

An Ethnography of “*doing the month*” and Modern Postpartum Practices among Rural Women in Jiangxi, China

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Abstract: Modernity has contributed to many changes in culture in most developing countries. However, Chinese women have continued to practice the traditional postpartum practice of *doing the month*. *Doing the month* relates to somewhat constrictive practices in the first month after giving birth. This ethnographic study explored how and to what extent postpartum women living in a rural area in China have blended tradition with local context changes. The aim was to understand why the changes in *doing the month* have been made in the modern age. Data were collected from January 2017 to July 2017 through participant observation and in-depth interviews. Thirty-three informants were recruited, comprising key informants of 18 postpartum women and 15 general informants from older women, including mothers, mothers-in-law, traditional midwives, and other older women in the villages. Data were analyzed using thematic analysis.

The findings underline the critical trend of changes and the interpretation of traditional postpartum practices in the modern Chinese context. The findings demonstrated that the older generation of women wanted to but could not practice *doing the month* strictly like in older times. The younger generation did not want to follow the traditions with restrictive conditions in the modern age. Moreover, most younger women felt ambivalent about choosing between modern and traditional postpartum practices. The findings indicated an urgent need to develop culturally appropriate postnatal care for Chinese women after delivery in modern life.

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Introduction

Culture-related health beliefs and practices play a critical role in influencing women’s adaptation in the postpartum period and their attitudes towards maternal and newborn care; mediating their experience and affecting their health behaviors and health outcomes.^{1,2} In Chinese culture, postpartum women are viewed as

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vulnerable to physical and psychological diseases because of the *yin-yang* imbalance resulting from childbirth. Postpartum women need to follow a

systematic and stringent behavior restrictions, regarding rest, diet, hygiene, and so on, for a full month after childbirth, which is known as *doing the month* passed on intergeneration.³ It is typically believed to promote maternal recovery and maternal role adaption, prevent physical and mental diseases, enhance breastmilk production, and even strengthen family ties.^{4,5,6,7} It is integrated into almost every aspect of living for postpartum women. The postpartum tradition of *doing the month* among Chinese women has survived and been practiced for more than 1000 years and passed down from one generation to the next.⁸

However, there is a trend for traditional postpartum practices in modern westernized society to change to those of modern medicine, especially among women in younger generations. For example, in modern Chinese cities, many postpartum women from big cities in China disagree with intergenerational beliefs and express their dissatisfaction with *doing the month*.^{9,10,11} It is unclear how the modern westernized society affects practices among postpartum women in a rural area in China. It is necessary to understand traditional and contemporary postpartum practices in current society in the rural context.

Review of Literature

Nowadays, traditional postpartum practice is still widespread among Chinese women in Mainland China,^{10,11} Hong Kong,^{12,13} Taiwan,¹⁴ and even Chinese communities in western countries.^{15,16} However, present Asian societies, including China, have undergone significant modernization changes, which has influenced how the younger generation of women observe traditional postpartum practices.^{17,18} The development of western medicine influenced postpartum women’s belief in traditional postpartum practice.^{15,16} Postpartum women with access to advanced technology (e.g. the Internet) in modern society, receive massive information about global postpartum practices and care, which facilitates modification of or abandonment of traditional methods.¹⁶

The degree to which postpartum women modify or abandon traditional practices in their living context was influenced by many factors. Younger postpartum women living in the urban area are not likely to strictly follow traditional postpartum practices.¹⁷ Postpartum women living in rural areas, with a first birth, lower education, lower family income, and more family support, are more likely to adhere to traditional postpartum practices in different countries and regions.^{12,16,19,20} With the urbanization evolution during the last decade, postpartum women living in the rural area of Jiangxi may choose to preserve, modify, or abandon their traditional postpartum practices to adapt to various evolving or fluctuating environments. These practices need to be understood in the context of rapid changes that have taken place in local settings.¹³ This ethnographic study examined how and to what extent postpartum women living in the rural area in Jiangxi, China, have blended tradition within changes in the local context and understand why the changes of *doing the month* have been made in the modern age.

