informed my respondents' decisions. The realization of what it takes to care for a newborn on top of the existing demands of household tasks prompted them to consider *zuoyuezi* more seriously. During her pregnancy, Mei-yung worked with a midwife on staff at her OB/GYN group. Originally quite ambivalent about doing the month, she began to re-evaluate her stance after the midwife brought up the topic of making preparation for her postpartum reality:

My midwife told me to start cooking some meals to be frozen, or to visit my favorite restaurants with my husband, because she said we'd be so busy that we

²⁷ The term 'care deficit' has been used both to describe individual cases where there is a lack of informal family care or paid care due to the rise of situations that demand it, such as childbirth, illnesses, or changes in the original source of care labor. The term is also used to refer to 'patterned phenomena in groups or population due to systematic changes such as epidemics, wars, natural disasters or dramatic social changes.' (Zimmerman et al 2006, p15) Here, I use the term mainly in the context of the former.

will be calling for food deliveries when the baby is here. Then I thought, this is how the Americans do it. This was when I realized I should do the month. *Have someone to help me, rest well, and eat well [emphasis added].*

Hearing about the immediate postpartum demands on her as a new mother, and American couples' coping strategies of early parenthood, Mei-yung developed more affinity to practices in her Taiwanese cultural repertoire. The existing vocabulary of *zuoyuezi* made it easier for women like Mei-yung to tap into the resources and support that converge under its banner. For her, doing-the-month is not so much an endearing tradition, nor is it associated with health outcome, but a practical solution to impending care deficit. Similarly, Mira, who migrated to the US with her parents when she was in high school, also talked about *zuoyuezi* in terms of balancing everyday supply and demand of care. When I asked whether she'd considered not do the month, she said succinctly: "No, because I needed the help. I was a bit desperate."

The inevitable obligation

Earlier works in the social sciences often emphasize *zuoyuezi* as a ritual that reaffirms a woman's transition into motherhood. The practices are said to hold a functional significance in stabilizing the institution of the family (Wong 1994; Pillsbury 1978). For a few women I spoke to, the meaning of the family, and what it takes to maintain the integrity of that meaning, is more accentuated during the postpartum period.

Take Anna, who migrated to the US with her family after she finished high school in Taiwan. Her mother, who lived with her and her husband at the time of her two births, was the main helper during both of her *zuoyuezi*. For Anna, who considers herself to be more acculturated as a Chinese American compared to others who migrate at an older age, *zuoyuezi*'s normative power is not as strong. Anne contended that she does not take the practices too seriously, yet skipping it was not an option due to familial pressure:

It is not possible for me not to do zuoyuezi as long as my mom is around. Even if she was not here, my mother-in-law is here in the US as well. If both of them were not here, I probably would not have had two children in the first place. It is simply too much work to raise two children without the extended family.

In this case, doing-the-month was part and parcel to their identity as a dutiful daughter and daughter-in-law, both of which come with a set of obligations including going through the traditional postpartum practices after childbirth, and perhaps childbirth itself. It not only brings forth the heightened demand of mothering work, but also places one in a field of social complications and vulnerabilities that arise from one's structural location within the family.

Anna's remark also highlights the complexity of kin obligations within the context of migration. Moving to New York from Taiwan with family members, she was afforded the convenience of having immediate family members around unlike other women I spoke to. While she implied that reproductive decision-making often time was beyond her control but a matter within the purview of family elders, she nevertheless recognized the value of multigenerational, collective caregiving in making the taunting task of childrearing possible.

Rebound insurance

Childbirth destabilizes a woman's sense of self where one experiences the loss of social identities as an integral part of entering motherhood. The destabilization not just occurs in the domain of identity, but also involves a woman's negotiation and changing perception of her own body, such as the drastic alteration of bodily boundary, and the liminality of reproductive embodiments (Upton and Han 2003; Ogle et al 2013). While the pregnant body is often the subject of public scrutiny, a woman's challenge with her postpartum body often lies in the invisible labor expected to work on its supposed loss of liminality and to prep for its re-entry into the public sphere (Upton and Han 2003).

Some women I spoke to share this struggle in maintaining a consistent self especially in the realm of the public sphere. The prospect of going back to work without getting back to their professional image—in the areas of appearance and stamina—makes them feel vulnerable. In this regard, women treat *zuoyuezi* as a rebound insurance that they could rely on to reduce the anxiety stemming from not being able to bridge the before-and-after gap. Mei-yung and Jane, for instance, both allude to coworkers’ praising of their wonderful stamina and ‘you didn’t change much’ remarks as a testament to the necessity of *zuoyuezi* that affords women time of repose and care.

Zuoyuezi as belonging

Childbirth is a life stage that often prompts one to pull out pieces of family history for affective re-examination. For some of my respondents, family history is inevitably a history of family migration, and postpartum care becomes an event that summons memories of loss through relocation. Past generation’s missed opportunity to have a well-supported postpartum repose becomes the experiential material for women to build nostalgia for home country practices that not only are constructed as beneficial, but also symbolize the compromises migrant families make while struggling to establish themselves in a foreign land.

Lily was born in China, grew up in Latin America, and eventually moved to the US with her family. She never entertained the possibility of not doing the month. The good faith adherence to the popular expert advice on the health merits in *zuoyuezi* was only half of the story. Her narrative at the same time positioned her own *zuoyuezi* right within her family’s migration history, where her mother’s postpartum repose was constrained by the lack of co-ethnic support in a migrant community that was yet to be viable enough to satisfy a woman’s culturally defined reproductive needs:

My mom did not do the month. She had four children in Latin America. There was nothing for her. There weren't many Chinese people around, so if you needed things like chicken you had to slaughter them yourself. So I decided I have to do it no matter what, even if I need to pay.

Interestingly, according to Lily, her mother does not really attribute any health problems to the absence of postpartum care, and remains very active to this day. Lily's desire to do the month well seemed to derive more from treating *zuoyuezi* as emblematic of a life without economic struggle and cultural marginalization.

The inclusion of family migration history is not the only structural constraint that Lily identified to articulate the importance of *zuoyuezi* for her. In our conversation, which took place in the small business that she ran, Lily implicitly related *zuoyuezi* to women's structural location under patriarchy. Lily came to the US for college in her late teens. She contributed financially to her dual-earner household, while shouldering a large chunk of reproductive labor, including caring for her in-laws and supporting her mother. Relative financial independence did not lessen her sense of obligation to fulfill reproductive labor attached to her roles as mother, wife, and daughter-in-law. During the postpartum month, Lily tried to rest as much as possible while her mother-in-law stepped in to care for her first born. She characterized *zuoyuezi* as an "once in a lifetime" opportunity to rest while having help on hand, and when women have "the highest status." Lily's remark pointed to a woman's otherwise deference and sacrifice for the family, and *zuoyuezi* as a month-long release from structural constraints.

Negotiating the boundary of *zuoyuezi* knowledge

Women's accounts summarized in the previous section demonstrate that the continued salience of *zuoyuezi* among immigrant women does not just arise from an *a priori* notion of the practice as a postpartum ritual. Instead, *zuoyuezi* as a cultural tradition becomes more desirable

and meaningful as women are situated in a set of postpartum vulnerabilities and risks. How do women interpret *zuoyuezi* proscriptions and prescriptions? How do they understand the prevailing *zuoyuezi* discourses?

I find that women do not readily abide by the behavioral and dietary proscriptions and prescriptions. For example, the ‘no washing’ rule was rarely thoroughly followed through. Many also claim to have a more relaxed take on their postpartum diet. Even for women who more trustingly subscribe to the risk reduction effects of *zuoyuezi*, their compliance to postpartum norms was often selective. On the outset, many deployed the language of choice and preference to explain the selective adherence to *zuoyuezi* rules. Things such as what to eat and what to do on a daily basis were articulated as ‘a matter of personal priority’, ‘everybody is different’, or ‘it comes down to what you want’. Yet, these statements of choice in fact reflect the variety of discourses and ideologies that frame the range of decisions women can make to negotiate their relation with *zuoyuezi* knowledge.

In the following section, I outline the common rationales my respondents used to reflect on and critique *zuoyuezi* proscriptions and prescriptions. I also explore the ways in which these reflections culminate in new interpretations and meanings of *zuoyuezi* and postpartum care. I draw on the view that when we explore the impact of culture on action, various structural factors can complicate the notion of agency and affect individuals’ access and use of cultural ‘tool kit’ (Swidler 1986; Lamont and Small 1992). In doing so, I show that women interpret and filter *zuoyuezi* related expert knowledge based on their affinity to competing forms of knowledge, the structural circumstances within the family, ideologies on mothering, and the conditions of immigration. Their enactment of *zuoyuezi* proscriptions and prescriptions as part of their postpartum cultural tool kit is thus not a given, but depends upon the factors mentioned above.

Espouse dominant American views

Among the women I spoke to, some have more social and/or professional ties to ‘mainstream’ America. They are employed at non-ethnic institutions, develop social relations outside of first-generation co-ethnic networks, and do not rely on Mandarin-speaking professionals to access maternal care. These tangible connections to mainstream America become visible in their critique of *zuoyuezi* norms.

Weiwei holds an academic position at a higher education institution. A mother of two, she spent both her *zuoyuezi* at home with the help of her parents, who flew in from China. Since pregnancy, she assumed a more relaxed attitude toward dietary restrictions commonly observed by Chinese women. In our conversation, she often used her sister in China as an example to illustrate the difference between her take on gestational wellbeing and that of many mainland women. Take drinking cold beverages for example. Coldness is considered female body’s enemy in general, and especially so during reproductively defined moments such as childbirth and menstruation:

Most of the drinks at the cafeteria at my work are iced. I had them through my pregnancy and didn’t feel any impact. My sister in China was quite shocked to hear that, and said my baby will have cold *ti-zhi*. But I never curbed my diet. There is quite a difference in what is done here and in China.

During the postpartum month, Weiwei continued to rely on mainstream American norms she observed to deflect requirements associated with home country postpartum practices. She said:

I had my parents here to help. Plus my husband, there are four people in total. I thought it’ll be fine, and it turns out fine. After they came I did not have to worry a bit about house chores and cooking. All I needed to think about was resting well. But I never strictly followed *zuoyuezi* rules. Many restrictions shouldn’t be

taken seriously. The American midwife told me that rest is good enough. After hearing what she said I felt more relaxed about it.²⁸

For Weiwei, the quality of doing-the-month comes from the availability of kin care that afforded her an opportunity to rest. The elaborate prescriptions that aim to reduce health risks were taken with a grain of salt. The remaining tinge of self-doubt—that perhaps she should worry about the consequences of not following *zuoyuezi* thoroughly—dissipated as her thoughts were corroborated by an alternative expertise.

Similarly, Pei, a Taiwanese woman who married a second generation Chinese American and lives in a multi-ethnic suburban setting, talked about her *zuoyuezi* practices this way:

I had the Generation and Transformation Decoction. Only a few days of that would suffice. I don't think one should overdo Chinese herbal medicine. There are mercury and other heavy metals. So I don't think it's wise to have too much even if it is recommended ... Also, of course you want to be careful not to catch a cold, but I took a shower the third day after giving birth. A friend of our, she is ABC²⁹, she showered at the hospital right after giving birth. I originally wanted to do that the first day back home. But I was too tired because I did not sleep well at the hospital. I waited until the fourth day.³⁰

Like Weiwei, Pei referred to American norms on health, body, and wellbeing to be more 'open-minded'. Her distancing from traditional *zuoyuezi* proscriptions was based on claiming affinity to an Americanized subjectivity. Indeed, she also talked about a white neighbor who ran in a half-marathon while five-month pregnant, and observed that Taiwanese birthing culture should not be taken as the only frame of reference when it comes to postpartum wellbeing because 'people with such diverse birthing experiences here seem to recover well too'. Pei's

²⁸ Like Mei-yung, Weiwei worked with a midwife in the hospital setting.

²⁹ ABC=American Born Chinese

³⁰ The prescription of Generation and Transformation Decoction (GTD) can be dated back to the Qing Dynasty, when Chinese medical scholars attempted to address the dual issues of qi-depletion and blood stasis in the postpartum body (Wu 2010). The content of this prescription, which in general contains four types of herbs, was concocted to generate new blood and qi, while transforming the noxious dew toward the outside of the body. I follow Wu's translation of the decoction in her book *Reproducing Women: Medicine, Metaphor, and Childbirth in Late Imperial China* (2010).

articulation of her view on *zuoyuezi* is thus interwoven with the juxtaposition of Taiwanese society's relative homogeneity next to the cultural diversity of the US. The above remark also pointed to the impact of other risk discourses—in this case environmental pollution on food safety—in shaping and altering one's view on traditional practices.

Whereas Pei and Weiwei explicitly aligned with the American norms they have observed to deflect the normative power of *zuoyuezi*, others position the knowledge base of *zuoyuezi* against the historical evolution of health and hygiene to develop their critique. Several women mentioned that *zuoyuezi* emerged in a time when sanitary conditions could not warrant postpartum health. The extra caution against external threats is thus no longer unnecessary because of improved hygienic standards in general. In addition, some argued that the advancements made in techno-scientific knowledge have rendered many elements of *zuoyuezi*, however well-intended, futile. For example, Ai-jen, a Taiwanese woman who worked in biomedical research and married a second generation Chinese American, pointed out that traditional dishes such as animal offal did not make nutritional sense:

Modern nutritional science believes that our health comes from the diversity of our nutritional intake. But with *zuoyuezi*, generations ago people might think the liver was super nutritious, but that's because they did not know any better. Now we have vitamins, we have them everyday. We should eat in a nutritionally balanced way, not liver for every meal.

Ai-jen distanced herself from some of the normative expectations of *zuoyuezi* by evoking the prevailing scientific axiom. The ways of knowing that once informed some *zuoyuezi* practices should be replaced by new epistemological paradigms that capture the facts of our health and wellbeing more accurately. Nutritional balance and preventive maintenance, now the motifs of healthy eating, gives women like Ai-jen a tool to mark the 'traditional' approach as outdated.

Yet, it is worth noting that aligning oneself with dominant forms of knowledge to deflect *zuoyuezi* prescriptions does not translate into the complete rejection of the practices. Instead, traditional proscriptions and prescriptions are often revised through women's re-interpretation of their logic and validity. For example, Ai-jen, who disagreed with a postpartum diet based on animal innards, contended that she'd be open to the idea of staying at a postpartum maternity center because its menu 'has more diversity'. She also welcomed the incorporation of Chinese medicine into her postpartum health cultivation.

Lily, whose family is Cantonese, provided similar narrative on her view of *zuoyuezi* prescriptions. When I asked her to talk about her *zuoyuezi*, she replied that she "didn't really follow the dos and donts such as the no washing rules". But this doesn't mean that she took showers as regularly as she normally did. Rather, Lily explained that "the more scientific method" is to wash hair and shower with bath water infused with the ginger peels left from cooking. The warming effect of the ginger can then protect her from cold drafts. While the image of a porous postpartum body under threat still held, the cautionary measure levered to protect it was modified and updated. What Lily defined as 'scientific' was not the complete abandonment of tradition, but to adjust and fine-tune it to meet contemporary hygiene standards while not risking the proscription's proclaimed health benefits.

Both Lily and Ai-jen retained elements of *zuoyuezi* by revising them to fit dominant techno-scientific expertise. Their accounts are similar to some of the main discursive themes propagated by popular expert advice as identified in Chapter II, where dominant expert knowledge and ideologies, namely the valuing of choice and the definition of health through the notion of diversity, are highlighted to give legitimacy and new meanings to *zuoyuezi*. Karen's remark below also demonstrated women's reliance on what they considered trusted source of

knowledge, in this case, an authority of traditional Chinese medicine, to guide their adjustments on *zuoyuezi*:

My Chinese medical doctor said that if you really want to shower or wash hair, you should at least wait two weeks because the pores are still quite open the first two weeks. The body can easily be affected by cold drafts. Or at least use water boiled with ginger to spot clean. I gave birth in August, it was too hot not to shower. So I ended up using the ginger water to clean everyday. I waited until two weeks to wash my hair that's for sure.

What about the baby? Negotiate with mothering ideology

The give-and-take of *zuoyuezi* is also connected to women's everyday mothering reality. As previously noted, Mei-Yung followed a Chinese traditional medical doctor's instruction to clean her body using ginger water, and waited two weeks to wash her hair. Her challenge of *zuoyuezi* proscriptions and prescriptions was only drawn from dominant expert knowledge, which also informs prevailing ideology surrounding mothering. When we met, it was about two months after she had her second baby, who was sleeping in the crib next to us when she talked about showering and hair washing:

Think about it, if I don't wash my hair and not shower for one month, wouldn't my baby think I smell?...I remember what my OB said, happy mom makes happy baby. So I do what I feel like. Nothing is really an absolute no-no.

Mei-yung prioritized her baby's bonding experience with her. The physical proximity that is central to the development of maternity displaces some elements of *zuoyuezi* because they inadvertently disrupt the bonding that is held dear by the mother. Yet what was also interesting is Mei-yung's continued reliance on medical experts' opinion to make her point across. The prioritization of her personal preferences as the foundation of mother-infant wellbeing seemed to gain more currency with expert assurance. Several other women, such as Susan and Selina, also talked about the incompatibility between a qualified maternal body and a protected postpartum

body. They believe that proscriptions on avoiding body cleaning in fact get in the way of breastfeeding, the quintessential maternal act. But again, the link that connects the maternal body and that of the baby is first and foremost constructed in techno-scientific language, in this case, defined by the anti-infection tendency driven by biomedicine (Dykes 2006). As Susan explained her regular showering: “It’s just not hygienic. We have to breastfeed as well, you know.” Both Susan and Selina showered regularly but with additional caution.

Another Taiwanese mother, Helen, lived in the US with her husband without having immediate family members nearby. She relied heavily on the help of fellow churchgoers to receive postpartum dietary support. They brought her cooked food such as chicken braised in sesame oil and rice wine, which is reputed to restore the energy imbalance in the postpartum body. Helen was breastfeeding then, and grew a bit concerned over the use of rice wine in the dish. A round of research seemed inconclusive, if not confusing. Even though the dish is widely consumed by postpartum women and touted by advice books, Helen could not see past the possibility that her body became a conduit of alcohol’s damaging effect on her child. In the end, the chicken all went to her husband. In this case, a dish was not read as a gesture of neighborly hospitality, nor was its effect interpreted solely through the frame of tradition. Rather, it was tied to the moral landscape that defines a woman’s maternal responsibility, where a birthing woman is expected to assess and manage the risks involved in baby care (Lupton 1999; Murphy 2000). In other words, some *zuoyuezi* prescriptions become subject to negotiation when they seem to contradict or unsettle dominant ideologies that define good mothering practices.

Tune in to experiential knowledge

As noted in Chapter II, the construction of the postpartum body as a body-at-risk is a commonplace theme in popular expert advice books. While this emphasis of long-term health risks forms the basis behind many women's decision to do the month, some did take issue with the extent to which risks should control one's understanding of postpartum health and wellbeing. These women often draw on experiential knowledge sources to counter the prevailing construction of postpartum-body-at-risk. Take Pei for example. During our conversation, Pei contended that she once considered a writing project to share her thoughts on *zuoyuezi* given the over-emphasis of caution and what she termed perfectionism that dominates women's drive to do the month right. She said:

Many Taiwanese women...How should I put this? If your life was satisfying before [childbirth], you won't feel the need to be all 'I am the princess' during that month. But of course there are exceptions like my friend who had serious laceration. She needed one whole month to recover. But now the technology is so advanced, you rarely hear people having difficult births or hemorrhage. Two weeks of rest is plenty... Am I being arrogant? But I really think this is no big deal. No need to overreact. Many people have postpartum depression. Maybe it comes from this. Everything has to go according to plans, everything has to be perfect. I'll have back pain or headache at older age if I don't do this and that right now...

In parallel to Lily's comment in a previous section, Pei situated what she considered as a prevalent attitude toward *zuoyuezi* within a sociohistorical context, where the concern over long-term health risk perhaps is only a front for a deeper sense of subordination among married women. But more significantly, Pei also highlighted the disconnection between what *zuoyuezi* purports to do and the experiential, embodied reality shared by women who go through a relatively normal childbirth. She further added:

You carry the weight of a baby plus amniotic fluids while walking around everyday. Who can take it without feeling tired? Now after giving birth with all

the bathing and feeding. You go from arching your back to bending forward. Your waist is always in use. Of course you feel discomfort.

Postpartum discomfort was thus articulated as a normal outcome of childbirth and early mothering that would eventually subside with proper rest, and as Pei put it, some ‘cheerful spirit’. This understanding of the postpartum body situated within the reality of pregnancy and mothering formed the basis for Pei to downplay *zuoyuezi* as a postpartum imperative. She responded to the characteristic of what Beck (1992) calls the risk society in which we have risks ‘thrust upon us’ by devising a commonsense approach to her postpartum body.

Women also rely on embodied experience to re-interpret their seeming adherence to *zuoyuezi* norms. Not showering for a few days, for example, was not the result of voluntary compliance to postpartum stipulations, but a product of being in tune with one’s physical state; in this case, the lack of energy to wash. Dietary changes were conveyed similarly. Yiming made some drastic alteration of her diet after giving birth. She began having lots of bone soup and avoided cold dishes, both common themes of *zuoyuezi* dietary prescriptions and proscriptions. Yet she made sure I understand that these dietary changes had little to do with adhering to *zuoyuezi*:

When you breastfeed you want to have soupy stuff. It is the energy! Or butter (laughter). So as a matter of fact I did not lose much weight after giving birth. I actually didn’t want to have cold food either. It is not about being Chinese or Western. It is just my body talking.

Yiming refused to let culture take over to inscribe her body. Defining her postpartum practices solely on the basis of culture only obscures the connection she had with her ‘talking body’.

Through building a connection to their embodied knowledge, or to appeal to a more normalized understanding of postpartum bodily conditions, women like Pei and Yiming subverted *zuoyuezi* as a set of externally imposed mandates while at the same time unwittingly

validate d its logic. Their remarks demonstrated that *zuoyuezi* prescriptions are often beside the point yet exactly the point because what are stipulated in fact often flow naturally from a woman's postpartum experiences. Shaping their postpartum practices in relation to embodied knowledge (as opposed to their relations to impositions), these women reconstruct the discursive landscape of *zuoyuezi*, and carved out a space to claim their postpartum recovery their own.

Like many women I spoke to, Ruby considered *zuoyuezi* to be something to pay attention to 'for the sake of my health.' Prior to giving birth, she spent quite some time researching the Internet and reading advices books for *zuoyuezi* related information. The sheer volume of information, many of which she found contradictory and confusing, made the process disorienting to say the least. She ended up picking a few food items that she does not mind having for one month, and characterized her approach as 'doing it within my capabilities'. Later in our conversation, when I asked if she considered the enterprise of *zuoyuezi* unscientific, Ruby added:

You can't say the whole thing is unscientific... If the mother rests well, feels happy, then she'd have enough breastmilk. She could focus on her own recovery without worrying about the baby. As for those things like no going out, staying in bed, eat this, have that. If you believe in Chinese medicine, then these will make sense to you. If you are more of a Western medicine person, then you'd probably think it's rubbish. So there is room for choice. It's not this all good or all bad situation. That's why plenty of people still do it.

Here, Ruby created a multi-layered understanding of *zuoyuezi*, where some aspects took on an universal, commonsense appeal to postpartum women's wellbeing, while the cogency of others are dependent and framed by one's exposure to the available discourses. Ruby's assessment of *zuoyuezi*'s popularity summarizes that women's iterations of choice are often

made as they explicate their positionality, not without struggles, in relation to the larger cultural landscape regarding *zuoyuezi* and other sources of expertise.

Iced water at the hospital: When *zuoyuezi* meets biomedicine

Since all of my respondents had hospital birth, many of them started their *zuoyuezi* during their hospital stay. This means that they begin to observe at least some of the dietary prescriptions and activity proscriptions while remaining a biomedical subject. Their interaction with hospital staff, and in some cases during medical interactions outside the hospital setting, at times involved addressing their postpartum practices, mostly in informal exchanges. For some, it was an ordinary occasion of intercultural communication, while for others, it was a location of power struggle as they engaged in *zuoyuezi* practices within the immediate purview of biomedicine.