Methods

Design: A classical ethnographic method was used, characterized by a cyclic iterative process of participant observation, interviewing, and interpretation in the natural setting studied.²¹ This approach enabled the researcher to describe the culture in-depth through interpreting observed behaviors and giving the voice to the people in a culturally relevant and meaningful context.²² Consolidated criteria for reporting qualitative studies (COREQ), including a 32-item checklist, were used to report this study.²³

Settings and participants: The villages in two townships of Maying and Zhangqing of Hukou County, Jiujiang, Jiangxi, China, were selected to collect data. A purposive sampling strategy and snowball technique were used to select key informants (KIs) and general informants (GIs).^{24,25} KIs were postpartum women who were: aged 18 years or over, had given birth to a

healthy baby within 30 days, lived with their husband, and observing traditional postpartum practice. GIs were the older women in the villages with the inclusion criteria of having rich information and experiences of traditional postpartum practices, which could provide complementary information and different perspectives. GIs included the mother or mother-in-law, traditional midwives, and other older women in the villages.

Data collection: Sociodemographic data were recorded for all participants. Between January 2017 and July 2017, the researcher collected data during participant observation and in-depth interviews. The sample of postpartum women was taken from the obstetrics wards in two county-level hospitals: Hukou Maternity and Child Hospital and Hukou People's Hospital. The researcher was introduced to potential informants face to face after an introduction by the head doctors or head nurses whom they trusted to establish rapport. The postpartum women's mothers or mothers-in-law were accessed later through the help of the postpartum women. Other older women in the Maying and Zhangqing area villages were recruited through the help of the researcher's students and their families, who lived in the same villages as the older women and were familiar with each other. The nurse students were identified in the registration system of Jiujiang University by their registered residence. Then, the researcher went to the villages and the nurse students to visit potential participants' homes.

To establish rapport and trust with the participants, the researcher introduced herself as a Ph.D. student instead of the nursing instructor at the beginning of contact with each informant. Also, the researcher emphasized that she went to their home to learn from them about traditional postpartum practices instead of teaching them during the postpartum period. The researcher always dressed casually and went to the settings by bus and walking. Multiple visits and online communication were also used. The researcher was careful about her words and activity during the fieldwork and tried not to disturb the informants' lives. However,

the researcher participated in their activities such as caring for the baby, doing laundry, preparing food, or lunching with them to emerge herself in the setting. Meanwhile, a reflective diary reminded the researcher to maintain an outsider's view of the culture when immersed in the local sociocultural context and minimize her influence on collecting and analyzing data.

Participant observation witnessed how women from the young generation performed traditional postpartum practices after childbirth in their living residence. Visits to informants were conducted at least three to five times at different times of the day and varying intervals following childbirth, including the first and second week and the end of the month. Each visit lasted at least two hours. Participant observation for a week, arranged during the morning, afternoon, and evening shifts, was also conducted in the obstetric ward to observe the content and process of how nurses provided postpartum nursing care and education during the hospital stay. Field notes were written immediately after observation.

Individual in-depth interviews were conducted with all participants at a convenient time and place. Two different interview guides were tailored for KIs and GIs, respectively. The KIs were asked questions like "*What did you practice during the postpartum period?*" "*Why?*" and "*Where did you learn it?*" Questions like "*What do you think about traditional postpartum methods?*" and "*How did you perform traditional postpartum practice after giving birth?*" were asked of the GIs. Before the interviews, the researcher explained the purpose of the study and the involvement required of participants. Participants consented to record for subsequent transcription. The selected nurse students were the translators for GIs who spoke that local language that the researcher could not understand.

Data analysis: Braun and Clarke described six stages of thematic analysis to organize the data into thematic areas.²⁶ Data analysis started simultaneously with data collection and included field notes. The

interview data were transcribed immediately after collection, and field notes and transcription were analyzed concurrently. Identification of codes in the initial phase was modified through the coding process and then organized into subthemes and themes.