Shu-mei gave birth in a suburb of New York Metropolitan Area that sees a steady rise of Asian immigrants. As she sipped on her thermo-full of longan drink in her hospital bed after giving birth, a nurse who stopped by to do her routine rounds commented that ‘you guys drink special teas!’ The sheer fact that hospital staff knows about *zuoyuezi* comes as a surprise for her:

It was a black nurse. Isn’t that amazing?! I think it was because there is a Taiwanese nurse on staff who tells the rest about us. She didn’t ask more about it or try to influence me. She only told me to inform her when I feel abnormal pain or need medications in general.

Shu-mei interpreted this encounter neutrally. It was, if anything, a pleasant surprise. Yet, there were a few interesting latent meanings about her experience. First, her surprise was founded on the assumption of *zuoyuezi*’s relative obscurity in the context of the U.S., where there was little expectation for representatives of mainstream medical institutions to know about it.

Second, on a related note, Shu-mei turned to a localized, individualized explanation when she speculated on the insider knowledge of the nurse, a presumed cultural outsider.

Sally and Selina, who gave birth at a large urban hospital frequented by Chinese and Taiwanese immigrants, also reported the knowledgeable nursing staff at the maternity ward.

Sally described her postpartum experience at the hospital as follows:

The hospital is huge. There were too many Asian people, but most of the nurses were *laowai*. I was lucky, the nurses I met were all really nice. Maybe it was because I was not a difficult person who insisted on this and that. I chatted with them, and helped interpret for the mother next to me. So they were nice, teaching me how to breastfeed. They even asked me whether I'd like cold or hot water. I heard before that *laowai* nurses here give out iced water, but not them. My last day there, I overheard them asking the white lady nearby whether she wanted ice or no ice. Then I realized we were asked different questions. They know our culture.

Although Sally described her childbirth experience mostly in positive terms, her sense of satisfaction was nevertheless founded on a preconceived notion that as an Asian minority, she not only did not expect to receive care that catered specifically to her needs, but also took a certain degree of inter-racial communication difficulties to be a given. For immigrants to receive good care, one has to 'earn it'. That is, to be a helpful person without demanding too much, and to perform the idealized role of a good patient. Her 'too many Asian people' perhaps also speaks to the anxiety of a racialized immigrant to be typecasted, and fueled her subsequent attempt to prove that she was anything but a meddlesome Asian patient.

Other women more explicitly found their postpartum practices or postpartum body treated as an anomaly:

When I was at the hospital, the nurse said, 'I know you folks don't wash hair and take showers. But I recommend that you do it. You'd feel much better since you sweated so much.' I was like, ok, I will do it later. She then was like, 'you have wounds on you. You'd feel more comfortable.' They also gave me ice cold water. My husband's [American] friends were like, yeah, we wash hair and shower. No

blow-dry too. It was the same with the women who stayed in the same room with me, even those who had a C-section. I thought, don't you feel the pain?! (Cathy)

When I was resting after giving birth, one of the first things that were given to me was ice cream. I remember thinking, how in the world can I eat this?! But Americans believe that the ice cream is good for healing wounds. And they want you to ice it too. Didn't we have to do the sitz bath? I did it in warm water. The nurse looked at me strange. But this is what it means by cultural difference I guess. I do not know how to explain to them that I just need to do this. (Kate)

Unlike Sally's experience, Cathy and Kate both found their postpartum practices perceived to be strange, or worse, to work against their best interest. The exchange Cathy had heightened her awareness of her foreign-ness and non-American-ness. She felt compelled to respond to the nurse's persistent 'suggestion' with passive defense, and tried to normalize her *zuoyuezi* related practice by evoking the reality of physical pain. In Kate's case, cultural difference didn't seem to be a good enough reason to justify her postpartum practices. Feeling marked, she felt frustrated by her incapability, and perhaps also the sheer *need*, to explain herself.

Massey and Sanchez (2010) have found that medical settings are commonly identified by immigrants to be a location of mistreatments and discrimination. In her study on refugee health care in the US, Ong (1995) also demonstrates how 'biomedical hegemony' constitutes particular immigrant subjectivities through the contestation of control over the definition and interpretation of medical facts. Like Ong, Rose (2007) also builds on the Foucauldian notion of subjectification, wherein apparatuses of assessment and calculation employed in medical settings create new forms of citizenship. While this section does not touch on the bureaucratic domains where institutional subjectification unfolds, my findings do suggest that informal exchanges with health care workers in biomedical settings at times do constitute, or at least make apparent, the essentialization of my respondents' body and health practices. The anecdotes also reveal the

emotional labor some immigrants put in to fulfill a model minority patient role in medical settings.

But does it mean that working with a co-ethnic health professional reduces my respondents' discomfort? Receiving medical care from a co-ethnic doctor is argued by some to provide psychological support for immigrants who might otherwise feel excluded or stigmatized by mainstream institutional practices (Portes et al 2012; Choi 2012). On the other hand, some studies on the medical interaction between working class immigrants and co-ethnic healthcare workers show that shared ethno-racial status does not necessarily foster positive doctor-patient relations (Ong 1995; Lo and Bahar 2013). Ong (1995) speculates that the health care worker's professional embrace of biomedical rationality, combined with previous run-ins with racism, shape the belief that shedding the *ethnic* is an "unavoidable and necessary part of becoming American" (p1248). Focusing on immigrants' subjective experience of medical encounters, Lo and Bahar (2013) also show that many immigrants observe co-ethnic clinicians' performance of boundary work to distance themselves from their less Americanized and lower class patients.

On the outset, more than half of my respondents had once seen a co-ethnic OBGYN doctor.³¹ Although for a few of them seeing a co-ethnic doctor was more the result of chance than a preference, most did so purposively to minimize language barrier. Several also talked about 'feeling closer' to a doctor who is presumably more familiar with one's home country upbringing. But these presumed benefits of cultural affinity sometimes turned out to be more elusive than they appeared to be. The rapid acculturation of second generation Chinese and the demographic shifts in Chinese migration through time means that co-ethnic doctors who are second generation Chinese do not always speak Mandarin Chinese (rather English or Cantonese).

³¹ A least four had changed their OBGYN once or more during pregnancy.

For these women, especially those who are relatively new to the country, seeing a co-ethnic doctor is not so much different than seeing a non-Chinese. It requires extra work such as researching for English terminologies after their appointments (this means that sometimes questions can not be asked right away), or relying on their more linguistically acculturated spouse, if applies, to accompany them to checkups. A couple of women also felt the push, albeit friendly, for acculturation from the doctor who insisted on speaking English during the appointments even though they speak my respondent's mother tongue.

Other times, shared upbringing or cultural influence seems to grant the medical professional a license to have critical readings of my respondents' *zuoyuezi* practices. Sally described an OBGYN visit during her *zuoyuezi* this way:

My OB is Taiwanese. A man in his 60s. Graduated from NTU Medical School.³² When I saw him the other day, he could tell I did not wash my hair. He asked, are you taking showers? I said no, but I spot cleaned with a towel. He was like, have you any idea what day and age we live in now? I had to tell him that everybody else does the same.

Sally spoke about the exchange with a smile. Yet her remark shows that women can not necessarily count on co-ethnic doctors to understand or support their *zuoyuezi*. In these encounters, medical ideology can easily take over to govern interactions, prompting women to defend their actions.

Chapter Summary

To my respondents, *zuoyuezi* can not be viewed as a rite of passage that promotes social integration and role stability (Pillsbury 1978; Wong 1994), nor can it be summarized as an instrument of patriarchy that discipline a woman's reproductive body (Wan 1999). Rather,

³² NTU Medical School is one of the most prestigious medical schools in Taiwan.

zuoyuezi is elaborated as something necessary, or at least inevitable. Deciding to *zuoyuezi* is a response to the risks and vulnerabilities of the postpartum time that echoes the popular *zuoyuezi* discourses identified in Chapter II, the care deficit made apparent by the context of migration, and the sense of filial obligation heightened through childbirth. The ready existence of *zuoyuezi*, then, became a solution to manage the aforementioned health risks and social vulnerabilities. While many still evoke *zuoyuezi* as a tradition that symbolizes identity and belonging, it also makes sense because it bodes well for the situational contingencies and the structural conditions of a woman's postpartum life.

This chapter demonstrates that the weight of *zuoyuezi* prescriptions are frequently questioned and revised as they are weighed against other discourses on health, mothering, and women's status in a society. Women espouse biomedical knowledge and prevailing ideals of mothering to resist what they consider to be constraining practices, and update them to fit prevailing standards of science and hygiene. Negotiation occurs when women try to anchor their postpartum practices between *zuoyuezi* prescriptions and an Americanized vision of health and wellbeing; between *zuoyuezi*'s symbolic meaning as a choice and as a constraint; and between what they are supposed to do and what seems natural to do. In their active reflection of these spectrums of ideas and beliefs, they redefine *zuoyuezi* not just an integrated system of codified rules, but perhaps as a rallying point from which to draw resources and to preserve a sense of self.

Women's articulation of *zuoyuezi* to work to their advantage meets its limits when it is put into everyday practices. For example, in the next chapter I will discuss in more details the ways in which familial power relations enable or undermine *zuoyuezi* caregiving and woman's sense of wellbeing. And in this chapter, I also show the boundary erected when women's

zuoyuezi practices are scrutinized in the biomedical setting of hospital-based care. Even for those who did not encounter explicit acts of othering, there remains an implicit sense that acknowledgment of their *zuoyuezi* practices can not be warranted.

CHAPTER IV

MAKING KIN CARE WORK

Of the 27 women I interviewed, 16 did at least one *zuoyuezi* with the help of extended family members. A few of these kin helpers already cohabited with my respondents or did not live too far away, while over half of the parents and in-laws travelled from Taiwan and China. The length of parental visits often extended beyond the duration of *zuoyuezi*. Some stayed for one month, others lived with my respondents for up to six months. In at least three cases, parents and in-laws visited from China and/or Taiwan in scheduled, planned rotations to offer childcare assistance for up to two years.

This chapter is about intergenerational caregiving in the context of *zuoyuezi*. It happens within multigenerational households that either have been in place prior to my respondents' childbirth, or were temporarily formed to facilitate caregiving. Family caregiving does not only involve tending to postpartum women's dietary and bodily wellbeing. Care also comes to pass when kin members shoulder the demand of baby care to enable women's postpartum repose. The organization of mother care and shared mothering therefore entails the delegation of care labor among family members, which often can not escape intergenerational power dynamics.

In the following sections, I first show that family elders' traditional role as an authority in reproductive labor intersects with the evolution of *zuoyuezi* knowledge to shape the negotiation of compliance between the kin helpers and the birthing women. Care relations, as well as the responding strategies to negotiate conflicts and differences, play out differently between those whose mother visited and those whose mother-in-law stepped in. Second, I discuss the decision making process of allocating *zuoyuezi* care and the implications for gendered division of

reproductive labor. Third, I delve into the intersection of mothering and *zuoyuezi*, focusing on breastfeeding during the month. I will challenge the perception that *zuoyuezi* beliefs are in conflict with contemporary mothering ideologies in relation to infant feeding practices.

Family elders as filial authority

Yong-fang's labor began two weeks earlier than her due date. It'd be another week before her mother's scheduled arrival from Taiwan. The moment she called to inform her mother that contraction had begun in earnest, the older woman was inside her kitchen in Taiwan stir frying ginger slices with sesame oil to bring to the US. A short spell of frenzy ensued to get things lined up for Yong-fang's *zuoyuezi*. Recalling that day, Yong-fang said:

I was lucky that my younger sister happened to be in town at the time. So she and a friend of mine went to Chinatown following my mom's instruction. They got some medicinal herbs to make the Generation and Transformation Decoction for me.

Yong-fang's story represents one type of family formations that is common among women I spoke to, where family life is split between two countries. On one hand, she had started a nuclear family with her husband and gained citizenship status in New York; on the other, Yong-fang's parents remained in Taiwan and never migrated. Intergenerational family keeping with her parents was thus mostly done transnationally (Sun 2012). For women like Yong-fang, *zuoyuezi* is accompanied by the formation of temporary multigenerational cohabitation in the U.S. after a stretch of family separation. It is also a time when interaction with the in-laws becomes more regular for women who married after migrating to the US.³³³⁴ In addition to temporary

³³ Among women who had family elders flying in from the home country, only one, Kate, was visited by the in-laws during her *zuoyuezi*

³⁴ My respondents' mobilization of transnational family resources is enabled by the economic transitions and conditions surrounding migration. Economic restructuring and marketization has given rise to a new rank of urban,

multigenerational households, there is a second type of family formation where my respondents already cohabit with their in-laws in the US. Only two women's family lives fit under this type.

Filial values are often identified as one important principle shaping family relations in Chinese and Chinese American family relations (Lan 2002; Gu 2006; Kung 2014). These values call for the respect for family elders, and assign responsibilities to adult children to provide instrumental and emotional support for ageing parents. In the domain of reproductive labor, females, especially married women, are expected to be the transmitter of familial values, and female elders often assume the role of exercising patriarchal authority (Shih and Pyke 2010; Kung 2014).

As illustrated in the previous chapter, my respondents tend to take a revisionist view on *zuoyuezi*. While most of them agree with the general premises of doing-the-month, they often align themselves with a modernized version of *zuoyuezi* that highlights individual choices and espouses dominant expert knowledge. As will be described in more details, this also applies to many women's take on mothering beliefs and practices. As they do so, most simultaneously describe their family elders to represent a more traditional version of *zuoyuezi* that has lost touch with theirs. While this generational gap seems to indicate the inevitability of conflicts over the board, my respondents' experience negotiating such differences varied depending on whom was the main caregiver.

educated, and global minded middle class in China and Taiwan, albeit at different historical points. The loosening of travel restrictions and visa application process also over the years makes international travel between Asia and the US less bureaucratically cumbersome and affordable. On the other hand, many parents and in-laws have reached retirement when their children give birth. They thus have less pressure balancing between their own employment and caregiving. It is within this larger transnational context that my respondents and their family engage in postpartum care.

Perhaps not surprisingly, women whose parents were involved in their *zuoyuezi* tend to understand elder involvement in positive or neutral terms, and were able to negotiate generational differences without drastically compromising their sense of agency. Those who had their in-laws involved experienced more overt conflicts and internal struggles with family elders, had less success to arrange *zuoyuezi* and early mothering on their terms, and put in more efforts to negotiate generational differences. I elaborate on this difference in the following sections, where I use women's accounts of their postpartum interaction with mothers and mothers-in-law, as opposed to parents and parents-in-law, to illustrate my points. While some fathers(-in-law) did participate in postpartum care, it was the mothers and mothers-in-law who were the main source of guidance, stress, or support.

Having one's mother around

My respondents showed much appreciation toward parental support. The prioritization of their dependence on their parents over their parents' dependence on them was one of the first things many brought up. They acknowledged the reversal of filial norms, where their parents assumed the role of caregivers at an age when "they should be the one enjoying being cared for". Indeed, like Yong-fang's mother, parental caregiving often begins before they are physically present in my respondents' home. They pre-cook food items, obtain Chinese herbs, or procure clothing for the baby. Many have to make arrangements to leave their lives behind temporarily. This means getting the prescriptions ready for the upkeep of their health and having other family members to handle bills and other regular chores. Coming to the U.S. also involves making sociocultural adjustments to linguistic and social isolation—more so for those whose children live in non-traditional ethnic enclaves—and everyday challenges in navigating the public space.

One's own mother is also often considered the best postpartum caregiving candidate. Shu-mei, Wei-wei, and Mei-yung, to name a few, contended outright that they could not imagine having anyone else in this role other than their mother. Mothers know their daughters in an intimate manner and are familiar with their dietary preferences and quirky habits. The recreation of family memories such as their mothers' home cooking and the two women's shared status as mothers makes my respondents appreciate the new level of mother-daughter bonding. It is very likely that those who seek out their mothers' help during *zuoyuezi* tend to have good mother-daughter relations already; hence not to suggest that women always benefit from their mothers' presence. But what I would like to point out is that among my respondents, the re-appraisal of mother-daughter relations and the recognition of parental reproductive labor shape how they view and approach the negotiation of generational differences.

Ping, for example, was visited by her mother from China to help her through the first few postpartum months. Ping's bladder was punctured during a scheduled C-section procedure, which in turn limited her physical mobility during her *zuoyuezi*. When I first asked whether she'd considered not do the month, she shrugged: "My mother is very traditional." Ping characterized her overall attitude toward pregnancy and childbirth as 'evidence-based' given her education in biomedical science in both China and the US. Doctor's recommendations and a diet defined by balanced nutrition were good enough principles guiding her through the process. "Keeping it as usual is what I believed," she said.

However, when her mother insisted that Ping put on indoor slippers that wrap around her feet to prevent exposure to coldness, and abide by water restrictions such as the prohibition against tooth brushing and hair washing, Ping did not try to defend her principles. I asked her about her thoughts on her mother's beliefs. She replied:

Old folks, with this *zuoyuezi* thing, they can't really give a rational explanation as to why we have to do this and that. And the bathing part, many people had problem with excessive postpartum sweating. I had the same issue. I never sweat so much my entire life. Cleaning only with towels became a bit unbearable in the end. So I asked my mom to have my hair washed at least. With the help of my mom and my husband, I washed my hair while in bed by positioning my head slightly outside the edge of the bed, just like what you get at a hair salon. After the catheter was taken out, I asked my mom to let me take a shower. And she agreed. At that point I wasn't sweating that much, and since the old folks still frowned upon it, I didn't do it daily. She was giving me a nice exception.

Ping tried to neutralize her potential transgression by gaining approval from her mother. It might appear that filial obligation underlies Ping's complaisance, where she felt compelled to defer to her mother in order not to violate the normative expectation of reciprocity; family elder's exceptional compromise of their authority should be returned with the limitation of one's self-determination. Yet, it is also true that Ping contextualizes her compliance through the recognition of parental support in postpartum reproductive labor especially given the loose social network they have in the US that does not provide strong enough support. She described her mother's caregiving as a 'gift', the meaning of which becomes apparent when the family elder's participation in *zuoyuezi* care is viewed as a gesture that does not fall squarely within the filial norms governing family relations through the life course:

It's not like [my mother] is still young. But she woke up at night to feed the baby so my husband and I could rest. She also had to prepare our meals... We are really grateful to have a family elder around.

Indeed, compared to mothers-in-law, mothers' filial authority seems less absolute and unquestioned. It shows through in the ways in which my respondents engaged in small acts of defiance. Yong-fang, Yi-ming, Anna, and Jane, to name a few, talked about their ostensible acknowledgement of their mothers' demands, yet subsequently took no further actions until the family elder gave up pushing. This passive resistance in the form of procrastination does not explicitly break their respect and recognition of parental support, yet at the same time preserves

one's self-determination. This perhaps speaks to recent studies on Chinese and Taiwanese societies that observe the weakening of traditional filial values in shaping intergenerational interactional norms (Sheng and Settles 2006).

In other families, the negotiation of generational differences entails more active attempts to reach for consensus among family members. In these cases, the mother of the birthing woman proactively aligned herself closer to the younger generation, which in turn shaped postpartum family care on positive terms. Take Shu-mei for example. Her mother, along with her father, travelled from Taiwan to help her do the month. The elder woman brought medicinal herbs and popular advice books on *zuoyuezi*, and cooked Shu-mei's postpartum meals based on the recommendations in the books. Shu-mei extolled her mother's 'research' into *zuoyuezi* to get the book that 'everyone knows about'. The older generation's willingness to be conversant of prevailing *zuoyuezi* norms was much appreciated.

In the area of baby care, the delegation of care in Shu-mei's household also has a collective character that entails older generation's reception to change. For example, she and her husband decided to put their baby on a fixed feeding schedule as recommended by an advice book written by an American pediatrician, who suggests that babies that learned to adhere to a regular schedule early on tend to be more independent and self-sufficient.³⁵ They created

³⁵ Shu-mei was referring to *baisuiyisheng*, which means 'the centenarian doctor' whose real name is Leila Denmark, an American pediatrician who wrote a book on baby care techniques in the 70s. Her structured approach was later adapted by mother-writer Madia Bowman in an English language book called *Dr. Denmark Said it: Advice to mothers from America's most experienced pediatrician* (2006). Although neither book garnered the level of popularity enjoyed by household names such as Sears, Karp, or the authors of *Baby Wise*, *Dr. Denmark Said it* was picked up by a Taiwanese woman whose husband was Bowman's nephew. After successfully trained her three kids using Dr. Denmark's method, she translated and adapted *Dr. Denmark said it* into Chinese. Published in 2006, the book, *What Baisuiyisheng Taught Me*, remains an early parenting bestseller in Taiwan and was later also published in China. The *baisuiyisheng* parenting approach runs counter to attachment, on-demand parenting. Instead of promptly responding to the baby's expressions of needs, *baisuiyisheng* focuses on training babies to sleep overnight, and devising a fixed feeding schedule like what Shu-mei was planning to do. As the author of *What Baisuiyisheng Taught Me* puts it, feeding on demand often produces exhausted mothers who don't have much recollection of their

elaborate tables and graphs to track the baby's milk intake, and were keen to train the baby to sleep overnight by the end of the first month. The teamwork required to achieve the consistency of baby care following expert advice was not a given:

[My mother] thought the job of a grandma is to spoil the child. But after she learned more about how we planned to do things systematically, she was willing to join us. 'It sounds like a really good idea,' she'd say.

In this case, there was a contradiction between traditional filial role—that of a grandparent—and expert-led baby care. The contradiction was resolved through transforming and redefining the meaning of grandparenting through emphasizing the merits of dominant scientific expertise.

Some family elders tap into their own peer network, sometimes a transnational one, to be informed and updated about *zuoyuezi* best practices. Yong-fang's mother obtained and exchanged information from friends whose children also live abroad and have become more Americanized. Anna's mother, who brought Anna and her siblings to the U.S. in the 1980s, got her education on the modern approach to *zuoyuezi* during a trip to Taiwan, where she visited Anna's cousin at a postpartum maternity center. Whereas Anna's first *zuoyuezi*, which happened before the trip, was at times characterized by small acts of defiance as mentioned previously, her mother was more willing to accommodate Anna's wishes the second time around.

Negotiating with in-law authority

Contrary to the experience of women whose mother was involved in their *zuoyuezi*, the presence of mothers-in-law seemed to have created more intergenerational tension. In turn, women tend to put in more efforts to negotiate differences and to avoid potentially detrimental

early mothering experience, and babies with less sense of security brought forth by having boundaries (2006). In other words, structured parenting is said to produce relaxed mothers, secured babies, and happy families. Several other mothers I spoke to also used this method. Like the other trends of parenting, *baisuiyisheng* has gradually lost its appeal in 2010s.

interpersonal conflicts. In the postpartum economy of care, the emotional cost incurred from receiving and coordinating *zuoyuezi* care seems to be higher for this group of women.

Patriarchal norms among Taiwanese and Chinese families are said to shape intergenerational and conjugal dynamics especially powerfully (Shih and Pyke 2010, Gu 2006). A married woman is expected to fulfill most reproductive labor in the household, where the mother-in-law is said to assume uncontested authority bestowed by the cultural ideal of filial piety. Among my respondents, the pressure was especially felt by those who cohabited with in-laws at the time of childbirth. Selina, for example, did not appear to fully comprehend when I asked why she decided to have her in-law, who lived with Selina and her husband, help her through the month. “Isn’t it what they feel they are supposed to do?” she replied, as if the notion of choice could not find a fitting place in shaping *zuoyuezi* care arrangements. Similarly, Kate talked about in-law involvement as a second-to-best scenario that was necessitated by reality rather than propelled by preference. By the time Kate had her first child, her mother had already passed. Having her in-law to help was thus an arrangement arising from the absence of parental support.

Like those whose parents were involved, it was common for women to characterize their interaction with the in-laws based on generational differences in *zuoyuezi* beliefs and approaches. Yet unlike their counterparts, the negotiation of these differences proved to require more work—often in the form of emotional labor dedicated to defusing tension and the maintenance of intergenerational hierarchy—sometimes at the cost of losing control over one’s sense of identity. Kate remembered her first *zuoyuezi* as a tug of war with her in-law on what constitutes ideal postpartum practices and mothering, as the family elder forcefully took over a large portion of

her child's care in the name of Kate's postpartum recovery. She contended that she did get to rest physically, but it was at the cost of emotional upheavals:

Mothers-in-law are after all not mothers. After my first birth, I had a hard time adjusting myself about this fact. Like breastfeeding. My mother-in-law didn't find it necessary. Both of her children grew up on formula, and she had this idea that breastfed babies will grow to be too dependent on their mother. So she was not too supportive of me breastfeeding. She encouraged me to rest, and only took the baby to me when it was nursing time. Other than that the baby slept and played with her. You know how I wanted to bond with my child, how I wanted to see her. But every time I got up she would tell me to go back to bed. So I'd go back to my room to call my husband. I told him, have I become a milk cow? That I can only see my child when she was hungry? My husband was like, my mother simply wanted you to get some rest... But I just had my first kid, how could I understand that? So I was in a foul mood often. She probably thought I had postpartum depression or something.

The tension between Kate and her mother-in-law was not simply produced by a deep intergenerational gap, where the two women held contradictory ideals of postpartum care and mothering. The tension was also co-produced by the seeming incontestable authority of the in-law that rendered the communications of personal needs and preferences difficult. As a result, filial authority seized overwhelming control over Kate's postpartum routine and early mothering. The domains through which my respondent defined mothering—bonding and breastfeeding—were closed off in the name of doing-the-month principles. In a sense, limited prior interaction with her mother-in-law due to the split family formation also skewed Kate's initial expectation of in-law involvement to be a mother-like presence. This expectation perhaps played a role in the difficulties Kate had with filial authority.

While Kate assumed a passive approach in the face of filial authority, others such as Selina learned to identify and adjust her priorities as she balanced the role as a dutiful daughter-in-law. Selina did not describe her in-law relations in negative terms, yet she adopted a very practical perspective toward intergenerational interactions. In-law's authority in the area of

household labor and decision-making was self-evident. In turn, she was clearly aware of what was expected of her during *zuoyuezi*—to accept her in-law’s offer of support wholeheartedly. She did not try to gain control over her postpartum diet, for example, and accepted everything her in-law prepared for her. This awareness of the boundary of filial role expectations also serves as a guiding principle with which Selina sought out her mother-in-law for support in postpartum care and shared mothering. Not wanting to risk her long-term health, Selina talked about an ideal *zuoyuezi* where she could clean herself with pre-boiled water. But asking her mother-in-law to help with the preparation work was out of the question: “Only one’s own mother would be able to do this.” As a compromise, Selina took up the task herself and preheated the bathroom before entering to shower.

Some started *zuoyuezi* with strained relation with the in-law, and subsequently developed strategies to shield themselves from further tension. Jing migrated to the US with her family as a teenager. She married a Taiwanese American man with similar background of family migration. For her *zuoyuezi*, Jing’s mother-in-law visited from out of state, only to be involved briefly because Jing gave birth later than expected. Afterwards, Jing’s mother, who also flew in from another state, took over. Having grown up in the US since high school, Jing likes the premise of *zuoyuezi* that focuses on postpartum repose, yet she takes the proscriptions with a grain of salt. When I asked Jing to describe her in-law’s support, she first provided a general suggestion for women to “know in advance who is gonna take care of you.” She contended that while *zuoyuezi* was a pleasurable bonding experience with her mother, it at the same time strained the relation with her mother-in-law:

She is Hakka descent, kept saying ‘this is what we did before’. But many things she wanted are simply not very feasible in the US. For example she insisted on getting freshly slaughtered chickens. I do know a place...but it is far, under [a] bridge...and she was afraid to go there alone. She asked for things beyond the

reasonable. What I can do within my capability I would try, but why would she ask others for help if she already knew that no one can actually do it?

Jing alluded to intergenerational dissonance—her mother-in-law’s strong attachment to home country cultural beliefs and her own liberal attitude toward *zuoyuezi*—to elucidate the root of interpersonal conflicts engendered in the temporary multigenerational household. This generational gap was further exacerbated by her mother-in-law’s unyielding refusal to accommodate the limitations of an immigrant family, in this case, the unusual and complex route one goes through to procure specific ingredients.

After a few unproductive arguments, Jing learned that what worked best is to minimize interaction with her mother-in-law while staying within the bounds of filial respect. On one hand, whenever her mother-in-law was around, Jing made sure the family elder had full control over how to interact with the newborn while she excused herself. On the other hand, when communication became necessary, ‘leave it to the husband’ was her guiding principle to manage potential conflicts. Her husband’s general approach, she explained, was to tease his mother for her inflexible, traditional thinking. For Jing, this buffering strategy worked because her husband’s small acts of defiance—dismissing his mother’s beliefs lightheartedly—would not be interpreted the same way if it had come from her. These strategies not only afforded her some peace of mind, but also helped maintain the clarity of her role. That is, she got to avoid behaviors that might be construed as transgression.

Strained relations with filial authority at times wane, which in turn lead to more intergenerational understanding. For Kate, it happened when the reality of caregiving kicked in after the birth of her second child:

With my second, I was very overwhelmed with the baby and the older one. Because we didn’t visit Taiwan much, the older one was attached to me more

although she did get some chance getting acquainted to grandma. Plus my mother-in-law is more traditional, a disciplinarian. So my older one came to me for everything, and I had less time for my little one. I have my mother-in-law to thank taking care of the small one.

While a sense of subjugation and emotional trauma seemed to define Kate's first *zuoyuezi* experience, the increasing demand of childcare prompted her to adjust how she related with her mother-in-law the second time around. Her in-law's traditional values were less a deterrent for communication but a piece of self-evident information that guided the division of childcare labor between the two women. Indeed, as will be described in more details later, the fact that her mother-in-law shouldered much of the reproductive labor made Kate more empathetic of where the family elder came from and appreciate her in-law's contribution to the family.

The above examples demonstrate that postpartum caregiving with one's in-law is often complicated by the friction between the filial obligations and domains of intergenerational differences. This friction can lead to heightened sense of constraints and emotional stress. However, women do not always submit to filial pressure completely; they engage in different strategies to adjust their expectations, deflect tensions, while maintaining their standing as a daughter-in-law.

Men's participation in *zuoyuezi* care

In the following sections, I consider the role of male family members in *zuoyuezi* caregiving. While the main focus is on spousal participation in postpartum maternal and infant care, I also briefly touch on the involvement of fathers and fathers-in-law. I explore how my respondents talk about men's participation in postpartum care, as well as their expectation of men's role in caregiving. In doing so, I will further discuss *zuoyuezi* caregiving's implications in

gendered division of reproductive labor. I focus on men's participation because all women I spoke to were in heterosexual marriages.

Accommodating the breadwinner

Generally speaking, when a woman's husband provided postpartum care, the participation tended to be in the form of quick, contingent tasks that did not call for sustained attention and regular presence. Things like cleaning, shopping, and taking the older kid to the park are commonly mentioned spousal responsibilities. Husbands also filled in for baby care sometimes, and a couple of spouses were more involved in their wife's care such as blow-drying her hair after washing, or preparing her special meals. With the exception of a few couples, especially those who did not have any additional help, husbands tended not to be the primary postpartum caregiver of the newborn and of the birthing woman.

In her look into predominantly native-born Canadian women's early postpartum care practices, Fox (2009) finds that despite the increasing demand for caregiving, the gendered division of labor among heterosexual couples persists during the first few postpartum months. Not only do women handle the majority of the baby care, in doing so, they also participate in the ongoing construction of paternity defined by breadwinning and by the notion of choice when it comes to fathering. At times, they go the extra mile to create an ideal domestic social and physical environment to minimize the disruption of their spouse's everyday routines and to encourage their potential involvement in caregiving (Fox 2009). The majority of the couples in Fox's study did not have help beyond the nuclear family—a caregiving reality that is quite different from the majority of my respondents'. Yet among my respondents, the husbands' tenuous participation in everyday reproductive care was also often explained and justified by the

evocation of their breadwinner role. For example, Selina remarked when I asked her about her husband's involvement:

He ran some errands like shopping for things. Since my parents were here, I told him to just focus on work.

The transfer of care to others outside of the nuclear family, in this case, older family members no longer engaged in paid work, helped stabilize the husband's breadwinner role in spite of the increasing demand for reproductive labor during the first postpartum month.

At times, the accommodation of the husband show through women's attempt to maintain an idealized notion of the domestic space, or to protect their spouse from being affected by (or at least delaying) the dramatic transition to parenthood. Such is the experience of Rose, a Taiwanese woman who decided to stay at a center largely based on her husband's preference:

I thought of hiring a *yuesao*, but my husband was picky. He doesn't welcome *wairen* in our home. So hiring a *yuesao* was out of the question, and we turned our attention to postpartum centers. Plus we did not know how to care for the baby so the center was a good option. My mom and my brother wanted to come over to help out. But my husband, again, he did not like *wairen* in the house. He was nervous about it.

What Rose could do about her *zuoyuezi* was constrained by the reality of conjugal relations. Her decision was primarily dictated by her husband's holding in high regard the sanctity of the nuclear family within a 'safe' domestic space. What she meant by *wairen* literally referred to 'people from the outside'. Her husband's strictly defined criteria for in-group membership excluded many people whose emotional and care labor was much needed.

It turned out that after two weeks of frustration with center care, Rose returned home to complete the rest of her *zuoyuezi*. At the time, her husband was taking a two-week leave to help her through the month. While his gesture was quite heart-warming, Rose pushed him to go back to work because the longer he stayed home, the more attention she had to divert to tend to his

needs, such as preparing for his meals. For women like Rose, spousal presence incurred additional reproductive labor rather than a source of instrumental support. The husband's symbolic participation in *zuoyuezi* without the reordering of gendered division of labor only exacerbated the already trying early mothering work. Rose's protection of her husband's wellbeing also showed through in how she managed everyday infant care routines. I asked whether she was the one doing baby care at home:

Yes. Also because my husband did not sleep well when the baby cried, I slept in the living room with the baby. Newborns have to be fed every three to four hours. What follows is turning on the lights, making sound here and there. So to avoid affecting everyone in the house, I slept in the living room with the baby.

Even when a spouse does in fact contribute to postpartum care actively, the notion that it is something 'in addition to' persists in women's narratives. Jia-jen, for instance, stayed at a postpartum maternity center mainly because it helped her avoid potential conflicts with her mother-in-law.³⁶ In addition to the meals provided at the center, her husband, who was in-between jobs at the time, spent more than an hour everyday making fish soup for her. Jia-jen attributed her postpartum wellbeing and sanity largely to her husband's daily soup delivery. An immense sense of appreciation was unmistakable when she recounted endearingly the smell of fish in her kitchen when she returned home. Yet her appreciation was also founded on an implicit acknowledgement that things might have turned out differently otherwise. If not because her husband 'loves to cook' and 'was not working', Jia-jen reasoned, the care that supported her psychologically and physically through the month may not have come through. Her remark conveyed a sense that instrumental spousal care can hardly be guaranteed or expected as a given.

³⁶ Chapter V provides more discussion on the role of consumerism in reshaping family relations.

Among my respondents, only a few cited instrumental spousal involvement even with support from caregivers outside of the nuclear family formation (I will discuss *zuoyuezi* caregiving only with the spouse in a separate section). Kit's husband was a busy professional working in finance. But whenever he was off from work or during the weekend, he was there helping Kit and their baby settle into their postpartum life even though they hired a *yuesao* for Kit's *zuoyuezi*. When Kit was at the hospital, her husband actively participated in discussions when the lactation consultant visited, and memorized all the recommended feeding positions. For Kit, accommodating her husband had a different meaning from others. She described her husband's feeling at loss at the baby's early biological dependence on the mother, which rendered the idea of fathering difficult to grasp despite his desire to nurture and bond. Consequently, Kit sometimes intentionally tuned down her personal opinions and reserved some 'mothering' tasks to her husband in order to help him establish his fathering identity.

Negotiating with parental authority

The husbands also play a role in the everyday negotiation of maternal and baby care between my respondents and the female elders. Jing's interaction with her mother-in-law, as is described previously, is a case in point. Her husband represented her to bargain with patriarchal authority in order for Ai-jen to preserve wellbeing, if not gaining some autonomy, during the postpartum period.

Another example is Ai-jen, whose husband became the middleperson through whom the two women competed for control over the process. Her mother-in-law insisted that Ai-jen follow a water drinking restriction, where she only allowed Ai-jen a tonic reduced from water and ginseng, as well as soups during regular meals, as her main source of liquid intake. While Ai-jen

in no way agreed with it, she didn't voice her objection, and complied at the presence of her in-law. Once, when she woke up in the middle of the night feeling a bit choked up from a dry throat, she asked her husband for his glass of water. Her request was met with resistance from her husband, who chided Ai-jen for breaking the water restriction. In this case, the spouse became the mother-in-law's collaborator to police my respondent's postpartum behaviors.

Yet this alliance was not a stable one. Ai-jen's in-law prepared traditional dishes consisting largely of animal offal, which Ai-jen considered to be excessive and antiquated. She thus enlisted her husband to help finish the food she felt obligated to consume:

My husband does not like pig knuckles, so he didn't have those. But he did help finish the kidneys because he liked them.

In these occasions, her husband participated in strategic interventions to ease the burden resulting from the imperative for her to be a good daughter-in-law, although it is also true that his partnership was discretionary, a personal choice. These vignettes show that husbands can play a key role in the enactment of various negotiating strategies in relation to filial authority. Their social positions as both the son and the husband render this role a dubious yet instrumental one that encroaches on spousal relations in some instances and enhances emotional support for my respondents in others.

Indeed, the division of postpartum care labor that effects instrumental spousal involvement can enhance a woman's experience of *zuoyuezi*. For her *zuoyuezi*, April's mother flew in from China, and her husband also took two weeks off work. During this month, her husband became the designated caregiver to represent the couple's parenting approach in their shared mothering with April's mother. During our conversation, I asked whether she has a baby care philosophy.

April: I don't really have one. I told my husband early on that he is in charge of baby care, however he wants to do it. He is more inclined to give the baby more structure. So he developed his own protocol on when the kid eat and sleep.

Yi: Why did you have this talk with him?

April: So that I can fully rest during *zuoyuezi*.

Yi: Was your mother on board with you guys?

April: They sometimes didn't agree with each other. But I didn't step in. All I did was resting.

Yi: What kind of disagreements they had?

April: Such as bathing the baby. Back in my hometown, the birthing woman and the baby don't bathe during *zuoyuezi*. But my husband thinks the baby should be bathed, everyday. So the final decision was to give him a bath once a week.

Yi: Did you have to play the mediator sometimes?

April: I helped a little bit reaching a decision, but I didn't share my opinion.

What I did was to decide on once a week after hearing their respective viewpoints.

Other than that the process was relatively smooth.

April delegated the negotiation of generational difference in baby care to her husband and her mother while she took time to rest fully during the month. In other words, she temporarily retreated from some aspects of her maternal role to give other caregivers more space to develop a strategy that befitted the circumstances surrounding postpartum maternal and baby care, while reserving the power as the mother-arbiter to reconcile differences. In this case, spousal involvement in negotiating parental authority was enabled and facilitated by both the husband's proactive participation and the postpartum woman's adjustment of the meaning of mothering.

Spouses as sole source of support

A few women did not receive help from additional kin members nor paid workers except for their spouse. This care arrangement tends to result from having unavailable extended family members and/or temporary financial strain. Whatever the reason, postpartum care involving only the nuclear family members is deemed quite unusual. A casual comment made by one of my respondents, Cathy, shed some light on the prevalence of a cultural expectation that associates *zuoyuezi* with collective care beyond the nuclear family formation. Cathy is a Taiwanese woman

who enlisted only her husband's help during her *zuoyuezi*. At the end of our conversation, Cathy reminded me to continue recruiting because her case was unusual. "The reason why I contacted you was because my case is really special. It was just me and my husband fooling around to make things work," she said. While this project's small sample by no means represents the full spectrum of postpartum experiences of Chinese and Taiwanese immigrant women, those who did *zuoyuezi* only with spousal help were indeed exceptions to the rule as Cathy observed.³⁷

In fact, Cathy did not consider herself a *zuoyuezi* non-believer. On the contrary, she had learned from her mother's experience that negligence during *zuoyuezi* can cost one's health dearly as she ages. Cathy thus wanted to do *zuoyuezi* more carefully than her mom did. However, life's circumstances posed some constraints. At the time of her childbirth, Cathy and her husband had no immediate family members available to help. Her husband, growing up Taiwanese American, had little trust in *zuoyuezi*'s purported effects, let alone knowing how to carry out its details. What Cathy meant by fooling around, then, was the couple's collective work to do *zuoyuezi* and baby care with the limited human resources and cultural knowledge they had. On Cathy's part, it also meant convincing her spouse of the importance and feasibility of *zuoyuezi*, adjusting her expectations on what constitutes a proper *zuoyuezi*, as well as coordinating postpartum reproductive labor so that it did not overburden both of them.

Take food preparation for example. Because cooking meals specifically for her postpartum recovery was out of the question, Cathy got a few *zuoyuezi* recipe books, from which she and her husband picked out dishes that both liked. Her husband then was charged with preparing the meals while Cathy did most of the baby care. At times, unlike other women I spoke

³⁷ While during the recruitment process I encouraged individuals with all types of *zuoyuezi* experiences to participate, the common perception of it as requiring social support might have discouraged some to share their thoughts. There is a possibility of self-selection bias in my sample.

to, dishes she consumed were based on her husband's personal preference rather than catering to the needs of the postpartum body. They had pig knuckles, for example, not because of its milk stimulating effects, but because her husband 'likes them and wants to experiment.' Cathy also relied on an acquaintance who was a doctor of traditional Chinese medicine to prescribe medicinal tonic that came in individual packets convenient for consumption. These steps of simplification helped reduce her husband's reluctance.

While Cathy's self-defined 'special case' resulted not from choice but from a lack of additional support, she described her experience largely in positive terms:

At one point I had plugged ducts. I was too afraid of pain to massage them myself. So my husband had his arms around me from behind [to do it]. His hands are big and strong. It was much more effective than me doing it myself or letting a *yuesao* do it. I really recommend that every husband help out this way.

Throughout our conversation, she frequently interpreted her doing the month without an extended network of support to be more rewarding than other care arrangements. The care relations engendered within the nuclear family and nothing else, were depicted as uncomplicated and intimate, although she had to make quite a few compromises regarding her original plan to do the month well.

Cathy's remark and experience show that Chinese and Taiwanese immigrant women can hardly escape the cultural expectation of *zuoyuezi* in evaluating the postpartum care they get. While Cathy re-calibrated the criteria to interpret care precarity as an opportunity to cultivate conjugal intimacy, not everyone in a similar situation was able to reinterpret their situation like Cathy did. Mu, a Chinese woman, also did her month with only her husband. Their parents having other obligations in China, the couple decided to handle newborn care and *zuoyuezi* themselves, a decision Mu later concluded to be too naïve. A lengthy and difficult birth left her

physically weak for the first few postpartum weeks—she didn't have much strength to walk, let alone holding the baby for a long time. As a result, her husband shouldered much of the baby care and cooking by taking few weeks off his full-time job.

Like other women, Mu wanted to follow some aspects of *zuoyuezi* for health reasons, yet she also felt obligated to share house chores whenever she could. She thus strategized to achieve both ends. For example, although dish-washing would violate the water contact prohibition, it was impossible for Mu to delegate it to her already-overwhelmed husband. So she made do washing dishes with hot water to prevent coldness from entering her joints. She also quickly learned to identify her postpartum priorities within the limitation of resources. The first one to let go was her own diet:

Making arrangements took time, and that was what we didn't have. And we couldn't afford hiring someone to do it. Some [*zuoyuezi*] items we knew, but could not follow through. If a dish took more than an hour to make, I just had to give up. I knew it would be impossible for my husband to do it while taking care of the child. So after one week I didn't even think about my food anymore. Having enough food was good enough.

For women who do not have the means to pool together support, the desire to adhere to the principles of *zuoyuezi* is inevitably hindered, and expectations need to be adjusted. Reproductive duties that are typically shared by multiple helpers fall back on the postpartum woman and her spouse. They opt for aspects of *zuoyuezi* that involve the least amount of time and extra labor, and can easily be adapted to fit their everyday reality. The specificities of particular prescriptions are also strategically altered to accommodate the needs of their spouse. While Cathy reinterpreted this seeming shortfall vis-à-vis *zuoyuezi* norm positively by invoking and stressing spousal intimacy unencumbered by tradition, others, like Mu, had to come to terms with the impact of tied hands and relative social isolation. In Mu's case, physical exhaustion

after a strained childbirth made it much harder, and the burden of care on her husband's shoulder also created tremendous emotional and physical stress:

Honestly we almost had a nervous breakdown, especially the first month. Because I was so weak, my husband had to care for both me and the child... On a good day, he perhaps could get one to two hours of sleep. It was actually dangerous because his ability to remember things declined drastically. Before, he was the one who could remember things the most. Now he became so forgetful. If I ask him to do something, he wouldn't remember it after a few minutes unless he does it right away... So we ended up hiring a nanny after a month. She was there until my baby was four months old when I began to feel better... However, we spent so much money when my child was born, and I was paying for lawyer fees for my green card application. So our savings were almost exhausted by that time.

Reenacting and reordering gendered division of labor

Scholars working on the gendered processes of migration often take interests in women's experience of empowerment and subordination. Paid employment may help women gain more autonomy in the household and in their community (Foner 2005). Yet employment does not necessarily result in the fundamental change in traditional gender ideologies in which women are situated. Some find that women do not have much control in the renegotiation of conjugal power relations even among those who earn a good professional wage and enjoy higher level of financial independence (Espiritu 1997; Zhou 2000). Women who occupy higher education status in the home country can also experience downward mobility due to circumstances of migration (Zhou 2000). In addition, male spouses' relative mobility and transnational contexts of shifting gender ideologies both shape the actual formation of gender strategies immigrant households (Smith 2006). Works that connect immigrant women's subordination within receiving society's social hierarchy further find that achieving egalitarian gender relations at home is not always taken as a priority. Mobility obstacles created by racism and classism often become a more immediate project of survival for immigrant families than the improvement of women's status

(Kibria 1990; Espiritu 1997). This seeming contradiction of empowering and disempowering aspects in women's experience after migration thus constitute the realities of immigrant women's life.

Given that the majority of my respondents came to the US to further their human capital, some of them juxtapose their initial career ambitions with their future options when reflecting on their transition to motherhood. Although the struggle to fulfill one's aspiration is painfully real, life in the US spells freedom and quality of life, for themselves and for their children. Home country norms and values often serve as the criterion for comparison. Mu, for example, embraces the new-found possibilities to define herself after coming to the US. Living and working in the US made her question and rethink the taken-for-granted virtue of her mother's generation who "never thought about themselves. It was always about the children and the family." Becoming a mother thus emerges as just one of the many satisfying ways to affirm and define herself.

Yet for others, motherhood marks the start of a retreat from making headway in their professional field. The discrepancies between career aspirations and opportunities open to them as immigrant women nudged some into taking a break from full-time employment. This work-family challenge produced by structural and social constraints in the US becomes more accentuated when women assess it using perceived home country societal norms as a reference point. For example, Susan, a Taiwanese woman who received a graduate degree in business from an American university, believes that a woman seems to be better positioned to enjoy work-family balance in Taiwan:

Life as an immigrant... No matter how much education you got, how much you've accomplished professionally, after you come here, many have to start from scratch. Sometimes you are stuck as a stay-at-home mom. Many of my friends feel the same way, and their husbands mostly have more time on their hands than mine! [My husband] works during the day, goes to school in the

evening, working six days a week, I sometimes feel like a single mom...In Taiwan, there is this push for both parents to work, double income families. A girl should have her own job, and you can leave the kid to the parents or in-laws. The environment would be happier. The quality time is good. Here, the result of being with your kid all day is that you are bombarded by numerous little things. Then if your husband is not considerate enough or he is also super tired, they won't be able to spend time with the kid for too long. It is so easy for your relationship to thin out. In Taiwan it'll less likely happen.