Trustworthiness: Guba and Lincoln's four criteria, credibility, transferability, dependability, and confirmability, ensured trustworthiness.²⁷ Credibility was achieved by prolonged engagement in the field with multiple participants, making persistent observations and triangulation of using different methods of collecting data including individual in-depth interviews and participant observation. It was also assured through having meetings with the advisory team and qualitative research experts to evaluate the codes and categories for incorporation in the data analysis. Transferability was addressed by using purposive sampling of participants who have rich information about the topic, and thick description of our findings. Dependability was reached by the detailed description of the research process and the maintenance of field

notes and reflexive journal. The research process was appraised by the advisory committee to confirm the accuracy and consistency. Confirmability was enhanced through using audit trail and examining and analyzing transcriptions, field notes, and reflexive journal.

Ethical considerations: The Ethics Committee of the Faculty of Nursing, Chiang Mai University, provided study approval (#EXP-071-2016). Before data collection, potential informants had verbal and written explanations about the research's aims and involvement and clarified that they could refuse or withdraw from the study at any time. All participants signed the informed consent, including permission to record the interviews. The researcher kept the complete recordings, and the advisory committee could check for review purposes.

Findings

A total of 33 informants took part in the study, and their characteristics appear in **Table 1**.

Table 1 Characteristics of the participants (n = 33)

Different groups of participants	Postpartum women	General informants(GI)		
		Mothers/mothers-in-law of recruited postpartum women	Midwives	Older women in the village
Gender				
Female	18	4	4	8
Age				
21-30	13			
31-40	5			
41-50		1		4
51-60		2	1	3
61-70		1	1	1
71-80			1	
81-90			1	
Marital status				
Married	18	4	4	8
Number of Children				
1	5			
2	13	4	1	3
3-5			3	5

Table 1 Characteristics of the participants (n = 33) (Cont.)

Different groups of participants	Postpartum women	General informants(GI)		
		Mothers/mothers-in-law of recruited postpartum women	Midwives	Older women in the village
Level of education				
Uneducated		4	4	8
Primary	4			
Secondary	11			
College	3			
Working status				
Working	14			
Home duties	4	4	4	8
Family pattern				
Extended	17	4	1	5
Nuclear	1		3	3
Average family monthly income (yuanRMB)				
< 2000	2		3	5
2000–4000	7	2		3
> 4000	9	2	1	
Delivery mode				
C-section	10			
Vaginal	8	4	4	8

*One participant was the mother-in-law and a traditional midwife in the past, who counted twice. Thus, the total number of participants was 33.

Changes in the Urbanization of Hukou Jiujiang Jiangxi China

Hukou is one of 11 counties of Jiujiang Jiangxi Province with a history of more than 1000 years and 125 villages in 12 townships and has experienced significant demographic changes. The Seventh Census in China in 2020 showed Hukou county had a population of 227,462 of which 103,290 (45.41%) were living in rural areas. There was a decrease of 82,053 people compared to the Sixth Census in 2010. During the last decade, the education level of the population increased, those having a college education increased from 6,823 to 10,952 per 100,000 population; senior high school education increased from 14,497 to 16,285; junior high school education only decreased from 34,740 to 30,782, and primary school education only decreased from 30,429 to 30,331. The illiteracy rate of the population decreased from 4.62% to 3.85%.²⁸

The villages and residence environment have dramatically improved because of urbanization and new communities in the Hukou rural area in the last ten years. A concrete road now extends to each village, with buses servicing each community every half hour daily. The government also spent money on village to rebuild houses with improved standards. Typically, the house is a three-floor house with a hot water supply and an individual washroom with heating and showering equipment. The local people can easily access advanced technology such as the Internet, television, and social media.