Due to the scope of this study, there is limited data to chart the trajectories of gender strategies among my respondents. The above vignettes provide some preliminary exploration of their sense of empowerment or disempowerment as the result of migration, and the discussions on spousal participation in *zuoyuezi* care do point to several emerging themes specific to this period.

In families that are able to activate the extended family network, the presence of family elders sometimes buttresses men's breadwinner status as mothers or mothers-in-law come to occupy the primary caregiver role. Women also tap into consumer options to minimize the impact of increasing care demand on their spouse during the postpartum period. In these cases, the reliance on the extended family as a caregiving unit and the transfer of care to paid labor go in tandem with the gendered division of reproductive labor, as exemplified by the experience of women such as Selina and Rose.

While spousal share of instrumental care may remain contingent for some, they do play a role in women's negotiation with filial authority. In cases where women confront intergenerational tension, especially with the mother-in-law, the position the spouse takes can effect divergent outcomes in a women's sense of empowerment or subordination in the filial structure. The experiences of Jing and Ai-jen demonstrate that a husband's role as the son helps legitimate acts of resistance against the authority of the mother-in-law, although women's control over their husband's alliance can not always be guaranteed. Ruby's experience also

shows that a husband's more integral participation in negotiating postpartum care partly rests on the conditions created by the birthing woman to facilitate it.

The older generation also brings gendered practices to the US. Take Kate for example. Her in-laws flew in from Taiwan for both of her *zuoyuezi*. Kate had her share of power struggle with her mother-in-law, but she at the same time recognized the female elder's extraordinary efforts to provide care at the expense of her own health:

My mother-in-law is very competent, the kind of woman who can handle all the household chores well. But of course that also means she is very headstrong. When I had my first, I sometimes had to get up at 4am to pump, and I'd find her also rising at 4am to cook for me. I told my husband when we had the second one that she shouldn't be in charge of my food since she had to cook for everyone else as well. It is just too much.

Contrary to her mother-in-law, Kate's father-in-law spent his time in New York to explore the city and its cultures. She characterized him as an adventurous person, taking the subway around town despite limited language ability:

Although his English wasn't so good, he was brave enough to order for himself at restaurants when he was out. But mainly it was my mother-in-law who prepared lunch for him everyday.

The poignancy of Kate's description lies not just in the fact that the care labor her mother-in-law put in during her *zuoyuezi* epitomized how patriarchy works to constitute women's identity largely based on their performance in the domestic sphere. Even Kate unwittingly, and given this particular context, perhaps understandably, defined her mother-in-law's competency in terms of her skills in domesticity despite the fact that her mother-in-law was a professional woman before retirement. What was also quite compelling is that despite the acknowledgement of her mother-in-law's overstretching herself, her father-in-law's overall disengagement from care labor was treated as unproblematic, and given a positive reading as 'adventurous'.

The relatively rigid division of reproductive labor of the parental generation at times got a reordering during my respondent's *zuoyuezi*. Like Kate's father-in-law, Shu-mei's father 'accompanied' his wife to visit their daughter and the baby. While Shu-mei's mother cooked, washed, and collaborated with Shu-mei and her husband to share baby care labor, her father's role was that of a traditional patriarch in the beginning:

My mom was busy taking care of us when she was here. But my dad was very bored. All he could do was to tell my mom what to do to take care of us. He wasn't very used to life here... We trained him to wash dishes and change diapers... He said he was too old to learn new tricks, but we teased him back, saying, life starts at 70. You are just about to start your life! You should learn more!

Shu-mei contended that her father, despite the 'training', did not pick up the tasks very well. However, childbirth did afford the extended family a chance to reexamine previously unquestioned basis of gender relations. To some degree, her father's relative isolation from home country social networks also helped facilitate this resocialization to happen. Removed from familiar social ties and the activities that come with them, he had no other choice but to stay at his daughter's place to participate in caregiving.

Infant feeding during *zuoyuezi*

While some of my respondents delegate postpartum baby care to kin caregivers, there is one thing that increasingly comes to define good mothering that seems to be irreplaceable: breastfeeding. As many women hope to have a month of postpartum repose, it is easy to speculate on the potential conflict between rest and breastfeeding, as the two seem to demand the complete opposite from the maternal body. In fact, when a 2015 *Bloomberg* piece reported on China's stagnantly low exclusive breastfeeding rates, *zuoyuezi* was the first thing identified as the underlying factor:

The cultural expectations surrounding this practice tend to shift the burden of feeding away from the mother. In bygone days, families that could afford help would hire wet nurses to spare a resting new mother the labor of breastfeeding. These days, a can of formula suffices.³⁸

In this article, the persistent use of formula feeding in China is said to have resulted largely from Chinese women's postpartum beliefs. In this portrayal, the baby's needs are depicted to be deprived by a woman's culturally informed beliefs. In North America, research in health-related fields also often cite Chinese traditional health beliefs as the main explanatory factor behind low breastfeeding rates among Chinese immigrant women (Lu and Racine 2015).

Indeed, as I covered in the introductory chapter, attributing *zuoyuezi* as the primary factor behind low breastfeeding rates represent cultural determinism and an ahistorical perspective. By most accounts, breastfeeding throughout history had been the self-evident thing to do to keep the child alive. Its decline in China and Taiwan was a relatively new trend after the onset of the twentieth century. The drop, which accelerated in the second half of the twentieth century, was intertwined with a variety of factors. Hospitalized childbirth, the popularization of infant formula due to geopolitical and commercial factors, and the rise of scientific motherhood, have all been argued to contribute to declining breastfeeding rates (Chung 2006; Gottschang 2007; Cheng and Cheng 2010; Huang 2012; Gong and Jackson 2012).

While the experiences of the small pool of respondents included in this study can not be used to draw definitive conclusions on the correlation between the practice of *zuoyuezi* and breastfeeding rates, my respondents' account on their infant feeding practices do reveal several themes that challenge and complicate such assumption on Chinese immigrant motherhood. On one hand, beliefs and practices related to *zuoyuezi* does shape how women feed their baby. Yet at

³⁸ <http://www.bloombergview.com/articles/2015-04-22/china-s-growing-breastfeeding-problem>

the same time, almost all of my respondents do not equate postpartum repose with the termination of breastfeeding. Instead, even though rest and attention to the postpartum body is considered an important *zuoyuezi* element, they do strategize to give their baby breastmilk as much as possible.

All the women I spoke to intended to breastfeed. While the experiences vary quite widely in terms of the level of comfort, feeding method, and duration, they all made attempts to do so. There was a common understanding that despite the availability of other options such as formula, which quite a few of my respondents used at one point, breastmilk unquestionably comes as the foremost priority:

It is what they call mommy nature. I believe every mother is like that. You want your child to be fed well. So I pushed hard to produce breastmilk. (Yiming)

I planned to *weimuru* since before giving birth. (April)

I never considered not *weimuru*. I do it as long as I have milk. (Ruby)

I didn't know much. I just thought I'd do it for as long as I can. (Helen)

For most of my respondents, breastfeeding is, if not a biological impulse, a natural aspect of being a mother, as is clear in Yiming's remark. They also understand the nutritional benefits of breastmilk, how it is good for their children's physical and mental development. It is, in short, an obvious decision any good mother would make to ensure the healthy development of her children. However, as the last two statements also imply, some also feel that that breastfeeding, however natural or beneficial, can not be taken for granted. Producing and feeding breastmilk was often described to be a process mired with uncertainties, discomfort, and stress. A woman's lactating body, in other words, is not necessarily reliable; it is a body that needs to be worked on.

Working the breasts and beyond

As demonstrated previously, the lactating capacity of my respondents' postpartum body is not something they take for granted. Many do not equate the physiological changes of their breasts with successful feeding outcome. In reality, they talk about encountering various struggles with lactation. The overwhelming frequency of feeding the baby needed, for example, is often mentioned as one of the first things that brought into focus that breastfeeding is more 'work' than 'pleasure'. In addition, their lactating body is a body that needs to be worked on, to be conditioned, and to be monitored with care. Perhaps not surprisingly, many of them talked about prepping their body to gain primal conditions for breastfeeding through purposeful and selective eating. Dishes that frequently appear in popular advice books, circulate in mass media, and in everyday talks found their ways into my respondents' postpartum diet. Pig knuckles, fish soup, malt drinks, chicken soup, soy milk, lecithin, green papaya, Mother's Milk tea, and an herb called *tong-cao*³⁹, were just some of the common items mentioned. They also avoided milk inhibiting food such as Asian chives, barley, or any vegetables and fruits with a cold property. In addition to food-related practices, my respondents provided a trove of interventions they tried to make their breasts 'work'. Massage, heat treatment, breast 'masks' made of dough or cabbage, or breast 'brushes' made with scallions. A minority (two) sought advice from a lactation consultant. While most of them stopped taking *zuoyuezi*-specific food that nourish the maternal body after the first postpartum month, many continued to purposefully adhere to breastfeeding-related dietary proscriptions and prescriptions. Kate's remark below captures such tremendous effort to make the breasts work:

³⁹ According to Wikipedia, *tong-cao* is known as *akebia quinata*, or Chocolate Vine.

I had lots of pig knuckles soup cooked with peanuts. I also got some milk inducing tea myself. Anything with alleged milk inducing effects I was willing to try. Anything with alleged power to inhibit milk production I avoided.

The effectiveness of these interventions, however, is often elusive. Many talk about a tireless, if not frustrating, trial and error of different things to boost and sustain milk flow:

How should I put it? [The experience was] up and down. It started off great. I even saved some. But the supply dropped at one point, and I exhausted all the reserve in the freezer. I was so nervous I even got some formula just in case I really had no milk. My friend recommended that I have oatmeal, or take a product called More Milk Plus. Later, my milk came back just when I decided to switch to formula. Before that point I mainly bottle fed. After this incident, I breastfed him at least once a day, because it's supposed to stimulate production. (Yong-fang)

I got swollen breasts in the beginning mainly because I had one bowl of pig knuckle soup. Later I learned not to have greasy stuff. I breastfed for one year the first time, and they were plugged every other day. I don't even know how I managed to get through the first few months. It wasn't until when I found a way to un-plug did I start to feel relaxed. (Yi: How did you figure out what to do?) Experience, period. The plugging was so frequent that in the end I could tell which opening to target. I just got so experienced. I tried everything that I could find on the Internet. Heat treatment, massage, but nothing really worked. I got a bit depressed indeed. (Weiwei)

Both women above set exclusivity as their breastfeeding goal albeit through different methods—Yong-fang incorporated expression early on, while Weiwei did exclusive at-breast feeding. Despite the emotional toll it takes to ensure exclusivity, both women charged through the process nevertheless to make their breasts work. For Yong-fang, it meant maintaining diligence to keep track of her breastmilk production, and building a steady reserve as she pumped. For Weiwei, it meant the persistent and detailed assessment of her own body to the point she proclaimed being an expert to herself. Yet even though she has become 'so experienced', the notion of the unpredictable breasts remains. When Weiwei and I spoke, she just had her second baby two months prior. The plugging issue that haunted her didn't seem to happen as much the second time around. But she was reluctant to get her hope up. This sentiment

is shared by Yong-fang, who, even as the milk flow started to rebound after a scare plummet, remained vigilant in search of a strategy to maintain the supply. Success seems hard-won and tenuous.

The success of breastfeeding also required efforts beyond the management of one's lactating body. One has to be aware of, and able to manage, institutional practices to which one is exposed. Jing, for example, did at-breast feeding for both of her children. Yet the process was much harder with her first child. The bumpy journey could not be simply explained as part of the steeper learning curve experienced by most first-time mothers. Rather, she pointed to the ability to assess and exploit institutional practices in facilitating a woman's transition to motherhood. Jing recounted her failure to initiate breastfeeding during her first hospital stay. At the time, a lengthy labor led to an emergency C-section, which resulted in a longer stay in the recovery room separated from her newborn. It also meant that the baby was first given formula by the hospital staff, which made Jing's subsequent efforts to breastfeed much harder. She described the changes she made when she had her second child, also from a C-section, in order to ensure exclusive breastfeeding early on:

The second time I knew that they only let you to go back to the regular room if you can move your toes. That is one of the criteria that determined someone's recovery from anesthesia. So I made an effort to work on that. Also the ability to urinate on your own, to walk around the unit on your own. In the end I think I was the last one entering the surgery room but the first one to leave the recovery room. I was experienced this time. I also specifically asked the nurse to bring the baby to me to be breastfed.

Jing attributed her bumpy path to exclusive breastfeeding to the lack of knowledge of hospital protocols. The temporary yet critical separation from her first child became her first obstacle to breastfeed, which she believed could have been prevented if she had known how to think with

the institutional logic in order for it to work to her advantage. In the process, she learned the craft of self-advocacy against the lack of institutional support.

Enlisting technology

When women talked about feeding their infant, they often use the term *weimuru*, which means feeding breastmilk in Mandarin-Chinese. It can mean both feeding at the breast (*qingwei* or *xiongwei*) and bottle feeding expressed milk (*pingwei*). In fact, *pingwei* is quite commonly practiced among my respondents. At least 14 bottle-fed breastmilk at one point either exclusively or in conjunction with at-breast feeding. Most of them did not wait until returning to work to express as an alternative to at-breast feeding, but started expression early in the process.

Research done on breastmilk expression find that some women's decision to do so comes from an intention to enhance paternal involvement or to retain some personal time away from mothering (Van Esterik 1996; Dykes 2006,). Among my respondents, treating breast pumps as a liberating technology was also a prevalent theme. Some swore by the pump as 'the best thing to have...that gives you all the freedom'. Those who had to return to work relied on pumping to continue feeding breastmilk as their maternity leave came to a close. Pumping was also used to facilitate co-mothering among kin caregivers. Kit, as noted before, expressed breastmilk as part of her effort to accommodate her husband's desire to define his paternal role through infant feeding. Others did so to preserve a sense of self while extra support was on hand:

[I pumped] because I could rest a little. Plus my mother was here. She could wake up at night to feed him for me. All I needed to do was pumping it out. We are still doing it now. My husband could help me after work, or my parent-in-laws when they visit during the weekend. They could take over and let me go out without being tied down. It works well except there were plenty of bottles to wash. (Yong-fang)

When I spoke to Yong-fang, her son was almost six months old. She started pumping soon after giving birth at the suggestion of her mother, who was the main caregiver during her *zuoyuezi*.⁴⁰ She found her mother's advice to get the baby used to the bottle helpful. For her, the use of milk expression in coordination with kin caregivers resolved the potentially contradictory needs of the infant and the mother. It in turn helped her preserve some sense of self and quality of life. Anna was another mother who talked about the role breast pumps played in the delegation of postpartum shared mothering:

[When I had my first] I tried pumping for one month. I did not produce enough milk. I had to mix in some formula. So I gave up soon. The second one, my friend lent me her electric pump. It became so much easier and faster. My son was feeding once every three hours. Let's say he needed to be fed around 2:30, I'd get up fifteen minutes earlier to pump and prepare the bottle. This way, my family could help feed the baby as well. (Anna)

Both Yong-fang and Anna incorporated technology at the suggestion of people in their social network—the mother and a friend who's a mom. What Anna highlighted in her remark was not just how technology became an integral part in the facilitation of shared mothering. It at the same time constructed technologically assisted feeding to be more effective and hazard-free compared to at-breast feeding. The feeding issue produced by ineffective expression was tackled through a technological *upgrade* rather than connecting the infant with the breasts. This incorporation of expression also served as a constitutive component in Anna's wish to manage feeding with a fixed schedule, which was not an uncommon practice among my respondents. Yong-fang's mentioning of 'all I needed to do is to pump it out' implied that the labor involved in infant feeding was at times viewed through a utilitarian lens, pumping is depicted as a more efficient, streamlined means to feed breastmilk without surprises.

⁴⁰ She did increase at-breast feeding frequency at one point. More on that later.

Pumping can also be a means to control the chaotic postpartum body. Breastfeeding women are known to experience a variety of discomfort associated with the changes of their breasts. Having breasts that are now engorged, leaky, and in general uncontrollable is a powerful sensation that challenges and disrupts a woman's established sense of embodiment (Schmied and Lupton 2001). Several of my respondents indeed talked about their milk producing breasts in similar fashion. They characterized their body to be unpredictable, messy and embarrassing. The pump was an effective tool to manage their postpartum body and to make it neat again. Another way through which a woman feels threatened in her breastfeeding experience comes from the feeding baby. Balsamo et al (1992) found that babies' demand for milk at times are described to encroach on breastfeeding women's sense of self. This notion of encroachment was also brought up by a few women. Kate, for example, recalled a sense of helplessness during her attempt to 'catch up with' her baby's seemingly insatiable appetite:

My second one was quite outrageous. She could have four ounce in the first month. Usually newborns don't have that much. So I was quite stressed trying to pump.

Interestingly, even those who had relatively pleasant experience with at-breast feeding talk about technologically assisted feeding as something that 'should' work. Cathy, the woman who characterized her *zuoyuezi* as a month of 'fooling around' with her husband, breastfed her baby exclusively at the breasts:

I have no idea why I was never able to use the breast pump. Nothing came out of it. Perhaps we just don't have chemistry together. Once I turned it on, even my baby started to cry. I guess she was not happy about something competing for her mom's breasts. So since the beginning I just direct feed.

Not using a pump, in this case, is described not so much as a voluntary decision based on personal preference or beliefs. Rather, it was the result of a mysterious mismatch between the maternal body and the machine. In other words, there was a sense that her body failed to respond

to something that's supposed to work universally on every woman. Brining up Cathy's remark, I by no means try to insinuate that Cathy felt bad about not being able to use the pump. In fact, as one of the few women who felt comfortable doing at-breast feeding, she deployed very moderate language to articulate her positive experience. However, her remark does demonstrate the overwhelming incorporation of technology in infant feeding as a point of reference—that the assemblage of the pump and the breasts should have the 'chemistry' to ensure successful milk production.

While pumping is believed to liberate women from being tied down by at-breast feeding, or as a tool to coordinate shared mothering, the object-mediated experience of milk expression at the same time frames a woman's perception of their success, and more often, failure to feed breastmilk. Similar to the findings of extant research on breastmilk expression, my respondents who expressed tend to understand their milk production through objective, disembodied language (Van Esterik 1996; Avishai 2004; Dykes 2005). They evaluate their baby's feeding status using quantifiable measurements of supply and demand. They describe the progress of infant feeding through statements such as 'my child could eat about four ounce, but I could only produce about two' or 'in good times I could go up to 120cc.' While this disembodied language of production is often deployed as a stand-in for my respondents' anxiety over good mothering practice, its objective quality nevertheless becomes one of the few knowable things in my respondents' struggle to become a mother. As Sally explained:

I have a big baby. He eats more than 100cc. So I have to supplement with formula milk...I do not really insist on breastfeeding, same goes with some of my friends. Because it is really a lot of work even with help around. Like me, having a fever for the past few days, trying so hard to pump despite the plugging. I really want to give up sometimes. I thought I could do it for six months. But now I don't think I can make it past three...But I believe there are merits to pumping. At least I know how much my child had. My friend who does *qinwei* said it lasts longer, but I don't think it is always the case. There must be other ways [besides

qinwei], like half and half? Because there is no point to *qinwei* if no one can persist for that long. No one knows how to be a mom right off the bat. I at least know how much I gave my child. This gradually makes me feel more hands-on as a mother.

Sally spoke frankly about her frustration feeding her child breastmilk, and the proclaimed superiority of at-breast feeding that seems all too idealized in her view. Struggling with a body that no longer seemed her own exacerbated the helplessness she already felt having a demanding, hungry child. Amid the dominant discourse of exclusive at-breast feeding that seemed to create an insurmountable task, she emphasized expression's predictability as a source of comfort for her personal development as a mother.

While commodified care settings are the focus of the next chapter, it is worth noting that the institutional logic of these settings also shape women's decision to express breastmilk. Several women who stayed at a *zuoyuezi* center talked about their incorporation of a breast pump as a part of their effort to participate in the streamlining of baby care at the center. Because each care worker had multiple babies under her (yes always a woman) charge, the center adopted a fixed feeding schedule to increase efficiency. Although postpartum women could bring their baby into their own room to be breastfed, which many did during the day, they also pumped for the center workers to do nighttime feeding. Respecting the center's protocol in delegating care was one of these women's ways to ensure good care of their baby while they stole some time to rest.

Looking to formula

While women such as Yong-fang and Weiwei managed to persevere through the process to maintain exclusivity to meet the recommendation of health professionals, others eventually came to terms with the introduction of formula. At least 15 women introduced some infant

formula in conjunction with breastfeeding during their *zuoyuezi* and beyond. One formula-fed exclusively. While many continued to use formula to supplement breastmilk or eventually switched to formula feeding, some worked their way into exclusive breastfeeding eventually, after trying and persisting for up to five months. Most women were aware of the prevalent nutritional factoids that constitute the insufficiencies of formula milk via-a-vis breastmilk. Formula was described as ‘lacking important antibodies that breastmilk has’ or ‘easily makes the baby constipated’, for example. Given that the vast majority of the women were situated in an ideological landscape favoring breastfeeding to be not only natural but also the better choice to make, the introduction of formula thus raises questions about their decisions to switch against the call, often a moralized one, to breastfeed. My respondents’ articulation of their decision, as will be shown below, not only illuminates the normative contexts within which they learned to mother, it also demonstrates the strategies they deployed to make sense of the inclusion of formula feeding.

The most common reason for women to adopt formula was the perception that they did not produce enough breastmilk. Perhaps not surprisingly, all women who found themselves under-producing mainly expressed milk out to bottle feed. They described their bodies failing the baby despite their best efforts to boost production in every possible way:

I don’t know why but I did not have enough milk. So I thought about increasing supply all the time. My mom told me to have fish soup. I also had a lot of malt drink, soy milk. But none really help. I even went see my doctor, who recommended something to me...I can’t remember what it was, but it’s supposed to help with breastfeeding. It did not work either. (Rose)

Here, women constructed their body as a postpartum body that not only failed to fulfill its lactating capacity, but at the same time did not respond to efforts of augmentation. The

under-performing body was made more evident by the fact that biomedical interventions brought on by healthcare experts were not successful to reverse the problem.

When women recounted their introduction of formula, they often felt compelled to justify the decision against a perceived norm within which they did not fit, and to allude to their involuntary role in becoming/inhabiting this deviant body. For example, some tried to unpack the mysterious workings of their under-producing breasts as the product of *ti-zhi*, the innate constitution of the body. Terrie, for example, articulated her failing body against the supply-and-demand mechanism that undergirds the normative knowledge of breastfeeding that she was well-versed in:

People say there is no such thing as not having enough milk. As long as you feed, there will be milk. But somehow I believe there is such a thing as *ti-zhi*.

Others pointed out that focusing on their lactating body is not enough to make breastfeeding work. External factors beyond their control also shaped how well breastfeeding could go. For example, the process involves the sucking baby, whose response to the breasts can not be predicted:

My mom had plenty of milk. That's what really bothered me. I really would love to breastfeed and couldn't help feeling frustrated. Plus [my baby] doesn't take it well either when breastfed. He would suck a bit, then give up, then start to cry.
(Rose)

In these remarks above, the postpartum body or the baby was constructed to possess a certain level of autonomy that shapes the outcome of feeding. For Terrie, it is the biological blueprint of her body that in a way pre-determined how her breasts worked in spite of extraneous efforts of augmentation. Rose's transition to formula, on the other hand, was partly dictated by the anxiety toward interpreting her baby's signs of distress and over 'starving' her child. To some extent, the

puzzling disjuncture between her supposed inheritance of her mother's *ti-zhi* and the actual challenges she had further solidified a sense of failure that discouraged her from persisting.

The incorporation of formula to supplement breastmilk is also portrayed to contribute to the eventual wellbeing of both the mother and the baby. Because formula is believed to be more filling, it is used during nighttime feeding as some women's effort to train the baby to sleep overnight. Others talked about the emotional toll created by the pressure to breastfeed that can undermine a woman's sense of self, and in turn, her confidence to mother:

I accepted [that I didn't have enough milk] early on, and never pushed myself too hard. My husband said, it is okay to feed formula. By the time the first month was about to end, I wanted to give up already. I had been trying hard for a few weeks. But it just kept me in a very bad place. My waist was all crooked like a shrimp. My husband said, it is okay, formula is okay. [My *yuesao*] mumbled that she's cooked me everything, how come there was no milk. I felt bad to hurt her feelings. She took care of so many women before and none was like me. I pumped really diligently for about 1.5 months... I managed to get to about 100cc. It was barely enough for my son. I admit that I skipped nights at times because I got lazy. But I did it during the day. In the beginning I could only do 5cc. You know what that means? That means if you put it in the fridge it'd dry up... I didn't want to push myself too hard. It was much healthier emotionally. (Biyu)

Although Biyu claimed to be relatively amenable to the idea of formula, she nevertheless relied on the support from her caregivers to justify her decision to switch. Her expression of guilt toward her *yuesao* also showed the extent to which a birthing woman feels accountable for her feeding decisions. She not only shouldered responsibility in her role as a nursing mother to her child. She at the same time felt obligated to look after her caregiver's sense of self through constituting a positive experience for the latter.

For those who did at-breast feeding, the sense of urgency engendered through the industrial language of production, as is vividly described by some of my respondents, was absent. When they did give up on breastfeeding, however, they talked about their body failing to keep up

with the multiple mothering tasks on their own without additional assistance. In other words, the adoption of formula was the necessary compromise one has to make to keep functioning as a responsible mother. In this sense, formula feeding reflects more than anything the isolation a woman experiences while juggling through the first months of motherhood. Such is the case for Helen, who did her month without much support besides her husband's involvement outside of work:

I wanted to continue breastfeeding. But because I was the only one taking care of my child, I got so tired. I just eventually switched to formula.

This notion of formula as the best possible option amid various limitations is shared by women who experienced severe postpartum trauma. As described previously, Ping was heavily medicated postpartum due to a punctured bladder in a C-section. Breastfeeding, however pertinent to the long-term health of her child, was not an option:

I discussed it with the doctor. I was constantly on medication because I had a car accident before. So my doctor recommended against breastfeeding. Plus the complications I had during labor put me on more meds. So I followed the doctor's professional advice. If these events had not happened, I personally would have chosen to breastfeed. But the circumstances weren't right, so I chose what was best for my child. Of course there were some regrets, which I had no control over. For my baby, feeding him breastmilk would have been worse than me not breastfeeding. So I did what was beneficial to him.

Ping believed that her maternal body was made unsafe as a source of nutrients for the baby; an idea that was further confirmed by a medical expert, whose knowledge base she always found trustworthy. She had very little doubt that breastfeeding's cultural meaning as something valuable for the infant no longer holds. In this case, a decision that would have otherwise been viewed as maternal deviance actually highlighted her motherhood. A good mother is a mother who knows not to risk the health of her baby. In addition, once they decided to do formula feeding, institutional practices shaped my respondents' consumption decisions. The brand of

formula that was distributed at the hospital often is one of the main, or sole, criteria for subsequent brand selection. In these cases, institutionally sanctioned products helped ensure my respondents of their personal consumption choices for their children.

The introduction of formula feeding also resulted from intergenerational negotiation. A few women mentioned family elders' push for formula feeding 'so that [the mother] can rest' as a source of their struggle to gain control. Anna, for example, did not consider formula at all when it came to infant feeding. Yet this insistence was not approved by her mother:

When I pumped, my mother was like, no one in *zuoyuezi* spends so much time getting up [from bed]. Why are you spending so much time pumping? This is not good for your waist. Well I think I felt that. Once, I tried to get up and change my daughter's diaper, and I did sense that my waist being weaker. So I gave up on insisting and let my mom feed formula for me sometimes.

In cases like this, the inclusion of formula as another type of infant food occurred in the context of negotiating maternal and infant needs during *zuoyuezi* with family elders. Older generation's experience with formula feeding's normative status collided with the dominant ideology of breastfeeding of the present day to produce intergenerational tension. While Anna introduced formula to synchronize with her mother, others such as Kate responded to the push of elder authority to formula-feed by augmenting her effort to pump breastmilk, often at the expense of her own emotional wellbeing.

Women understand breastfeeding to be both natural and important. It is at the same time experienced as work that involved first a sense of estrangement from one's body, followed by a series of trial and errors to make the lactating body work, if it worked at all. This means subjecting the body to a myriad of dietary regimens and physical interventions. The advices and information women seek are not exclusively informed by *zuoyuezi* teachings, but also

incorporate elements not unfamiliar in American dominant culture. To evaluate the accomplishments and frustrations over breastfeeding, women use disembodied language of scheduling, measuring, and producing that parallels the ideology of technology, where the logics of efficiency, rationality, and control take over to define childbirth (Rothman 2000; Simonds et al. 2007). This dominant ideology of technology forms the breastfeeding worldview of many women, especially those who adopt expression early on.

Chapter Summary

It perhaps is too much of a cliché to bring up the saying ‘it takes a village’ to suggest the importance of postpartum care for birthing women and her baby. It certainly takes a village, no doubt. What this chapter illuminates more specifically is that the people constituting that village make a difference in how women understand the quality of care, and the making of their *zuoyuezi*. For most women participating in this study, *zuoyuezi* means forging various social relations with family members, both voluntarily and involuntarily. The performance of social roles such as a daughter, a daughter-in-law, and a wife thus intersect with *zuoyuezi* practices to constitute the postpartum period as a time where expectations of these roles are intensified and scrutinized. Not surprisingly, women who did the month only with their spouse struggled with the lack of help and relative isolation, and made necessary compromise in *zuoyuezi* practices to maintain the cohesion of the nuclear family formation and to prioritize mothering.

Several scholars have pointed out that when it comes to the analysis of Asian immigrant families, there is an intellectual tendency to interpret everyday family dynamics primarily through the lens of culture, as if ethnic values such as filial piety determine the interactional patterns within these families (Ishii-Kuntz 1997; Shih & Pyke 2010). They challenge this

monolithic view of Asian immigrants by showing that family practices are more than the exclusive product of cultural ideals (Lan 2008; Shih and Pyke 2010; Sun 2012).

I demonstrate that power relations with family elders that may otherwise be sheltered by social and physical distance become more urgent. But the assumption of family elders as the staunch herald and/or absolute arbiter of traditional cultural values and /or postpartum care authority does not hold true. Women's negotiation with parents over generational differences in *zuoyuezi* beliefs tends to be more flexible. Compliance to parental authority despite their traditional views is often offset by the recognition of parental involvement and sacrifice, and the recreation of existing affective ties. In some cases, the weakening of parental authority seems to go in tandem with the intergenerational transmission of prevailing forms of *zuoyuezi* knowledge from the children to the parents. In-law's involvement in *zuoyuezi* care, however, tends to be much less transparent and flexible. Perceived filial authority shapes women's compliance, and calls for additional emotional labor to stabilize and maintain *zuoyuezi* care relations that fit the filial kin scripts.

Postpartum care giving is also gendered. While husbands and male elders do provide contingent care, mothers and mothers-in-law are the main collaborators, caregivers, and authority figures. Limited spousal participation is accommodated through invoking the breadwinner trope. The unequal expectations on male elder's contribution to *zuoyuezi* care also preliminarily show that the absence of breadwinning after retirement does not necessarily reorder the gendered characteristic of family care work.

In this chapter I also touched on infant feeding practices as a part of the discussion on family caregiving and mothering. Contrary to what is argued by some media outlets and studies in health, engaging in *zuoyuezi* is not incompatible with breastfeeding. Women also do not tend

to view their breastmilk through the cold-hot system, and in turn, distrust the quality of their breastmilk accordingly. However, similar to other studies on breastfeeding, many do feel insecure about the milk producing capability of their body, and define their success and failure through objective, disembodied measures. The lactating body is almost always constituted—through both the use of expression and the adoption of various *zuoyuezi* or non-*zuoyuezi* interventions to boost production—as potentially inadequate and on the verge of falling behind.

The struggles women had in breastfeeding despite having help around raises questions on what constitutes good care. It shows that the quality of postpartum support should not be limited to the practicalities of caregiving. Of course, feeding positions, unplugging methods, and dietary regimens are all things that help women feel supported. They are the everyday things that form the basis of mothering, of care, and of being cared. Yet at the same time, these technicalities are often buttressed by the normative expectations of management and control, and on the flip side, the fear of uncertainties and unknown. I would like to propose that postpartum care would most make sense for women if it is attentive to this notion of fear and if it enables women to feel safer living with the unknown.

CHAPTER V

CONSUMING PAID CARE

Paid care in the context of *zuoyuezi* warrants separate analytical framing due to several unique aspects. The variety of care arrangements, from live-in *yuesao*, the group care setting of a *zuoyuezi* center, to *zuoyuezi* meal delivery services, presents new questions about the location of care, the expertise of care worker, as well as the care relations formed between the birthing woman, her child, and the worker. This chapter touches on the consumption of paid care and the care relations formed in the context of *zuoyuezi*. I look deeper into women's decision to transfer postpartum caregiving, which is traditionally done by kin members, to commercialized care arrangements.

I first present a brief survey of the commercialized *zuoyuezi* care landscape in Asia and the US, using New York City as the primary example. I highlight the ways in which the idea and elements of commercialized *zuoyuezi* are depicted, framed, and deployed by dominant institutions and ethnic businesses alike. I will also touch briefly on some of the relevant developments of commodified *zuoyuezi* care in Taiwan and China given that immigrant women in the US often talked about *zuoyuezi* consumer marketplace in the home country.

Following this survey, I will explore immigrant women's decisions to go for commercial arrangements. What are the main considerations and significance of having access to and utilizing paid *zuoyuezi* care? How do they understand the services and relations rendered in various care settings? I will conclude the chapter with an exploratory discussion of the care workers' experience, using *yuesao* as an example.

Paid care in transnational and local contexts

In this section, I introduce the larger contexts of commodified *zuoyuezi* care in the US and in Asia. I first explore the rise of commodified care in Taiwan and China, focusing on the characteristics of paid care and the role it plays in reproducing affluent consumer desire. Following this introduction of the transnational context, I survey the local context of commodified *zuoyuezi* care in the US, with a particular focus on New York City. As will be explored in more details later, women often apply a transnational frame to evaluate the care rendered in the US. Although most did not directly engage in the procurement of consumer services and products in the home country marketplace, their postpartum decision-making is nevertheless shaped by it.

Commodification of *zuoyuezi* care in China and Taiwan

In 1987, Taipei Union Hospital opened one of the first for-profit *zuoyuezi* centers in Taiwan.⁴¹ The center, located in the same building as the hospital, is oft-mentioned by web forum users to have a good balance between quality and affordability.⁴² On its webpage, a visitor can read about the ‘whys’ in staying there—its superb audit score by Taipei Municipal Government, its official affiliation with a maternity hospital, its desirable location in a safe and quiet neighborhood, its transparency in baby care, and the customized services for postpartum women.

As is increasingly common among similar facilities, Taipei Union does not use the term *zuoyuezi* in its name. Instead, it calls itself a *chang-hou-hu-li-zhong-xin*, a postpartum nursing

⁴¹ See http://www.woman.org.tw/about_4.htm

⁴² As of the end of 2015, one night of stay cost around USD\$160.

center. Indeed, legality, corporate management, biomedical expertise, and hospitality accommodation are common promotional framings used by similar centers in Taiwan. A survey of other center webpages reveals the prominent display of official incorporation status with the government, an emphasis on regular gynecologist and pediatrics doctor visits, and the mentions of amenities such as nursing stations for babies and lounge areas for visitors. Higher in the price brackets, the number of services and amenities increases to include customized food plans that fit a woman's bodily constitution and physical condition, a small salon where one can get her hair washed and dried by paid workers, audio-visual stimulation in the nursing room for the baby's early childhood development, as well as courses on breastfeeding, infant care safety, and postpartum weight management. At some centers, the rooms bear themes such as Blue Mediterranean or Dubai Royal, giving off a sense of exotic vacations. References to 'five star hotel' and the advertisement of 'gourmet chef' on staff are often deployed to describe a center's services.⁴³ Yet catering to affluent consumer desire does not translate into a pampered vacation in a hotel-like space. The discourse of health risks at the same time shape the care practices that limits social interactions. Indeed, studies on centers in Asia found an extension of biomedicalization into the center space, where the adoption of antiseptic strategies has created a sense of social alienation (Lu 1999).

During my fieldwork at an occupational training institution in China that specializes in *yuesao* certification, the emphasis of the reproduction of class distinction is also not uncommon, at times even overtly stressed. Besides the formal curriculum that focuses on the physiologies of infant and postpartum bodies and everyday baby care, the instructors also worked to bridge the gap in class-based cultural capital between the trainees and their potential employers. In one

⁴³ On example is We-Go Postpartum Nursing Center. <http://www.we-gogo.com.tw/room.asp>

session, a teacher shared a story of cellphone use in response to students' ringing cellphones in class. The story involved a meeting among several groups of business people from different nationalities, but only the Chinese used their cellphone at the meeting table. The teacher emphasized that these public manners, or the lack of etiquettes, are Chinese culture's remaining ills that have prevented its people from joining the rank of global elites.

Professionalism is also equated with creating a clear boundary between front-stage work and back-stage privacy. Trainees who trespass such boundary were often reminded of their violation of professional codes. At the institution, there was a classroom equipped with massage tables for coursework on postpartum massage. During lunch breaks, the massage tables sat idled. Quite a few trainees would take off their shoes and lie down to take a quick nap. Yet, making informal use of these objects was frowned upon by the school administrators, who preached the importance to treat the tables exclusively as professional tools. The informal pedagogical moment made apparent the trainees' perceived deficiencies not just in officially promoted skills and knowledge in carework, but also as subjects yet to be captured and made manageable by the corporate logic of work.

Exchanges between school managers and trainees also demonstrate that in addition to skills, care workers are evaluated on their potential to play the role of a fictive kin with cultivated comportment. In one informal conversation I observed, where a small group of students inquired about potential employment opportunities, the school administrator remarked casually that one student in particular had the right look—clean and well-rounded—for the institution's affluent clients, who would prefer their worker to 'fit with' the family. These snippets echo Zhang's (2010) observation: In China, the overt display of consumption as a marker for wealth and status,

and as an extension to conjugal integrity, foregrounds a progressively commodified society and informs middle class norms.

American dominant institutions and *zuoyuezi*

In October 2014, while I was Googling for postpartum nursing centers in New York City, I discovered the Chinese language webpage of the maternity care unit at New York Presbyterian Hospital in Queens. The page heading reads ‘*zuoyuezi zhongxin*’, which means ‘doing-the-month center’. Below, the page’s visitors could read a brief description of the services provided:

You will feel as if staying at a first rate hotel. You will be surrounded by the most advanced medical technology. All the amenities will provide you the best and the most modern care.

The rest of the page includes a summary of the history of the hospital’s maternity care unit, followed by a list of available services and expertise—childbirth classes, fertility services, high-risk pregnancy care, as well as obstetrical anesthesiology.⁴⁴ It is worth noting that the English language version of the same page does not have the above description, yet the Chinese language page, as well as that in Korean and Spanish, does. Indeed, New York Presbyterian Hospital in Queens is located in the heart of Flushing, one of the largest Chinese/Taiwanese communities in the City of New York. It is also a main destination for other immigrants such as Koreans and South Asians. As of 2012, over 65% of its residents are Asian, and the Chinese consist of 45% of its population (NYC Department of City Planning 2014).

Given the diverse community in which the hospital is located, it is thus not surprising for the institution to provide multilingual content and services to its visitors. The specific emphasis

⁴⁴ As of November 2015, the Chinese language page of the hospital’s maternity care unit continues to use *zuoyuezi zhongxin* to describe its maternity care unit. http://www.nyhq.org/Maternity_Care?language=Chinese

of childbirth-as-consumerism and technology-driven care also brings forth interesting questions on immigrant population's status as patient-consumer within mainstream biomedical institutions in a 'minority-majority' borough like Queens, New York. What I would like to underline, however, is the hospital's use of '*zuoyuezi zhongxin*' to describe its maternity care unit. As illustrated previously, in China and Taiwan, *zuoyuezi zhongxin* refers to a very specific type of institution that caters to birthing women's postpartum needs. While these establishments often borrow heavily from biomedical model of care, they are certainly not hospitals and do not offer medical procedures. To describe a hospital's maternity care unit as a *zuoyuezi zhongxin* is to misconceive *zuoyuezi* as obstetric and prenatal care. This misconception, I argue, perhaps is an indication that *zuoyuezi* and its commercialized elements have now entered the radar of mainstream healthcare institutions, which uses it to coax its consumer base.

The informal context of local centers

In most measures, the *zuoyuezi* centers in New York are very different from those in Taiwan or China. In the winter of 2013, I visited one of my respondents Sally during her stay at a center in Queens. Sally moved from Taiwan to the US to pursue a master's degree in business. After graduation, she found a job in New York and married her husband, who worked full time in the same field. The facility where Sally stayed was located in a quiet residential neighborhood, occupying two floors in a new, nondescript townhouse commonly seen in the surrounding area. If not for prior knowledge, it was not possible to notice the center's existence since there were no business signs outside. Unlike large centers in Taiwan and China, it also didn't have a guest policy as far as my visit was concerned. No one asked me to abide by germ control measures—such as donning a mask, changing into indoor slippers, or disinfecting my hands—that are commonly enforced at centers in Asia. On this day, after Sally came downstairs

to let me in, I was greeted with several quick glances from the workers, who sat at the dining table picking through vegetables and chatted in a Southern Chinese dialect.

Sally stayed in a single occupancy room, and there was no bassinet set up in Sally room, nor any signs of babies on her floor. It turned out that the nursery was set up one story up. To get there, one had to exit the floor, walk up the building's public stairway, then re-enter the unit on the upper floor. It was a cold winter day, Sally made sure she layered up before taking me upstairs. To an unaware visitor, the indoor space of the first floor looks very much like a sparsely decorated flat shared by several roommates, with the labels and announcements affixed to kitchen cabinets and sidewalls giving off a hint of semi-anonymous communal living. It wasn't until Sally took me one story up to see the nursery did the place's uniqueness emerge. There, the space that perhaps was initially designed to be the living room was converted to accommodate multiple bassinets, which lined two sides of the wall. Other women who stayed at a center also reported similar physical setup.

Compared to the controversies surrounding centers in California, New York City's centers had a lower profile. While they also received women coming to the US to give birth, local women such as my respondents do utilize center care as well.

Becoming a *zuoyuezi* care consumer

In the following sections, I explore the ways in which my respondents talked about their decision utilizing *zuoyuezi* paid care, which include a month-long stay at a postpartum maternity center, hiring a live-in *yuesao*, and the subscription to *zuoyuezi* meal delivery services. In many ways, women who opted for commercialized arrangements come from the same place as those who had kin help. They wanted to have someone to provide support in baby care and mother care

as they take time to recuperate. But the reality of migration often constrains their options. Their families may be dispersed across the globe; their parents and in-laws may have difficulties traveling internationally to help. Those who intermarried may feel disconnected to in-laws who do not have the cultural repertoire to give them the care they prefer. The availability of paid care thus presented the next best thing, albeit one calling for much financial cushioning.

Yet there is more to that—seeking care as a response to postpartum vulnerabilities. I will show that elements of *zuoyuezi* culture, through the iterations of consumer services and paid care, make sense to my respondents because these options provided them with an ‘out’ from the constraints of patriarchy that run against their understanding of self-determination. Yet in some cases, the gendered division of labor continued to be reproduced and reinforced through women’s consumption of paid care, in the name of familial harmony. Commercialized options also conceptually match women’s modern subjectivities founded upon an allegiance with biomedicine, risk reduction, and class-based lifestyle and taste. To consume commercialized forms of *zuoyuezi* is thus not just about gaining the support that is otherwise not available, but also to articulate situational and structural conditions that are realized or deflected in embodying the identity of a consumer.

Gaining control

Conditions of kin relations, specifically a woman’s embeddedness in the patriarchal structure, play a prominent role in shaping a woman’s postpartum recovery as well as early mothering. The reorganization of household composition and the increased involvement of family elders often heighten existing tensions or threaten women’s sense of self. Perhaps not

surprisingly, quite a few of my respondents found a sense of control by tapping into consumer options available in the marketplace.

Jia-jen, for example, did not invite her in-laws to visit from Taiwan until returning home from her *zuoyuezi* at a center. She wanted to “get settled with the baby” without feeling compelled to report to family elders. She believed that delaying her mother-in-law’s day-to-day involvement in caregiving would allow her space and time to confidently establish her mothering approach and maternal identity. Yet as a first time mother, she was also seeking instrumental support without the intricate filial power struggles. For this reason, a month-long stay at a local postpartum maternity center became an attractive option. By the time her in-laws visited, her baby was one and a half month old. Even then, she still sounded defensive when speaking about cohabiting with her mother-in-law. Everyday objects such as food became symbolic of the struggle over self-determination in the face of filial authority:

The minute my mother-in-law arrived she stuffed tons of Chinese herbs into the fridge. For the entire time she was here I rarely opened the fridge besides getting milk. She cooked herb drinks everyday from gojee berries, *Astragalus*, ginseng, stuff commonly seen...

Jia-jen’s concern over an overstepping mother-in-law was not uncommon. Chinese daughters-in-law’s often locate their mother-in-law’s authority in the domain of reproductive labor (Shih and Pyke 2010).

Indeed, if there comes moments when the history of interpersonal miscommunication and the weight of filial piety creates more social and emotional pressure, *zuoyuezi* is one of them. Terrie, for example, was more than happy to stay at a center away from home, which she shared with her husband and in-laws. When I asked her to elaborate, she talked about the inevitable involvement of her mother-in-law as the main postpartum caregiver. Terrie initially framed her

reservation in terms of personal differences, that her mother-in-law's cooking did not really fit her taste. Later, when she recounted her time at the center with me:

Terrie: I felt like thank god I was staying at a center, because it was not my own mother at home after all. I wouldn't feel at ease and my mother-in-law might gripe about this and that.

Yi: Was it hard to figure out where the boundary is with her?

Terrie: Yes, if it was my own mom I could just tell her what I like or dislike. But my mother-in-law is very strong-headed. So I wasn't so sure...

The need for ad hoc collaborations during the postpartum period means that a woman has to constantly negotiate between her own opinion and the responsibilities and obligations attached to her role as a daughter-in-law. For women like Terrie and Jia-jen, the decision to go for commodified care outside the kin network springs from the perception of the home being colonized by forces that render the space and the attendant social relations alienating and uncertain, rather than enabling. Opting for commercialized options, while putting them in unfamiliar surroundings and social relations, affords these women a sense of control and emotional wellbeing.

While consumer options help some women maintain autonomy and control, the process does not always come through smoothly, especially for those who are not financially independent. They often feel compelled to strike a balance between consumption cost and expectations of care quality while walking the tightrope between individual needs and familial obligations. The result is the creation of strategies that afford them paid care without violating the expectations attached to their social roles.

For example, because Susan was a stay-at-home mother with irregular income from freelance projects, she was financially dependent on her husband, who worked full time in healthcare. Like some other women, she wanted to stay at a center to avoid potential conflicts

with in-laws. Yet, justifying the expense enhanced her sense of financial dependence on her husband and his parents. Eventually, Susan turned to her own parents for help to cover the costs. Because she didn't use her husband's money, "he and his family would not be too opinionated about it." For Susan, the decision to rely on the financial help of her natal family made her feel more comfortable claiming the center stay as *her own*. In other words, she could only legitimize her consumption of paid care (rather than unpaid kin help) when she enacted her connection to her birth family as a daughter.