With the improved living standard, the lifestyle of local people is also experiencing changes. Traditionally, the older generation stayed at home, working on the farm. By contrast, almost all postpartum women today work outside their villages in the city for more

money to improve their living standards. Usually, the postpartum women worked as temporary workers and quit their job before returning home to give birth to the baby. Upon arrival home, most informants lived in an extended family, either with their parents or parents-in-law. After childbirth, the women typically stayed at home for several months or longer, assisted mainly by their mother or mother-in-law. They often found a new job in the city and then left their child cared for by the older generation at home.

In previous times, almost all women living in the rural area gave birth at home assisted by a traditional

midwife. According to Chinese law, all pregnant women now have to give birth in a hospital. In this study, all the informants gave birth in a hospital, and more than half experienced a cesarean section. However, the continuity of care was weak. Most women in this study reported that they did not get three home visits from nurses after hospital discharge as required by the governments and would go to the hospital if they or their baby had any problem. Only one informant got a phone call from the nurse in the hospital where she gave birth. Within the sociocultural context, two themes were identified and supported by subthemes for each (See Table 2).

Table 2 Themes and subthemes

Themes	Subthemes
Conflict of observation of <i>doing the month</i> : traditional vs. contemporary practices	Facing constraints of practicing <i>doing the month</i> in the older generation: Lacking of family support, inadequate financial support Unwilling to practice <i>doing the month</i> in the young generation under the influence of modern society: Having inadequate knowledge about <i>doing the month</i> , receiving modern postnatal care in the age of information
The dissonance between choosing between traditional and contemporary practices	Resting and activity restriction Dietary practices Hygiene practices

Theme 1: Conflict of observation of *doing the month*: traditional vs. contemporary practices

Although traditional postpartum practices are believed to be essential for women, with the dramatic changes in the living context, women’s attitudes towards the conventional *doing the month* are also experiencing changes. In the older generation, following the tradition was desired, but they could not because of the constraints they faced. Nowadays, women of a young age have all the supports for them to follow the culture, but most of them were unwilling to practice *doing the month*.

Sub-theme 1: Facing constraints of practicing *doing the month* in the older generation

The lack of family support and insufficient financial support made the older generation not practice *doing the month* strictly. However, they believed it

essential for maintaining their health and preventing diseases in later life.

Lacking family support. Most of the old generations described the lack of family support to perform *doing the month*. They had to do household work and farm work in the field too soon after childbirth. They also described their discomfort because of not practicing *doing the month*.

*My mother-in-law was too busy to help me. ... I lay in bed for only two to three days. Then, as a healthy person, I worked in the farm field, I also had to do all the household work ... I did not practice ‘*doing the month*’ well, so I have had low back pain and knee pain for many years. (N22)*

By contrast, nowadays, the younger generation receives support from their family members in postpartum and infant care. They could concentrate on practicing *doing the month* without worrying about anything else.

I lie in bed all day but do nothing. My mother-in-law washes clothes, prepares food, and takes the baby with her at night in her room to look after. She even helps me to wash my feet. She takes the basin of water to the bedroom and enables me to clean my feet. I need to sit on the side of the bed. (N2)

Inadequate financial support. The low socioeconomic status of the older generation made life harder and inconvenient to practice *doing the month*.

Chickens are the best food for postpartum women. But I only ate one chicken when I practiced 'doing the month' after childbirth... I want to keep the hens to lay eggs, which could be sold for some money to buy some family life necessities. (N32)

We did not have a water heater in the past. The coal stove boiled the warm water. To save some coal for the family, I used cold water to wash clothes by hand in the village pond. (N30)

While the family socioeconomic status in rural areas has improved dramatically, postpartum women no longer worry about how to afford food. The family's concern is now what is best for postpartum women to eat.

I ate the hens raised by my mother-in-law and my mother. They raised many just for me to eat when I practice 'doing the month' after childbirth. (N11)

The residences of postpartum women in the rural area today have improved housing facilities that make their life during the postpartum period more comfortable.