Pei is also a stay-at-home mother whose husband is Cantonese American. For her *zuoyuezi*, Pei hired a *yuesao* to help her do the month due to relational tension with her mother-in-law. She admitted plainly that it was well worth it to spend money in exchange of some peace of mind. However, it also never escaped Pei's mind that this sense of autonomy and wellbeing would not have been possible without the financial cooperation from her husband, who footed the bill:

My husband knew about [*zuoyuezi*] early on. Some TV shows he watched talked about Taiwanese *zuoyuezi* customs. My mother also told him about it. [The Cantonese] also do the month, but perhaps not as elaborately as the Taiwanese. Even my mother-in-law knew it. So I didn't have to try especially hard to convince my husband to set aside some money to hire a *yuesao*. It just went through very smoothly. But of course I mainly did it for my child.

It was clear that to hire a *yuesao* for her *zuoyuezi* would have taken more efforts if not for her husband's pre-childbirth familiarization—be it voluntary or not—of its significance. Even though she did not have to provide justification for *zuoyuezi*-related expenses, it seemed that spending family budget to care for her postpartum body still sat uncomfortably with her. Making it something that was 'mainly' for the child, while not far from reality, helped legitimize her decision to go for paid postpartum care.

Maintaining familial harmony

As touched on in Chapter IV, for a few of my respondents, their postpartum consumption is in fact a product of compromise, where they reprioritize their personal needs for the sake of the family. Such was the experience of Rose, the Taiwanese woman who decided to stay at a center largely based on her husband's aversion to cohabiting with outsiders.

Similarly, Sally's center stay was also informed by her husband's changing view on the transition to parenthood. Initially, her husband was skeptical of her idea to opt for commodified care, and offered to help out with baby care at home. After a friend reminded him of the prospect of sleep deprivation during the first months of parenthood, he changed his mind. Hiring a *yuesao* was not an option, since the likelihood for her husband to sleep well remains low with a live-in *yuesao*. Staying at a center thus became the better option because they "could both rest".

To be sure, it was Sally who initially proposed commodified care. As a new mother who did not want to put extra burden on family elders, she thought hired help could ease the stress in her transition to motherhood. But it was also clear that her eventual decision to stay at a *zuoyuezi* center was partly informed by the consideration for her husband to maintain some sense of pre-childbirth normalcy at home. The availability of consumer options outside of the home further allows the performance of early baby care in a separate impersonal space so that the disruption of everyday routines due to the arrival of the baby is minimized. Similar to the women Fox interviewed (2009), women like Rose and Sally made extraordinary efforts to accommodate their spouse's needs.

Seeking expertise

The use of paid care also accompanies an expectation of expertise. I would like to discuss the notion of expertise from two perspectives. The first perspective views expertise as a set of skills in *zuoyuezi* care that mainly results from the wealth of practical experience. The second perspective understands expertise as it is articulated through the language of compliance to expert discourses.

Some women who opted for paid care based their decision on the belief that *zuoyuezi* care labor and the knowledge inherent in it requires a certain level of mastery, or that a caregiver's capability can't simply be based on one's personal experience as a mother. Several women contended that one's own mother, even if she could help, may not be the best postpartum caregiver because hands-on knowledge in *zuoyuezi* care and early mothering wears off or falls out of fashion over time. Jia-jen, for example, said: "Many of them forget how to care for a baby already." Older generation's transfer of childcare to non-parents themselves also meant they weren't necessarily hands-on about everyday caregiving. For example, Sally talked about her mother's lifelong, full-time employment outside the home, and believed that picking up *zuoyuezi*-related care constitutes a significant learning curve that her mother did not need to go through.⁴⁵

As they talked about their decisions to go for paid care, my respondents simultaneously separate the instrumental aspect of reproductive care from its affective elements, while putting more weight on the former. That is, those who seem the most ready to 'care about'—mothers and

⁴⁵ The trajectories of female labor force participation rate in China and Taiwan diverged since the time most of my respondents were born, around mid-1970s to mid-1980s. In urban China, labor force participation rate among married women between the age 25 and 30 was around 90% in 1980s and dropped to around 80% in 2000 (Maurer-Fazio et al 2011). In urban Taiwan, the rate among married women of the same age group was around 54.9%, and climbed to 60% in the 90s (Brinton et al 1995).

in-laws—perhaps are not necessarily the most suited to ‘give care’ or ‘take care of’ (Tronto 1993). Rather than seeing caregiving as a holistic process that is simultaneously built by and (re)building existing relations (in this case, kin relations), they consider hired help a better option for the already established fluency in caregiving through the virtue of regular practice.

Expertise also lies in the compliance with dominant expert knowledge. Kit, a Taiwanese woman who hired a *yuesao* for her *zuoyuezi*, articulated expertise not just upon her *yuesao*’s experience in everyday caregiving routines. She commended her *yuesao*’s effortless proficiency in the best way to set up the changing table and how to bathe the baby, while pointing out that the worker’s knowledge in basic infant physiology was extremely comforting.

For those who stayed at a *zuoyuezi* center, the institutional organization of center-based care also strengthened the hold of dominant scientific knowledge when it was put into everyday care practices. In this group care setting, the care worker to customer ratio is more skewed than the one-on-one setting at home. Care workers do not, and can not, have undivided attention for every newborn. As a result, everyday care such as feeding is often done on a pre-set schedule to streamline care labor. Several women acknowledged and accepted the preference for bottle-feeding on the part of the workers because it was the most efficient way to coordinate baby care with limited human resources while allowing the mothers ample time to rest. Sally, for example, regarded the group care strategy of the center workers—on schedule and regular feeding— favorably in bringing about visible, beneficial effects for her child. She added:

The nice thing about a center or *yuesao* is that they do things like what the hospital does. They keep a daily chart with everything the baby does. What and how much is eaten, and when. Is it breastmilk or formula. When do pooping and peeing happen. So I could refer to that chart in case anything happens.

The ready language of biomedical and industrial rationality helped validate the belief that her baby was in decent care. That is, quality of care was at least partly evaluated in terms of the workers' ability to assess and document the baby's needs in accordance with the logic of the industrial schedule and timetable. The institutional logic of care and *zuoyuezi* division of labor shaped the way the baby's needs and cues were charted and read through objective indicators. It seemed alienating, yet at the same time helped women like Sally established her maternal role through a sense of control.⁴⁶

Sometimes, women collaborated with dominant technoscientific expertise in their attempt to deflect the oppression of other ideological forces that seemed more imminent to them personally. Jia-jen also credited the center for training her baby to be 'on schedule'. The fact that upon returning home, her baby had settled into a fixed feeding interval not just alleviated her anxiety as a first-time mother. More importantly, because her baby's biological rhythm was stabilized, there remained very little space for others, namely her mother-in-law, to assert their opinions. For Jia-jen, the institutional logic of care, coupled with the space at the center that sheltered her from extended kin, became an ally in her overt struggle with filial authority.

Women who opted for commercialized care also expected expertise in maternal care, mainly in the form of having a proper diet. Purposive diet forms a big part of *zuoyuezi*, which means that many of my respondents expected to follow a dietary arrangement tailored specifically to fit the needs of a postpartum body. Those who stayed at a center or ordered meal services tended to be offered a meal plan. While the offerings at each center or meal delivery service are different, the daily plan usually involves five meals including breakfast, lunch, dinner, and two snacks. Staple items that stimulate breastmilk or replenish the body, such as pig's

⁴⁶ As I will discuss later, Sally deployed similar language when she spoke about her experience with breastfeeding.

knuckles, ginger, rice wine, and fish are often on the menu. In addition, since the consumption of plain water is said to weaken one's bodily constitution and to prolong swelling, some centers prepared herbal tonics in batches for resident women. However, as will be discussed later, for most of my respondents, these expectations of expertise often ended in frustration.

Consuming distinction

Consumer options such as meal delivery services often eclipsed homemade meals because they represent ideals of health as well as taste. For her second *zuoyuezi*, Kate switched to meal delivery instead of accepting her mother-in-law's cooking. While the switch partly came from a consideration for her mother-in-law, who also prepared meals for everybody else in the household, Kate made a clear distinction between commercially prepared meals and homemade ones:

[My mother-in-law] was like, 'this is no big deal. I can do it as well, and you pay this much for it?' We told her, we don't want you to feel drained. The older generation, their cooking is on the greasy side. The meals being delivered to my place, on the other hand, are light and health-conscious. All their dishes are in smaller portions, which make you feel more sophisticated as well.

Contrasting the older generation's food practices with meal services accentuated Kate's alignment with consumption choices that embody more modern notions of health. For her, the commercial meals delivered to her doorsteps fit her view of healthy-eating. The presentation—the way they are packaged and delivered—is also more in line with her identity as a consumer with cosmopolitan sensibilities.

Forging relations in paid postpartum care

What sets *zuoyuezi* paid care apart from other forms of paid care is that the care worker are not hired exclusively to give care in someone's absence, be it the parent of a baby or the adult

child of an elderly. In other words, *zuoyuezi* care workers not only do the motherwork, they at the same time give care to the very person who hires them. The postpartum care relations engendered are therefore based on the everyday co-living of the mother, the worker(s), and the baby either at a center or inside a private household. Furthermore, the demanding nature of the postpartum period plays a part in shaping the hiring women's relationship with the workers. In the sections below, I will discuss *zuoyuezi* care relations in two settings: those between a birthing woman, her family, and a *yuesao* within a private household, and those formed at a *zuoyuezi* center in a group setting.

Compared to the center setting, paid care relations that are one-on-one within the hiring woman's own home unfold somewhat differently. The difference shows through not only in the physical space and the exclusivity of care arrangement—things that are more visible—but also in the perceived skillset of the worker and employee-employer relations. I would like to stress that given the small sample size, I do not wish to make gross comparison between the two settings. The small sample serves as a starting point to conceptualize the uniqueness of commodified care relations in the context of *zuoyuezi*, as well as the commonality it shares with other paid carework.

At home with a *yuesao*

In this section, I wish to point out and speculate on several unique aspects on employer-employee relations and careworkers' perceptions of their line of work that warrant future research.

Established track record was an important factor in my respondents' hiring decision. All women I spoke to found their *yuesao* through recommendations from their existing social

network. Pei's *yuesao* led a busy working life taking international cases in Asia and in the US. The *yuesao*'s established reputation and her presumed adaptability to different working environments were both affirming aspects behind Pei's hiring decision. Mira and Kitty also found their *yuesao* through the referral from friends and acquaintances. Both *yuesao* are immigrants from Taiwan living in the New York metropolitan area.⁴⁷

When it comes to everyday baby care, women tend to entrust baby care responsibilities more fully with their *yuesao*. As new mothers, they find themselves looking to the *yuesao* for tips and guidance in this area, and in general credit their *yuesao*'s wealth of experience in helping them through the first months' of trepidation and confusion. They talked about learning baby care techniques from their *yuesao*, relying on the worker to set up the changing table, or shadow the *yuesao* to learn how to bathe the baby effectively and safely. As previously noted, *yuesao*'s knowledge in infant health is also highlighted. Kitty, for example, felt reassured at her *yuesao*'s shrewdness in detecting situations that might warrant a doctor visit. Mira's *yuesao* taught her basic techniques of umbilical cord care and observe abnormalities. The postpartum period as a unique temporality where a woman (and sometimes their spouse) learns the nuts and bolts of baby care fashions an apprenticeship aspect of the employer-employee relation where the worker transmits skills and knowledge to the employer.

Women also rely on the live-in *yuesao* to tend to their personal postpartum needs. Some needs spring from the principles of *zuoyuezi*. For example, having specific dishes such as chicken cooked in sesame oil, herbal decoctions and tonics, or keeping an eye on postpartum women's everyday behaviors such as avoiding cold drafts. Other needs entail the transfer of gendered carework such as baby care, cooking for the rest of the family, or light cleaning. All

⁴⁷ This section is largely based on my interviews with 5 women—three hiring women and two working *yuesao*.

women I spoke to share baby care with their *yuesao* around the clock, with other family members jumping in from time to time. At night, the baby stayed with the *yuesao* so that the mother could rest. The availability of extra hands, plus the *yuesao*'s skillful cooking and nursing, led Mira to attribute the temporary drop of her breastmilk one month after giving birth to her *yuesao*'s departure.

Yuesao also play an instrumental role in emotional support. During her postpartum month, Kitty experienced episodes of mood swings that are not uncommon for postpartum women. While the presence of her family—her husband and her own parents visiting from Taiwan—was an earnest show of support, they were basking in the joy of having a newborn, and focused much attention on the baby. It was her *yuesao* who made sure to prioritize her needs, and made her feel visible. In addition, a *yuesao*'s vantage point as someone who's worked with many women before provided a bird's eye view that could put one's experience with postpartum issues into constructive perspective.

When it comes to everyday care, women tend to respect their *yuesao*'s autonomy. As noted before, they depended on the *yuesao*'s experience to learn the ropes of baby care. Disagreements were often dealt with not through instructions, nor through direct communications. More often than not, my respondents employed a more tacit, face-saving strategy to preserve their relationship. When Mira realized her *yuesao*'s infant feeding principles did not match her own, she did not directly confront her. Rather, she asked the *yuesao* to go along on her baby's doctor appointment so that the worker could hear what the pediatrician had to say. Instead of negotiating her baby's care directly with her *yuesao*, Mira presented her case indirectly using the legitimacy of her pediatrician's opinions. Likening her relation with the *yuesao* as a collaboration, Pei believed that too much intervention can only make those hired feel

bogged down. This shaped her strategy to avoid puncturing the *yuesao*'s sphere of work, and approached their differences in a taciturn manner. When she couldn't finish the herbal tonic her *yuesao* prepared for her, she dumped it out quietly behind her back. She also tried not to overreach when the *yuesao*'s approach to house chores did not match her own.

When it came to their own care, women tend to assert more control over the process. In a way, their attempt for control reflects a *yuesao*'s status in between a professional worker and an older female resembling a family elder. Mira, for example, knew clearly that the activity prohibitions associated with *zuoyuezi*—such as no washing, no going outdoors—were not what she wanted to include in her postpartum care. She contended that one of her considerations in hiring was to find someone who was “not the nagging type”. Pei said of her exchange with her *yuesao* when she decided to get out of the house before the end of the 30 day period:

I couldn't stay put, I had to go out and have my hair washed quite often. By the 17th day I couldn't take it anymore, I told *ah-yi* let's eat out. She was like, are you sure? Your mom's ok with it? I was like, I foot the bill, I call the shots.

Pei invited *ah-yi* along to dine at restaurants and on family excursions. She was an immigrant separated from immediate family members, and the *yuesao* didn't have any children of her own. They therefore built some affective bonds with each other during the *yuesao*'s two-month stay. However, while this connection gave meaning to the *zuoyuezi* caregiving and receiving, it also created moments where the principle of the market and the kin-like ties collide. In this case, the *yuesao*'s reminder of her behavioral transgression as a mother-like figure challenged her sense of control. She responded by bolstering the boundary of her consumer status, and the power of self-determination that comes with it.

What the *yuesao* say

Working in such intimate and emotionally invested domains of life such as carework brings one very close to another body and the person who inhabits it. Yet the fact that the intimacy is produced by commodified care relation complicates matter and creates contradictions many care workers have to deal with on the day-to-day basis (Glenn 1986). The reality of performing intimate labor in someone's domestic space often results in complex boundary work on the part of both the employer and the worker (Rollins 1985; Romero 1988; Lan 2003), which was echoed by both *yuesao* I interviewed. In the following section, I will address the multiple dimensions of their work that is mixed with affective ties, isolation, and the negotiation between emotional attachment and professionalism.

Not an old granny at your service

When speaking about other paid care work, my *yuesao* respondents made sure to highlight the uniqueness of being a postpartum care worker. Maple worked in nursing before she moved to the US with her husband from Taiwan. The difficulty transferring her credential played a part in her initial decision to go into postpartum care work to "try it out". She worked on her first case for free, then gradually moved her way into the field. She also took a training course sponsored by a company that is primarily known for its meal delivery business in the US. I asked whether she'd be interested in working as a nanny as well, minding children beyond the one month period of *zuoyuezi*. Maple contended that she got many requests from the families she worked with, but for now, she had been saying no:

Most nanny jobs don't have high entry requirements. As long as you are good with babies, compassionate and patient, you are all set to go. But being a *yuesao* is different. There are lots of knowledge involved. Breastfeeding, milk initiation (開奶), how to facilitate continuous breastfeeding and ensure continuous milk

supply. Plus knowing the difference between the nutritional value of colostrum and those that comes afterwards. There are so many things to learn. This is not what regular nannies cover or need to cover.

The conditions of a postpartum body created an unique call for more specialized knowledge and skills that differentiates a *yuesao*'s work and that of a nanny. Maple's reflection clearly suggested that she perceived a distinction between postpartum care and other care work. To work on a job in the latter, having the right personality and temperament (e.g. compassion and good with babies) would suffice, while the former involves acquiring additional skills and knowledge on the physiologies of the lactating body, for one. Maple's comparison of the two occupations demonstrated her attempt to elevate postpartum caregiving from other types of domestic carework, and frame it to be a more skilled occupation.

Another *yuesao*, Bonnie, who was based in Taiwan and travelled internationally responding to customer requests, also made explicit that doing-the-month caregiving was not just another low-skilled job. During our interview, she felt the need to address what she considered to be a gross misunderstanding of her profession among some hiring women, who complained that *yuesao*'s work was overrated and overpriced. Bonnie said:

I know there are many women in the US doing this job, but they are not trained most of the time... These days it is very easy to find information on how to do the month. But at the same time I think it is very different just to read about them, and [having the experience] actually doing it.

Bonnie started working as a *yuesao* in Taiwan in the early 1990s, when the industry was still in nascent development. Entering the field without relevant credentials, she considered herself a doer-learner, accumulating skills and knowledge step by step. In addition to learning on the job, she tapped into institutional training made available through a non-profit organization in Taiwan that focused on domestic worker advocacy and workforce development. Finishing her *yuesao*

training in the late 2000s, she characterized it as a formal education that made her practical experience more complete.

While their trajectories were different, Maple and Bonnie both emphasized that *yuesao* carework requires specific skillset that can not be easily gained through everyday care giving. They also highlighted the unique physiology of the maternal and infant body as where the specific knowledge is called for. They differentiated themselves not only from other types of domestic workers, but also from *other yuesao* whose care labor did not live up to its name. They, as Bonnie described it, are there to “do the month, not an old granny at your service.”⁴⁸

Although Maple and Bonnie saw themselves as care workers whose professional identity was based on a thicker and more sophisticated definition of expertise, this attempt to position themselves as professionals at times was met with suspicion and question from the employers. Maple, for example, did much preparation prior to starting a job to ensure the quality of her work. She maintained her professionalism not just by being a knowledgeable and astute caregiver, but also through the ways in which she employed tools such as the use of contracts, check lists, and pre-case house visits to facilitate her work. Yet there were moments where her professionalism found its limit. When I asked Maple to talk about when she felt challenged by her employers, she mentioned a case she worked on:

The baby was under hydrated because [the woman’s] milk was just not enough. The baby would get jaundice if not getting more nutrition. But the mom insisted. She was afraid that once feeding formula, the baby won’t take her milk. It got to the point where the baby had little pee. So I suggested to her: Since it is about time for the baby to see the pediatrician, why don’t you bring it in a few days earlier. So she went. The doctor scolded the mother when he saw the baby. You

⁴⁸ The Chinese term Bonnie used is *laomazi*, which often refers to women who labor to provide care to kin members or for pay.

know, when you don't accept what I say, I will let other people tell you the exact same thing. But that was the only tough case. Most of the women are really nice.

The instance goes to show that public perception of *yuesao*'s professional status is ambivalent. Indeed, when Maple's professional advice and strategy was faced with challenges, she often made explicit alliances with dominant forms of expert knowledge to embolden her claims. For example, she used statistics and news articles to educate her employers about a certain care choices she made.

Negotiating boundaries at work

Some challenges my *yuesao* respondents experience are shared by other types of care workers, where the employers extract unpaid labor beyond what is originally agreed upon (Tuominen and Uttal 1999). It was common for hiring families to make extra requests falling outside of their job descriptions; for example, requests to cook extra meals or to take care of family elders. While Bonnie tried to make the boundary clear through specifying the terms of her work in the contracts, she found it difficult to say no:

My contract in fact says I only cook for the mother. But you know, when you work for a big family, it comes down to having humanity. So I often budge and cook for everyone. Theoretically I could charge extra for cooking for more people. But it is hard to bring it up because talking about money hurts the relations. You know, having humanity is priceless.

Indeed, a care worker's job often goes beyond maintaining the basic needs of their charge. The notion of caregiving, often gendered, shapes how care work is associated with love and emotional investment. The obligation of emotional involvement, coupled with the inevitable affection and attachment to the charge, often create a tension in the care worker to manage their emotion and its display in the act of caregiving (Macdonald 2011). Like what Tuominen (1999) observed, the emotional and relational part of carework prevented Bonnie from prioritizing the

integrity of the contract that protected her rights as a worker. Her valuing of these qualities as priceless also highlighted a contradiction in her work. Despite the fact that carework was what she did to maintain financial viability, she at the same time found the central principle of her work to fit uncomfortably with the notion of money.

Other times, the particular condition of domestic care also creates unintended consequences that compel *yuesao* to engage in boundary work between working time and personal time (Lan 2003). For example, due to limited space, one family asked Bonnie to share a room with their older child. The arrangement inevitably increased her interaction with the child, whom she was not hired to care for. Caught between the moral responsibility to care for the child and having some time for herself, Bonnie eventually decided to sleep on the family's couch so that she could feel comfortable "falling asleep just like that". To draw a boundary between her work time and personal time, Bonnie in fact had to rework the meanings attached to the spatial organization of the household: to view the living room as a space that can allow her some privacy.

Like other childcare workers, a *yuesao* works mainly in middle class and upper middle class households. While the status asymmetry between the *yuesao* I spoke to and their employer is not drastic, they are still faced with the task to maintain their employer's middle class status consistency in everyday carework. Regarding themselves as professionals, they developed cognizance to adjust the dosage of their professional opinions carefully when interacting with employers. Bonnie said:

I tell them about [the prescriptions and proscriptions], but it is really up to them. If we talk too much, they'd find us annoying. Everyone is educated, well-learned, have college education. I don't want to come across as looking down on them, as the know-it-all.

In addition to care work done to maintain the physical wellbeing of the mother and the baby, *yuesao* perform emotional labor on behalf of or in partner with the postpartum woman. For many women in multigenerational households, *zuoyuezi* means the heightened intervention by family elders, be it parents or in-laws. While some women are successful in carving out a personal zone of control, not all are able, or feel comfortable, to challenge filial authority. The *yuesao* I spoke to are keenly aware that these intricate familial politics are an integral part of their job even if they preferred to stay away from it.

In her work on commodified elder care among Taiwanese immigrant families, Lan (2002) noted co-ethnic paid workers' role in fulfilling filial obligations as a fictive kin. This recognition of the large cultural norms governing paid care relations also came through in my *yuesao* interviews. Both Bonnie and Maple contended that cases involving the extended family are difficult, and accepted it as part of their job. Yet they had slightly different strategies positioning themselves in the web of intergenerational power relations. Maple saw *zuoyuezi* first and foremost a woman's intimate journey to become a mother. She worked to enable and protect a woman's own take on mothering. Consequently, Maple often served as an intermediary in negotiating family tension. She talked about helping some of her employers deal with psychological stress resulting from filial pressure:

Some moms are nervous, under lots of pressure, worried. This in fact affects them to breastfeed. So I'd encourage them to ignore the sources of such pressure. Sometimes, things that they are not able to say, me as a *yuesao*, I am in a better position to say them. Things they are too timid to say to the mother-in-law for example, I can say for her. Of course, the mother-in-law might dislike me as a result, but at least she won't dislike her daughter-in-law, right?... I play the bad cop sometimes [laughter].

When the patriarchal authority muffles a woman's confidence to mother, a *yuesao* can be an important ally or even advocate who could wield some weight of expertise to avert the

intervention of filial authority. Maple's collaborative 'acts' with her employers preserved the hiring women's role consistency as the respectful daughter-(in-law) while at the same time deflected the penetrating and debilitating effect of familial power imbalance.

Unlike Maple, Bonnie sees the compliance to patriarchal authority a survival strategy most women should learn to recognize and live with. When I asked about the presence of family elders, she contended that it perhaps was the best to go with their advice since 'eventually [the birthing women] will have to listen to them'. The fact that some of Bonnie's actual employers—the person who footed the bill—were family elders as opposed to the postpartum women perhaps complicated Bonnie's take on the exercise of her own agency and position as well.