Whenever I use water, I use warm water from the heater to avoid cold water. For most clothes, I just put them into the washing machine. I do not need to touch the water. (N18)

Sub-theme 2: Unwilling to practice doing the month in the young generation under the influence of modern society

Even with excellent conditions for the new mothers from a young age to keep *doing the month*, there is now a trend for most postpartum women not to follow the traditions and even to question their value. They did not sufficiently understand the value of following *the month* or placing more value on modern postnatal care in the information age.

Having inadequate knowledge about doing the month. With the popularization of Mandarin, postpartum women are not familiar with the exact content and meaning of *doing the month* in the local language. Resting in the room with the door and window closed to avoid any wind, for example, is the core practice of *doing the month*. Beliefs are that wind can cause future problems with headaches, according to the traditional Chinese medicine doctor and the older generation. As a result, most young women did not practice *doing the month*, as suggested by the older generation.

I often sit in the yard when there is sunshine, as I like the sun. I do not worry such gentle wind outside would influence my health in the future. (N8)

Receiving modern postnatal care in the age of information. Besides traditional *doing the month*, women today can easily access advanced postnatal care both from the hospital and online. In this study, informants were educated about postnatal care by nurses and doctors based on western medicine when giving birth in a hospital. All used smartphones to search for the traditional practice of *doing the month* and modern postnatal care. Increased knowledge and more options are offered for postpartum practices, resulting in younger women choosing modern postnatal care.

I believed in science as well as nurses. For example, the nurse told me to wash the body, particularly the perineum area, to further reduce bacteria to prevent infection. So, I wash often. (N17)

Theme 2: The dissonance between choosing between traditional and contemporary practices

The information on postpartum practices based on tradition, nurse professionals, or online might be different or contradictory. The conflicting information confused the women and influenced their decision-making on what to practice during the postpartum period. In this study, only a few women followed the tradition strictly; most modified the practices according to their interpretation. Abandonment of some parts of the traditions occurred. Whatever postpartum practices they chose to perform, the women felt ambivalent. Their decisions during the postpartum period regarding rest and activity, diet and hygiene, which were the most common parts of traditional postpartum practices, shine a light on the current situation.

Sub-theme 1: Resting and activity restriction

The older generation encouraged lying in bed as much as possible without exercise or household activities and believed the practice was necessary to prevent low back pain or uterine prolapse in the future. All women, except one, got out of bed either for exercise or for household activities. Many reasons explained their behaviors.

Besides the suggestions of traditional practices from the older generation, the women also got contradictory advice from nurses, who suggested that some exercise or household activities could promote postpartum recovery, particularly for women who had cesarean sections, hastening wound healing and avoiding intestinal adhesions. One informant complained that both sides seemed reasonable and did not know which side to follow. She tried to make a middle way between these two.

My mother-in-law asked me to lie in bed all day for a month. The nurse said I needed to get out of the bed to exercise often as appropriate. It is challenging to lie in bed strictly for a month. However, I did not do exercise but some activities in the house. (N10)

Many women believed in the online views about postpartum exercise or household activities, but these had differing opinions. One said she just followed the practices when many people online said they did the same.

My mother asked me not to, but I searched the online chat forum, where the new mothers shared their experience of observing postpartum practices. Many of them shared that they also did some exercise or household activities, which could promote recovery. I chose them. (N3)

The following excerpt also helps to illustrate this issue:

Except for lying in bed for the first two days after childbirth, I acted as I wished for the rest time. My mother said I would get low back pain when I was old. I am not sure about that. However, my health is good; I do not worry about the future. (N10)

According to traditional practices, when postpartum women rest in their room, they should not use their eyes too much to prevent tired eyes, vision loss at an early age, and dry eyes. Thus, reading a smartphone or watching TV is prohibited. However, all the women in this study read smartphones or watched TV for less than one hour to more than four hours per day while *doing the month*. Notably, the smartphone connected postpartum women and the outside world. Moreover, it was convenient to use.