Their workplace being others' home, *yuesao* also draw relational boundary between themselves and their employers. Maple, for example, never ate with the family she worked for. It was the product of both practical concerns—there should always be someone with a free hand to tend to the baby—and her attempt to simplify her role as a person who offered help for pay:

If I eat with them, I'd feel uneasy like I am a guest. Should I eat faster or slower? How should I behave? I don't like that feeling. Plus lots of families talk about things at the dining table. If there is an outsider it is inconvenient for them, and honestly I don't want to know their family issues either.

Like other domestic care workers, *yuesao* also straddle between the market and the family in evaluating their role and tone-set their interaction with the hiring family. Maple tried to keep her professional identity free of complexity by avoiding social situations where her role becomes ambiguous. Sitting at the dining table with people who hire her creates such ambiguity, which pulls her closer socially to the family, be it the etiquettes expected of a visiting 'guest', or the private matters that are usually shared only among family members. The fact that *yuesao*'s work

consists of short-term interaction with a specific family makes such distancing more logical. When she first started, Maple had a hard time parting with the hiring families, mainly because of the attachment she built with the baby. Overtime she learned to bracket her emotional attachment and social distancing in order to manage the rapid succession of families she worked with and babies she cared for. This also meant that unless the family took the initiative, she in principle did not keep in touch with families she worked with. After all, as Maple contended, she is just someone who “passes through”.

While Maple relied more on the market logic to anchor her interaction with hiring families, Bonnie maintained a more relaxed take on building kin-like relations with the families she worked with. The fact that she was often re-hired by employers for subsequent *zuoyuezi* meant that she got to develop more lasting relationships despite the short-term nature of *yuesao*'s work, and it in turn shapes her orientation toward personalism. Bonnie talked endearingly of children who she cared for in their infancy are now calling her grandma when she returned to do a second or third *zuoyuezi*. Furthermore, Bonnie got connected to new clients mainly through personal referrals. This means many of her international employers live not far from one another. She sometimes visited her former clients before or after a working trip internationally, building ongoing relationships that blur the boundary of the personal and the professional.

Managing constant transition and isolation

The *yuesao*'s work in a way corresponds to the time-bounded nature of *zuoyuezi*. Unlike other domestic carework, the time a *yuesao* spends on each case is usually no more than 40 days. For those who do live-in arrangements, which have been the case for Bonnie and Maple, it is a period of intense interaction with the hiring woman, her baby, and the rest of the family. The

process repeats itself several times a year, with different families and at different locations. It also means being away from one's family for the same length of time.

Because of the nature of her work, Bonnie is very fluent in a variety of social media platforms and takes care of most of her tasks online. She has multiple cellphone numbers for the variety of localities where she works, and keeps in touch with her friends, family members, and potential employers using mobile apps. Technology also enables her to take care of her elderly parent's everyday routines—personal banking, grocery shopping, doctor's appointments—over the Internet. One of her employers told me that she learned quite much from Bonnie's technological savviness, and she now takes care of her own parents' expenses following Bonnie's advices. In a way, the reality of Bonnie's working life as a transnational, flexible worker responding to an increasingly globalized postpartum care market also compels her to accumulate capital in the form of technological dexterity.

The social isolation that comes with the organization of their work also has professional consequences. Unlike the nannies depicted in Brown's work (2011), *yuesao*'s job often confines them in the domestic space around the clock for at least one month at a time. Except for members of the hiring family, they have very limited opportunities expanding their social circle or professional network. Whereas the Caribbean nannies in Brown's study find expressions of solidarity in interacting in public space, *yuesao*'s relative isolation on the job, coupled with its exclusivity, means limited professional relations as well. Maple contended that job-related problem solving often was done on her own, and she knew only a few other *yuesao* she could consult with. Bonnie remarked that the exclusivity of *yuesao*'s work makes practical training and the accumulation of expertise difficult. Planning to scale down her workload, Bonnie's been trying to take her sister with her on cases to shadow her and learn the craft. Although she covers

her sister's wage and travel expenses, it hasn't worked well as a way to provide practical training because not many families can afford to accommodate more additional cohabitants.

Getting center-based care

As demonstrated in the above sections, commercialized options make sense for women because they benefit idealized notions on expertise, familial harmony, and modern subjectivity. However, to say that becoming a consumer during *zuoyuezi* has helped my respondents reach a sense of wellbeing is perhaps to over-simplify the range of experiences with paid care. On one end, getting center-based care is often a confusing experience of uncertainties, and ensuring the quality of care often requires their active engagement and negotiation. On the other, the particular institutional contexts of US center-based care also forge social relations that benefit women utilizing the care.

Precarious care

Ideally, paid care allows women to transfer some baby care tasks to the care workers, while they simultaneously receive postpartum care—having time to rest, having meals prepared for them, and getting laundry done, following the logic of the market. Yet the majority of my respondents who experienced center-based care reported that the care they received was often in a precarious state that called for constant vigilance. Their use of caution mainly resulted from issues with under-staffing, perceived skill disparity among the care workers, and care practices that did not meet their standards. Women therefore developed various strategies to ensure quality of care for their child and themselves.

The lack of consistency in worker skills and labor practices dictated by cost-cutting also prompted women to engage in constant assessment of workers' qualifications and conditions. It

in turn informed women's strategies around care delegation. During her stay, Susan spent quite a lot of time doing baby care herself. She reasoned:

Among the three *ah-yi* [at the center], one had some experience in OBGYN...or was it pediatrics...back in China. But I don't think she cared and had little patience. She was rough with the babies...I told the owner about her. But she seemed too used to her ways of doing things. Perhaps she was used to being a doctor. It was like, it is just a kid, what's the big deal. But it was the first time for us, of course we were nervous. For example: my baby was still recovering from his circumcision then. Most people would be extra careful with the wound. But for her, yes she worked very swiftly, but not gentle. So when she was around I would just do everything myself.

Susan defined care not just in terms of the practical elements and objective skills, but also by its qualitative, affective components. The worker's dismissal of a woman's emotional response to new motherhood from the hubris of expertise further made a deal breaker. Part of Susan's mothering work during *zuoyuezi* was to discern and map out these qualities in the workers, and to allocate her own care labor accordingly. She learned to be flexible as a mother-consumer, who strategically utilized or withdrew from paid care that she could not completely depend on.

My respondents sometimes assert their own *zuoyuezi* expertise to subvert center care practices and to gain control over care quality. Lily spent her second *zuoyuezi* at a center and characterized her month-long stay as a series of frustration, which mainly resulted from her expectation that professional *zuoyuezi* care should attend to each woman's bodily needs and personal preferences, a common theme in dominant *zuoyuezi* expert knowledge:

They gave shrimps and beef to new moms. If you are recovering from birth-related wounds, you should avoid them! I was there as a second timer, so I told others to stay away from beef and shrimps. They should have a meal plan that caters to each woman's needs and the postpartum stage she is in. Diet is the most important thing. *Zuoyuezi* comes from the Chinese, not the *laowai*. So you

can't use 'laowai eats everything' as an excuse [for not having the right food]. Or why else would we do it?⁴⁹

Lily incorporated her knowledge in what and how to eat into her identity not only as an astute consumer, but also an advocate for fellow consumers. She stepped in as an expert to re-direct the flow of knowledge and how it shaped the care provided at the center. She also invoked *zuoyuezi* as a distinct cultural product whose boundary should not only be protected, but also underscore how care is evaluated. For her, the center management's response to use the acculturation argument—if you are in America, do what the Americans do—failed to recognize *zuoyuezi*'s symbolic and substantive meanings to immigrant women.

Others responded to the precarity of care by forming strategic rapport with care workers. They stayed up late at night talking to workers on overnight shifts so that they would not fall asleep. They also cultivated personal relationship with the workers in hope that care could be rendered relatively effortlessly and informally. It is especially so in a context where the worker and the postpartum woman did not share the same home country origin (ie. Chinese worker and Taiwanese customer). The implicit assumption that cultural affinity or a sense of co-ethnic fellowship partly constitutes a woman's informal support thus had to be addressed through additional relationship cultivation.

Lastly, women also resorted to defensive, preventive measures against risks that could not seem to be prevented by the care they receive. For example, Rose said:

A [*zuoyuezi*] tradition is to refrain from water, and to drink tonics brewed with plum and longan, right? So one *ah-yi* told me that the owner actually asked her to use the same batch of plums and longans for three days. It is really outrageous.

⁴⁹ *Laowai* refers to non-Chinese, usually with a racialized undertone to refer to a white person.

After the revelation, Rose made her own tonic from tea bags she purchased from a local supermarket. She also discovered that the ginger infused water the center prepared for body cleaning is made from the same batch of ginger that was re-used until it went bland. She eventually paid out of pocket, and asked a worker to prepare a fresh batch of water for her everyday. Rose was not alone. Other women enacted similar tactics such as stocking up rice wine in their own room because the cooking wine used at the center had dubious origins, or having their husband bring food from the outside due to repetitive meals.

Women who stayed at a center describe a *zuoyuezi* during which they entered into an environment where consumers can not expect good care without their active monitoring and intervention; that good care had to be earned. They engaged in a variety of strategies to gain alliance from workers in order to secure good care, or at least to maintain a sense of transparency and control over how the care is done. Here, I would like to stress that the strategies reflected not just the relational tension between the postpartum women and the care workers, but more importantly, the sense of helplessness produced by the precarious *institutional* practices my respondents experienced and witnessed. Indeed, a few observed quick worker turnovers, heard *ah-yi* complain about low wages, or experienced the impact of cut-throat labor and operational practices on the part of the management. Consequently, they felt compelled to deploy their financial or emotional resources to gain more control over their postpartum care.

Yet one woman did try to put the management's practices into perspective. In our conversation, Karen spoke about the owner couple's long journey to achieve middle class status and to provide for their children, from having to send the kids back to China in the beginning of their career, to buying a property for their center with cash. The commonality she and the center

owner shared as immigrant parents working hard to achieve upward mobility formed the basis of Karen's attempt to bridge the gap in expectations over *zuoyuezi* care.

Home country as yardstick

The *zuoyuezi* centers in New York were often described by women as 'family-style'. They utilized the term not exactly to refer to a postpartum *gemeinschaft* where a mom-and-pop establishment fosters interpersonal bonding and a sense of community. Rather, as described above, it was mostly used discursively to point out the gap between their expectations and the actual care they received, or to explicate their reluctance to use center care in the US.

For example, popular *zuoyuezi* advice propagates an ideal postpartum diet that follows a gradual, step-wise process of purging, conditioning, and eventually, replenishment. It is said to respect the inner rhythm of the postpartum body on its way to recovery. The diet also includes several specific items known for its milk-inducing effects. For many women who chose center stay, this take on the postpartum body and the corresponding diet is what helps constitute part of their postpartum consumer identity. Karen spelled it out this way:

You know the *zuoyuezi* diet. You follow a specific schedule to eat. First week you have these, second week you have those. But [at my center], everyone seemed to be eating the same food. All moms living there, we had five rooms, everyone had the same dishes. The only difference was the first week you were given the GTC...The food tasted good alright. But there was little variety. By the third or fourth week, it just became a drag. But I had to eat because I needed to breastfeed.

As consumers and as new mothers, my respondents often think about an ideal experience using centers in Asia or expert advice propagated there as a yardstick when they considered paid care. Accounts on ideal center experience often revolved around two domains—leisure and safety. Centers in Asia are variously described as 'sleek', 'of scale', or 'like a hotel', all identified as sensible features of a postpartum consumer experience. Women touted the centers

in Asia for their institutional practices of monitoring health risks and maintaining high hygiene standards. Kate, who did her month with the help of her mother-in-law, pondered on an ideal postpartum experience this way:

My friends said centers give you nice food, make you rest, and more important, it's just you with all the freedom. You can send the baby to the staff if you are too tired...plus my friends who stayed at one all slimmed down. I think it's related to how you're nursed (*tiao-yang*). And they all breastfed well. Why? Because someone comes to massage your breasts, put on your belly wrap. You know how tiresome it is to tie the belly wrap yourself? It took me a while to have sufficient supply of milk. But my sister-in-law, she stayed at a center in Taipei. Everyday there was someone massaging her, giving her breasts heat treatment. Of course the ducts are flushed! She even had someone preparing the bath water! My mother-in-law indeed cooked for me, but there is no way I could ask her to prepare my bath! It seems that staying at a center is quite an enjoyable treat. I'd love to try given the chance.

Her description very much sounded like a trip to a luxury spa with a day care facility, a consumer heaven where a woman can be treated with amenities and services that attend to multiple aspects of her womanhood. Becoming a consumer-mother means having the reassurance to demand the services a woman deserves. Other women also used similar criteria to explain why they decided to stay home instead—centers in the US simply do not live up to the level of institutionalization, leisure, and safety that could be attained at centers in Taiwan.

For women who eventually chose center-based care in the US, the comparison of local ethnic businesses to operations in the home country became one of the main criteria to evaluate care. The Taiwanese women regarded the home country business model as a preferable standard and an authentic representation of popular *zuoyuezi* culture. When they assessed the services provided at the centers in the US through this transnational frame, their preconceived notions of institutional *zuoyuezi* practices and hence what they were entitled as consumers often got punctured by the alternative renderings of commercialized *zuoyuezi* care in New York. As Rose remarked:

The food got really repetitive. It was completely different from what we know as typical postpartum meals at Taiwan's centers. When I tried to bring up the issue that the food is just like regular meals, not specific to postpartum needs, they did not have a good attitude. The people running the place are from Fuzhou. Their cooking style is very different from ours. When I got there, they asked, so what do you usually eat? That tells they did not do their homework. Anyway, I told them I could have some chicken with sesame oil, and they gave me chicken with basil instead. I was speechless...No commonsense. When I complained, they said, this is how we do it!

Indeed, centers in New York are operated by mainland Chinese from different regions. My respondents reported proprietors from Fuzhou and Wenzhou, to name a few. Regional traditions in what constitute *zuoyuezi* diet and other prescriptions can vary. Thin noodle soup from Fuzhou, millet porridge from Mongolia, knuckles braised with vinegar and ginger for the Cantonese, and chicken in rice wine and sesame oil for Taiwanese, to name a few.

Unlike the Taiwanese women, the Chinese women I spoke to didn't seem receptive to the idea of a center stay on the outset. Some associated center-based care with the dramatic rise of these establishments back home. As noted in one opening vignette, what often undergirds the media discussions on commodified *zuoyuezi* care in China is the emergence of affluent urban Chinese as a powerful consumer class that is reshaping the landscape of Chinese consumer market. This narrative that ties *zuoyuezi* with conspicuous consumption also informed my respondents' views. When I asked Yiming whether she'd consider staying at a center, she replied with a resolute 'no'. She talked about centers in China, and found the idea of spending *zuoyuezi* away from home not at all pleasant, not to mention the cost. At the same time, she also acknowledged the cultural imperative for Chinese women to do so:

Maybe I am too much of an independent thinker. So my opinion is not representative. I know this is a fad in China. Let's say everybody else at work stayed at a center except for you. Others would say, your husband doesn't love you, or it must be that your family can't afford it. So you can't really not consider it, I guess.

Zuoyuezi consumerism, in this view, plays into the hegemonic consumer culture where conjugal harmony and intimacy is often defined by economic prowess (Zhang 2010). My Chinese respondents seemed for the most part try to avoid being associated with such construction of their Chinese identity. The recent controversy in the US over Chinese birth tourists, coupled with a high grossing film in China on the subject matter that further animated the relationship between birth tourism, *zuoyuezi* centers, and sexual politics in China⁵⁰, also seemed to have made some Chinese women reserved when speaking about their opinions on *zuoyuezi* centers.

Porous bodies: risks and sociality at the center

When Sally and I talked in her center's nursery, she peeked at the baby sleeping in the bassinet next to her son's. The baby, who was born a few days before her child, was endearingly nicknamed *dabao* (the big precious one), whereas her son was *xiaobao* (the little precious one). She jokingly remarked that *dabao* and *xiaobao* should switch names because the former was much smaller in size despite being slightly older. At one point, perhaps disturbed by our conversation, *dabao* let out several cries of discomfort that could be read as a prelude to a more dramatic escalation. Sally leaned closer to *dabao* and comforted him gently: "*Dabao*, please be good. When you cry *xiaobao* cries with you. I don't want to see both of you crying at the same time."

Social life at the *zuoyuezi* center grows out of the gathering of more than one baby under the same roof with their mothers, plus the presence of care workers. The spatial organization at a

⁵⁰ The film, titled *When Beijing Meets Seattle*, or as it is called in English, *Finding Mr. Right*, documents a woman's solo trip from China to Seattle to give birth to her first child. A child conceived from her relationship with a married businessman. As the third wheel whose child would have a difficult time to get legitimate documentation in China, she looks to giving birth in the US quietly as the solution. The woman stays at a postpartum maternity center run by a Taiwanese older woman in Seattle, and begins her journey to meet her true 'Mr. Right', a Chinese immigrant who used to be a medical doctor but now works as a limo driver. The film came out in 2012 and was one of the highest grossing films of the year.

center in the US often does not set it too far apart from a typical residential dwelling. While each woman has her own private room, she shares the common areas with others with whom she most likely shares no prior social ties. It also means that her newborn often sleeps, cries, and feeds side-by-side with other newborns, in the presence of their birth mother and the care workers. In addition to the expected care relation formed between a woman and her baby, and with the care workers, the semi-public character of a center enables the flowing of affective energy and care from one person to another. This relative informal institutional setting of centers in New York is very different from those in Asia, where the emulation of medicalized spaces and the adoption of antiseptic strategies have created a sense of social alienation (Lu 1999).

At the same time, the close vicinity of relatively anonymous bodies also stirs up fear and caution. A few women expressed concern over the sharing of laundry, bottle cleaners, and dining wares among the residents, whose health histories are unknown. When Sally commented on *dabao* and *xiaobao*, she was eluding to the fuzzy feeling engendered by two babies who were born only days apart; that her life at the center was beyond the confines of her room and in front of her baby's bassinet. Yet, her action of attending to *dabao* also points to another side of the commingling of bodies: that a baby's crying is not merely affective cues for hunger and frustration. To a mother at the center, it also serves as a reminder of its potential to spread through the space like a contagion. Sally's gentle calming of *dabao* was at once a show of intimacy to a baby not her own, and a control technique to prevent an outbreak of baby fits.

The destabilization of social, and physical, boundaries during a period of physical and emotional vulnerability is not necessarily a negative thing. Sometimes, it brings about mutual support. When I visited Sally, we spent some time chatting in her single-occupancy room, which was furnished with a full size bed, a nightstand, a small vanity desk, a chest, and in her case, a

private bathroom. Sally kept her door half open, so did the woman staying in the room across the hallway. It was lunch time. The attending *ah-yi* came in and out to bring her food and drinks. Behind the half ajar door to the adjacent room, the steady sound of an electric pump could be heard. She has lots of milk, Sally whispered to me about the occupant. As it turned out, the woman's over-production was not the only piece of information circling in the tiny space at Sally's center. It happened that another woman at the center had a hard time producing enough milk for her baby. Once an *ah-yi* learned about it, this woman's personal struggle soon became public information. Through *ah-yi*'s dissemination of information, the woman who overproduced agreed to give some of her milk to the other baby. Sally said:

Some babies can only have breastmilk because they become really gassy having formula. So when this mom has little milk and needs help, the other mother's like, take mine, I already began to wash my face with it!... The *ah-yis* are very shrewd. They know the situation of every baby and mention from time to time other mommies' issues. That's how the other mom knew about it and said yes.

I have no intention to look past the possible negative social consequences of *ah-yi*'s shrewdness. But Sally's account did highlight the other side of fluid bodily borders that are made more relevant by postpartum group living. The overlap of the private and the public enables the flow of information. Others also spoke about the emotional benefit to share everyday life with other women in similar positions. The relative immobility and disconnection from the outside world made social interactions, even the most mundane ones, ever more valuable. Jia-jen, for example, remarked that she perhaps had "less chance to have postpartum depression" because of the presence of other mothers to chat with and to have company while doing baby care. The relatively informal setting of the center, where the communal area and social exchange are not heavily monitored and controlled following antiseptic measures, perhaps also facilitated such daily exchange.

In addition, social relations established at a center do not necessarily end when a woman returns home. Several women stayed in touch with other women they met. Because their children were born around the same time, it was convenient to organize playdates or to talk about similar childcare issues as their children progressed through infancy. The center also becomes a location where information about future child care help gets disseminated, and actual care is arranged. At the center where Karen stayed, one woman continued to entrust her child in the care of the workers after she left. Because she was yet to find child care arrangements beyond the first month, the pre-existing care relations developed at the center became a practical transitional plan. Karen, who had a full-time job to return to, also hired an *ah-yi* she worked with at the center when she was looking for a nanny for her kid.

Chapter Summary

My respondents' decision to go for paid *zuoyuezi* care is shaped by and shaping intergenerational dynamics, gender inequality, perceptions of expertise, and class-coded consumption. The transfer of *zuoyuezi* care to paid care is in part informed by the changing family relations in the context of migration, where paid care is the next to best alternative to kin help that is often rendered unavailable due to the realities of family separation. In other cases, the use of paid care indicates some women's wish to gain autonomy over their own body and mothering against the oppression by filial authority. But at the same time, gendered division of labor continues to inform their decisions to go for paid care, and it is reproduced through the transfer of reproductive care to hired help.

At the center, there is a gap between women's expectations of care and the actual care they receive. As a result, they often assume the role of an astute mother-consumer constantly

assessing the care they received, and engage in strategies to ensure transparency and control over care. What is important about their responses is that they often resort to private means as the solution to institutional problems; such as the woman who tipped the workers to build rapport, the woman who paid out of pocket for a ginger bath and fresh tonics, or the woman who stocked quality rice wine in her own room. While there was a recognition of the center worker's embeddedness in the same exploitative institutional setting, the recognition seemed yet to put the consumers and the workers in the same boat to push for changes. (The short-term, semi-temporary nature of the care relation perhaps doesn't help). The strategic rapport formed with the workers remained individuated, Band-Aid remedies that were intended to gain worker loyalty.

My preliminary analysis shows that this gap in expectations results from several factors. For example, the management practices that hasten worker turnover, the disparity in worker skills, and the perceived risks produced by the lack of institutional measures to control the porous bodily borders in a communal setting. In addition, women tend to use a transnational consumer frame to evaluate local paid care. That is, they treat the medicalized home country business model and consumerism as the ideal, and question the authenticity and quality of center-based care accordingly. Consumers' treatment of home country practice as an ideal model vis-à-vis the contextual realities of the U.S.-born commercialization thus constitutes another layer of incongruities in center-based paid care.

While the institutional organization of centers in the U.S. doesn't seem to match some women's expectation of care, it does at times harbor a unique sociality where information and even biological materials are circulated and exchanged. If we think of *zuoyuezi* as it is often translated and described in English language publications as a postpartum *confinement* practice,

which denotes a sense of physical isolation and limited social interaction, center living seems to offer up a contrasting narrative where a woman builds her sense of motherhood in the presence of others with similar experiences.

Contrary to the women using center-based care, those who hired a *yuesao* tend to report more satisfactory experience. The gap between women's expectations of care worker's expertise and the actual experience of care is smaller. Women also tend to assume the role of the apprentice and treat the care workers as experts. The balance between their roles as the employer and as the apprentice thus shapes the care relations engendered. On their part, paid *zuoyuezi* care workers fill a larger shoe than simply taking care of the basic needs of their charge. Like other domestic care workers such as nannies, the financial interests as a worker at times are overshadowed by their allegiance with moral principles or their emotional attachment to the people they care for. Their caregiving also entails helping the hiring woman negotiate power struggles with patriarchal authorities. In addition, the *yuesao* I spoke to used similar professionalization framing to elevate their line of work away from other types of care work done in the domestic setting. Although they consider *zuoyuezi* carework to require more expertise, the reception of such professionalization framing is often ambivalent.

CHAPTER VI

TYING UP AND LOOKING AHEAD

Since starting this research project, I encountered numerous occasions where colleagues, friends, or random strangers asked me to explain *zuoyuezi*. Many found it to be intriguing, or downright superstitious. A common response: Does it really work? Is it scientific at all? At first I found myself a bit defensive. However, as I spoke to more women who have gone through the practices and researched advice books and media coverage on *zuoyuezi*, it became clear that the question of scientific validity per se is perhaps beside the point. Rather, what demands attention is the ways in which elements of *zuoyuezi* and the postpartum body are constructed, and how the relevant knowledge is disseminated to inform a postpartum woman's perception of physical and social needs. In what follows, I would like to reflect on my findings in three interconnected dimensions: The need for care, arrangements of care, and the cost of giving and receiving care.

The need for care

Zuoyuezi as it is understood by postpartum women and constructed by advice books is no longer simply a postpartum ritual that creates social cohesion and solidifies a woman's place in the family. The various prescriptions that used to mark the postpartum body as unclean and depleted to justify its confinement have undergone quite a few transformations. More specifically, the traditional knowledge base of *zuoyuezi* undergoes a process of boundary-making in popular expressions of *zuoyuezi* expertise. The border of what constitutes as *zuoyuezi* has been blurred and altered to incorporate biomedical and traditional Chinese medical knowledge and to substantiate the neoliberal risk discourse. At the same time, this epistemic anxiety operates to

displace or trivialize the voices of other women in one's social circle that previously formed the main basis of expertise of *zuoyuezi*.

In the domain of popular expert advices, the need for *zuoyuezi* therefore rests upon its absorption of elements of biomedicine and the emphasis of its lineage in traditional Chinese medicine. The prescriptions and proscriptions of *zuoyuezi* have become an ally for postpartum women in their pursuit of health maintenance and optimization. The showcasing of consumerism, the association of the practices with leisure, and the emphasis of women's autonomy work together to dispel the image of *zuoyuezi* as a repressive ritual that take away women's agency. Instead, it is constructed as a potentially empowering experience that contributes to women's self-fulfillment. Women are invited to do the month for their own betterment.

Immigrant women's accounts of their decisions to do the month reveal that the continuation of *zuoyuezi* in the U.S. arises from the perceptions of postpartum health risks and social vulnerabilities. The health risks are informed by both popular expert discourses and women's embodied experience, whereas their perception of social vulnerabilities result from the practical concerns over postpartum care deficit and their desire to belong through engaging in home country cultures. Norms and values that govern filial relations also operate during this period, informing women's sense of obligation to do the month in order to maintain the stability of their status within the family.

Women's views on specific *zuoyuezi* prescriptions often parallel the landscape of popular expert discourses. They rely on these prevailing forms of expertise to challenge prescriptions and proscriptions that they consider constraining. Their beliefs are also shaped by the American postpartum norms they observe, the sociocultural meanings of *zuoyuezi* for them as a married woman, and their embodied experience of vulnerabilities and strengths after childbirth. These

different critiques and reflections of *zuoyuezi* norms in turn contribute to the remaking of the meanings of *zuoyuezi*.

For immigrant women, *zuoyuezi* is not just a tradition with antiquated and nonsensical stipulations. In fact, *zuoyuezi* in its existing form becomes part of a cultural toolkit (Swidler 1986) that women access to manage perceived health risks, to maintain the consistency of one's ethnic and familial identities, and to respond to social and embodied contingencies of one's postpartum life. Regarding the last domain, *zuoyuezi*, or whatever label we'd like to assign to postpartum practices that focus on maternal wellbeing and caregiving, perhaps speaks to the practical needs of many more women and their families during the postpartum period.

Arrangements of care

Zuoyuezi can not sustain itself without care. Women I spoke to acknowledge their practical need for *zuoyuezi* care since the idea of self-sufficiency is no longer tenable during this one month. In turn, they tap into family resources and/or commercial options to make *zuoyuezi* care happen. While paid and unpaid care seems to be two separate types of care arrangements, they are in fact interconnected through women's negotiation with various situational and structural factors operating during this postpartum month.

To enact *zuoyuezi* care, some women mobilize familial resources—in the forms of financial support and care labor—beyond the nuclear family. While a few already live with the in-laws, most other families establish temporary intergenerational cohabitation with visiting family elders. Women visited by their mother/parents tend to welcome the cohabitation, which recreates affective bonds with the birth family that has become socially distant after marriage and physically distant due to migration. They also regard the reconstituted multigenerational

household as a rare occasion for the older generation to bond with the baby. Women visited by the in-laws have a harder time coping with this change, as the buffer they used to have to deflect filial pressure can no longer function. Those who do the month with their spouse alone are the minority. Couples get into this arrangement due to difficulties pooling human and financial resources, or at the pretense of their ability to handle the demand of postpartum care. For these couples, postpartum caregiving involves the reinterpretation and re-prioritization of *zuoyuezi* prescriptions in order to accommodate the shortage of care labor and to make care happen.

In Taiwan and China, the commodification of *zuoyuezi* care has become a readily available option for those who are willing and able to pay. In the U.S., the market for *zuoyuezi* care remains relatively informal and unregulated, but most options available in the home country can be found locally. When filial norms collide with kin-based *zuoyuezi* care, commodified care becomes an attractive alternative for women. Options such as *zuoyuezi* centers and hiring a *yuesao* at home give women a social space unencumbered by older generation's uninvited yet authoritative intervention—"to buy some peace of mind" as one woman remarked. Women also rely on paid care outside the home to extend their ongoing accommodation of spousal needs. They transfer *zuoyuezi* care from their husband to paid workers away from home in order to maintain and extend a sense of pre-parenthood normalcy for their spouse.

The transferring of *zuoyuezi* care to paid care might inadvertently affect conjugal relations negatively. It is not just because some women's decision for paid care is founded on an accommodation of spousal needs. In addition, not all the spouses visited the center often and stayed long, especially since the maintenance of the spouse's everyday routines was the exact thing some women intended to achieve by seeking center care. The perception of the postpartum center as a gendered space, as oppose to a family space, also led some to see excessive spousal

visits to be an inconvenience to others. It therefore raises questions of the role center-based care plays in achieving greater spousal participation in childcare and other reproductive labor.

Family-like language is often deployed to describe *zuoyuezi* care workers. The commonly used term *yuesao* means the month's sister-in-law. In the Chinese kinship system, *sao* is used to describe and prescribe a woman's relation with the wife of her older brother. One's interaction with *sao* is therefore governed by *sao*'s marriage to the older brother. The display of respect and deference is therefore expected. In everyday interaction, women also often address their *yuesao* as *ahyi*. *Ahyi* is another relational term that refers to the sister of one's mother. Both *yuesao* and *ahyi* prescribe respect for the said non-parent female kin. When we look at the use of these terms in commodified care, it seems to imply a reconstitution of family boundary, or the maintenance of the cultural continuity of filial care and responsibilities (Lan 2002). In the case of *zuoyuezi* care, however, the language of fictive-kin is complicated and reworked as it enters into actual interactions between postpartum women and their care workers where filial norms and worker professionalization converge.

The cost of receiving and giving care

Zuoyuezi care remains gendered, with the caregiving and its transfer mostly done among postpartum women and female caregivers. Because both paid and unpaid carework by women is often naturalized, the actual labor involved—emotional, physical, and otherwise—tend to become invisible and devalued. By the same token, the power dynamics within caring relations are easily overlooked.

While postpartum women appear to be the care receiver whose physical needs are tended to and other responsibilities transferred, they in fact invest care labor in the various domains of

social relations that make *zuoyuezi* care happen. Postpartum family care under family separation, for example, is realized not only through the everyday performance of cooking, cleaning, feeding, and accompanying. It also involves additional care work to smooth out logistical bumps for *zuoyuezi* caregiving to unfold. This includes the arrangements postpartum women make to create a domestic space that help their parents deal with social and cultural isolation. Or the preparation for the older generation to travel from the home country to the U.S.

As the emerging *zuoyuezi* epistemic authority valorizes care that professes a closer alliance with prevailing forms of knowledge in health and childrearing, the generational gap in *zuoyuezi* beliefs inevitably widens and becomes a source of relational strain with filial authorities. Collaborative relations with mothers are more tenable because the contradiction between intergenerational gap and filial authority are minimized by the recognition of parental involvement and sacrifice, the recreation of existing affective ties, and the naturalness of birth family relations. The reversal of intergenerational transmission of *zuoyuezi* knowledge also happens more easily as filial authority is more receptive to change.

However, the filial norms that prescribe an unconditional respect for family elders are less likely to be rewritten when women have their in-laws involved. Instead, they invest in additional emotional labor, at times with much stress and frustration, to balance between their sense of autonomy and the respect for filial authorities, or to challenge them without undermining their status as a daughter-in-law.

To bypass the potential violation of filial norms, some women pay for postpartum care. The transfer of *zuoyuezi* care to paid labor also keeps conjugal relations intact, albeit sometimes at the cost of women's personal interests to stay home. Paid care does not only incur financial cost, but the pooling of money also heightens some women's financial dependence on their

spouse. They in turn have to justify the expense by temporarily rewriting filial scripts (for example, enlisting the financial support from the birth family to assert her autonomy), or by reinterpreting and highlighting *zuoyuezi* as a maternal act (for example, emphasizing its benefits for the baby).

Postpartum women also continue to *give care* through everyday mothering such as breastfeeding, and to *take care of* the delegation and management of baby care (Tronto 1993). The latter aspect becomes more urgent in center-based care, where women often experience a larger gap between their expectations of expertise and the actual care they received. On one hand, the baby care practices emerging from the institutional constraint of group care are compatible with the model of childrearing that emphasizes schedule and predictability. The practices' consistency with the logic behind hospital care also creates a sense of familiarity appreciated by some new mothers. On the other hand, care and labor practices that lead to the perception of risk and precarity undermine women's trust in paid care. In response, they are compelled to become increasingly astute in the monitoring and assessment of risks, and develop strategies to avert the sense of precarity.

Women who hire *yuesao* tend to report more satisfactory experience compared to those who use center-based care. The exclusive nature of the employee-employer relation and the *yuesao*'s job prioritization means that the hiring women receive more undivided attention from the care worker. As new mothers without much experience, women develop an apprentice-like relation with the care workers and treat them as experts. As a result, women tend to honor the worker's autonomy, and negotiate differences in caregiving and receiving beliefs in a taciturn manner.

In this dissertation I also explore preliminarily *yuesao*'s understanding of their job. Similar to other types of carework, the job of *yuesao* entails various forms of boundary work to manage the contradictions created by the conflation of the workplace and the home. In addition to giving care, they demarcate borders between personal time/space and work time/space to avoid overworking. The nature of their job to be short-term cases also prompts them to develop social distancing strategies to minimize emotional attachment. The level of their professional expertise makes them more aware of its potential to threaten the boundary of the employer's class status. They therefore work to soften their professional opinions accordingly. However, some of these boundaries are often penetrable. They report contributing extra labor in order to uphold a certain moral principle of care. Their status as a co-ethnic who is well informed of the intricate politics of filial relations also means that they often participate in the defusing of intergenerational conflicts of the hiring families.

***Zuoyuezi* as a model of care?**

Zuoyuezi as a collective, social event seems to hint at its potential to grow towards a women-centered care model. Feminist activists and birth practitioners have long been trying to dismantle the forces that sever a woman's connection with self-determination, namely medicalized childbirth sanctioned and exacerbated by patriarchy and commodification (Rothman 2000). Childbirth and mothering are domains of life where a woman can find self-affirming experiences and participate in making broader social changes. In the context of American maternity care where early mothering can be isolating and demeaning, *zuoyuezi* shows promise in valuing the woman's postpartum bodily and emotional needs, and the call to fulfill them with the help of others who 'care'.

Yet, this potential is at the same time situated in a field of tensions where 1) discourses surrounding the practices increasingly find legitimacy through adopting elements of biomedicine and the languages of consumerism; 2) filial norms continue to present obstacles and struggles; 3) care work, paid and unpaid, remains gendered; 4) commodification produces precarity of care and hidden cost for the workers. For the practicing of *zuoyuezi* to work, there are several things that need to be addressed:

Perpetuation of class division

In the U.S., there has been little policy recognition of childcare or postpartum care as a form of labor that contributes to the public good beyond the measuring stick of liberal individualism (Folbre and England 1999; Held 2002). Families are therefore left to their own device to seek care in the marketplace, whereas state-supported care is often stigmatized as care for the poor (Uttal 2002). The current forms of *zuoyuezi* care remain privatized in the sense that the accounts I collected from women are stories of the enactment of private resources. Resources that lie within the extended family network, or resources that could be purchased in the marketplace. The enactment of the latter rests on financial viability, and the enactment of the former could also be premised upon the presence of non-working family members who can provide care without pay. *Zuoyuezi*, or other attempts to build a culture of postpartum care, in this structural context can very much produce unequal division between those who have what it takes to make *zuoyuezi* a choice that contributes to wellbeing, and those with limited access to resources.

Reinterpreting filial authority

Zuoyuezi care by family members is a double edged sword. It gives meaning to the mundane practices of family-making, especially for those who are separated from their parents due to migration. Yet it also makes apparent the currents of filial norms that put pressure on women's emotional wellbeing. Even when postpartum women are supposed to be the care receiver, they still shoulder the burden of enacting traditional family scripts to maintain filial norms or conjugal relations. This burden is especially heavy for women whose mother-in-law is involved.

Indeed, studies in nursing and psychology agree that the presence of the mother-in-law often contributes to an increase of emotional stress among postpartum women (Bina 2008). My respondents either mentally prepared themselves early on of the contour of filial practices in their household, or went through a painstaking process of adjustments. Yet the experience of women like Kate shows that despite the initial feeling of subjugation, she gradually learned to incorporate her in-law's traditional values as a helpful resource that guided the delegation of childcare labor between the two women. Her recognition of her mother-in-law's position in the patriarchal structure also makes Kate more empathetic of her in-law's contribution to the family.

For first generation immigrants with aging parents, the influence of filial power perhaps is not going away any time soon, although studies do show that filial norms get redefined to accommodate the realities of migration, or are reworked when they interact with commodified or publicly funded care (Lan 2002; Sun 2012). What we can learn from Kate's story is that the recognition of the two generations of women's shared position in the patriarchal structure perhaps is the first step toward some form of mutual understanding. In addition, my respondents' accounts also demonstrate the role spouses can play in mediating intergenerational conflicts. My

findings echo that of Shih and Pyke (2009) that while the negotiating strategies performed by the spouse stabilize postpartum women's status as a daughter-in-law, it is nevertheless done through striking a bargain with patriarchy.

New possibilities for commodified care

My interviews show that Taiwanese immigrant women in the U.S. often idealize the organization of commodified care in their home country, and use this transnational frame to evaluate the center-based care they receive in the U.S. I argue that the treatment of home country care as an idealized model is not the only way to envision and improve center-based care in the U.S. for several reasons. First, center-based care in Asia has received much scholarly critique. Research informed by a feminist perspective finds that the extension of medicalization into center-based care institutionalizes the objectification of the maternal body, creates social alienation, and results in the standardization of mothering (Lu 1999; Lin 2009). Therefore, to use home country center care as a model is to potentially reproduce these problematic outcomes.

Second, the relative informality of U.S. center care in its nascent stage of development perhaps presents an opportunity for alternative imaginations of care not completely usurped by the forces above. Women share experience and mother in the presence of other mothers. They also build relations that sometimes last beyond their one month stay. America's under-institutionalized center setting opens up new ways to think about the often unchallenged notion of care.

Third, the current condition at U.S. centers is partly shaped by these establishments' connection with birth tourism. There should be more discussions on meeting the needs of local women as well. Indeed, while on one hand the informal structure of the US centers may enable

more unmediated sociality, it at the same time can lead to problems in labor practices and basic concerns in the lack of regulations. Considerations of regulations modeled on other forms of small group care settings may be productive.

Limitations

Limitations of this study are three-fold. First, my respondents are all at least college educated. Most of them either work in middle-class professions, or have a spouse who does. This class-privileged sample thus presents limited analytical rigor to consider how one's class position might impact *zuoyuezi* experience and the formation of postpartum care relations. The one working-class woman I spoke to early on, for example, does differ in some aspects from the main pool of class-privileged respondents. Her understanding of *zuoyuezi* norms and postpartum practices relies heavily on her mother, which means there was limited connection with techno-scientific expertise. She also seemed much less stressed about breastfeeding, and expressed relative comfort adopting the formula early on. A sample with more socioeconomic diversity will further illuminate these differences and pinpoint the impact of class.

Second, my research demonstrates that *zuoyuezi* continues to be viewed as a collective process involving extended kin members or paid helpers. The vast majority of my respondents made efforts to solicit support beyond the nuclear family, or at least took it as a given. In this sense, the study could benefit more to extend its scope to include the voices of other caregivers such as mothers, in-laws, and spouses.

Third, for the scope of the study, I did not explicitly compare the experiences of Chinese and Taiwanese women as two distinct groups although some contrasts are presented. With a few exceptions, I treat the two groups to be influenced by the same tradition of *zuoyuezi*. However,

the different sociopolitical contexts surrounding the postpartum period in China and Taiwan might play a role in immigrant women's subjective understanding of *zuoyuezi*. More comparative work would generate richer data that have more transnational implications.

Directions of future research

I see three possible directions for future research:

***Zuoyuezi* care workers**

Further research should be done to explore the professional life of *yuesao*, a branch of carework that is responding to a globalized demand for *zuoyuezi* care among the affluent Chinese diaspora. The *yuesao* I spoke to can be considered high skilled given their established track records and training. Unlike the more drastic status asymmetry commonly identified in other types of domestic carework, my respondents often articulate their job with a notion of choice. They talk about the ability to choose their employers, to choose when to work, and to choose to gradually retire. Maple for example doesn't seem too fazed by the seeming precarity of jumping from one case to another every few months. She believes that her flexible work schedule brings her more excitement than anxiety because she gets to meet a new family quite often. She also credits employment flexibility in allowing her to take impromptu vacations with her husband.

The *yuesao* I spoke to are perhaps the more privileged ones as they benefit from their education, time of entry into the field, and class position. Yet there are also many women who, as Bonnie puts it, are doing this work "to make a living". Without the protection of training and financial security, how do they understand and experience their carework? How do the organization of work – constant transition, isolation, and around the clock care—affect their

relation with the employer and their personal life? Future research can help understand *yuesao* care more systematically, and contributes to the larger discussions on paid care in general.

Bringing in comparative perspectives

To build on the first limitation I identified, I would like to incorporate a class analysis to deepen the rigor of the study. Class is said to influence women's infant feeding practices, their utilization of expert knowledge, and the self-definition of maternity (Blum 2000; Edin and Kefala 2005; Avishai 2007). Economic hardship also affects one's access to the means that necessitate a normative notion of motherhood. Furthermore, the class bifurcation of the Chinese migration to the U.S. further affirms the importance to address class-based differences and access to care.

Zuoyuezi is certainly not an unique postpartum tradition. Many other postpartum cultures exist such as *la cuarentena* among Mexicans (Galvez 2011) and the Malay postpartum *dalam pantang* (Laderman 1987), to name a few. As demonstrated in this dissertation, the salience and meaning of traditional practices depends on a variety of factors such as the production of expert discourse, social contingencies of care, as well as the status of the practice in the home country. Among Mexican immigrants in the U.S., the keeping of *la cuarentena* is argued to be shaped by immigrants' ability to enact postpartum support in the reception context, and the changing association of the tradition with class status and forces of medicalization in the home country (Galvez 2011). It also affects emotional wellbeing among immigrant women (Ornelas et al 2009). Comparative studies of different postpartum traditions and their role in immigrant communities is a promising direction that can shed light on structural processes affecting care and on everyday negotiation of care.

Older adults and their transnational caregiving

As noted before, childbirth is often the start of a series of border-crossing among my respondents' parents and in-laws. Mostly retired, they travel regularly to the U.S. from the home country to help with childcare and spend time with their own children. At an age that is usually defined by care receiving, these older adults become mobile in their role as family caregivers. There are already some research specifically addressing the transnational life of the older adults. For example, Treas (2007) explored how older adults from several nationalities manage their international travels, engage in grandparenting, and maintain ties in two places. Zhou (2014) and Sun (2012) both incorporate the spatial mobilization of older adults in their works on the impact of children's migration on older adults' life and on filial norms. I believe more research could be done to further explore the relation between filial scripts and older age caregiving, and the impact of transnational socialization on aging.

APPENDIX A: POPULAR ADVICE BOOKS ON ZUOYUEZI

Title	Published in	Author expertise
How to do the month	Taiwan (1993/2005)	Biomedical and Chinese medical expertise and business entrepreneurs
Post-delivery care for young mothers	Taiwan (1999/ 2003)	Biomedical and Chinese medical expertise and business entrepreneurs (same as above)
Esthetical puerperal vacation	Taiwan (2003/2009)	Biomedical and Chinese medical expertise (one of the co-authors above)
Celebrity <i>yuesao's zuoyuezi</i> bible	China (2012)	Postpartum worker's hands-on experience
The <i>yuezi</i> book I want the most	China (2011)	Biomedical doctor with expertise in OBGYN and nutrition
Do the month right	Taiwan (2012)	Traditional Chinese medical doctor in women's health
Lockdown: An American girl's guide to Chinese postpartum recovery	USA (2012)	2nd generation Taiwanese American, former lawyer, stay at home mother
You can enjoy youth and longevity doing the month this way	Taiwan (2002)	OBGYN doctor
<i>Zuoyuezi</i> in a breeze	Taiwan (2002)	Unspecified
The first <i>yuezi</i> book	Taiwan (1997)	Unspecified
<i>Yuesao Ah-lai's</i> Journal	China (2012)	Expert specialized in "cosmetics, science, medicine, psychology, and nutrition."
Doing the month scientifically	China (2009)	Multiple OBGYN experts
<i>Zuoyuezi</i> essentials and newborn care	Taiwan (1996)	Nursing professional working at a hospital maternity ward
<i>Zuoyuezi</i> tips and infant health	China (2007)	Unspecified

APPENDIX B: LIST OF RESPONDENTS

Women with *zuoyuezi* experience

Name	Origin	Education	No. of Children	Main caregiver <i>zuoyuezi_1</i>	Main caregiver <i>zuoyuezi_2</i>
Shumei	TW	Graduate school	1	Mother	n/a
Jia-Jen	TW	Graduate school	1	Center	n/a
Ai-jen	TW	Graduate school	1	Mother-in-law	n/a
Mu	CH	Graduate school	1	Husband	n/a
Ping	CH	Graduate school	1	Mother	n/a
Kate	TW	Graduate school	2	Mother-in-law	Mother-in-law + Meal delivery
Rose	TW	College	1	Center (then home)	n/a
Cathy	TW	College	1	Husband	n/a
Anna	TW	College	2	Mother	Mother
Susan	TW	Graduate school	1	Center	n/a
Mei-yung	TW	Graduate school	2	Mother	Mother
Yong-fang	TW	Graduate school	1	Mother	n/a
Jane	CH	Graduate school	2	Mother	Mother
April	CH	Graduate school	1	Mother	n/a
Karen	TW	College	2	Center	Aunt + Meal delivery
Lily	CH	College	2	Mother-in-law	Center
Helen	TW	College	1	Husband / Church	n/a
Jing	TW	College	2	Mother-in-law	n/a
Pei	TW	Graduate school	1	<i>Yuesao</i>	n/a
Ruby	CH	Graduate school	2	Mother	Mother
Terrie	TW	Graduate school	1	Center	n/a
Selina	TW	College	2	Mother-in-law	Mother
Sally	TW	Graduate school	1	Center	n/a
Weiwei	CH	Graduate school	2	Mother	Mother
Yiming	CH	Graduate school	1	Mom-in-law	n/a
Mira	TW	Graduate school	1	<i>Yuesao</i>	n/a
Kitty	TW	Graduate school	1	<i>Yuesao</i>	n/a

Yuesao

Name	Origin	Education	Experience	Based in
Maple	TW	College	2 years	USA
Bonnie	TW	Some college	20+ years	TW

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