I knew it was too much, as I had tired eyes. However, I was too dull. I had to stay in the room for a month with nothing to do. When I read the smartphone, I can know what happened out there. Moreover, time flew fast. (N13)

Sub-theme 2: Dietary practices

In this study, the postpartum women implemented a variety of nutritional practices. For instance, based on the tradition, they were encouraged to eat *hot* food

like chicken and brown sugar as much as possible to promote recovery. However, most avoided following these traditional practices as they received suggestions from the nurses that some health problems may occur with their baby.

My mother-in-law cooked chicken soup with noodle... But I did not eat regularly since the nurse suggested I eat some bland food, mainly in the first week, to prevent neonatal jaundice. For the baby's sake, I delayed a week to eat chicken. (N15)

I drank brown sugar water once within the first two days; I had more lochia. The nurse told me it was because of brown sugar. I stopped drinking it. (N6)

By contrast, by tradition, *cold* food was prohibited to avoid current health problems or those in later life, such as teeth pain, stomach pain, the delay of lochia discharge, and diarrhea of the woman or the baby. All fruits were defined as *cold* food by the older generation. However, most postpartum women ate fruit to different degrees as they like to eat or as suggested by nurses or people online.

I downloaded an APP of 'abytree of Bearing and Rearing,' which was suggested by a nurse... When I wanted to eat fruit like an apple, I asked whether I can eat it. They said I can, so I followed. (N18)

Sub-theme 3: Hygiene practices

Basic hygiene was a common cause of dissatisfaction among modern postpartum women. The traditional *practice of doing the month* denies washing hair, taking a bath, or brushing teeth to avoid cold and prevent diseases such as cold, headache, teeth pain, or early future teeth loss. However, nurses suggested they wash their hair and take a bath often to keep clean and comfortable. Information and recommendations about postpartum practices online varied, depending on the source. Many women were confused about

whether they could wash their hair or take a bath or not. In this study, all women found ways to modify such practices, such as washing hair less frequently than usual with warm water, wiping the body instead of bathing, and brushing teeth gently.

My mother did not allow me to wash my hair, but I wanted to. So I searched online ...many people said yes but use warm water. Then I washed my hair with warm water. (N1)

Discussion

This ethnographic study revealed the changes in traditional postpartum practices among women in China's current modernized rural area.

The influences on traditional practices by western medicine

Western medicine has had a significant impact on traditions in modern China. Traditional Chinese medical doctors do not play a role in tailoring traditional practices for postpartum women. These women typically do not think they need to consult a traditional doctor after childbirth. However, different from Chinese women's positive beliefs of the preventive, curative, and adaptive nature of traditional postpartum practices,^{6,8} healthcare providers with western medicine backgrounds usually pay more attention to the negative opposing sides of the tradition on maternal and infant health. Therefore, what nurses provide and teach postpartum women typically contradicts what women and their families are traditionally supposed to do, resulting in confusion.

Long-time bed rest and activity restriction to a different degree were experienced by women participating in this study, which was mainly believed to prevent chronic diseases like low back pain in the future. However, Liu et al. found that, instead of avoiding diseases, physical symptoms could result in back pain, sleep disorder, and constipation, as well as more depression.²⁹ Wang et al. reported that traditional

postpartum practices did not decrease the risk of chronic pain for women 5–11 years after their deliveries. Avoiding reading could not predict eye ache, for instance.³⁰ Strand et al. even claimed that women’s confinement at home, mainly in the bedroom with doors and windows closed for a whole month, might induce rickets among both mothers and babies.³¹ Ding et al. found that postpartum women who never or rarely opened the windows had higher postpartum depression.¹⁰

Nurse scholars criticized the dietary practice about the imbalance of nutrition intake, especially the lack of vegetables and fruit considered cold foods, and the overload of eggs and brown sugar.²⁰ This might be associated with maternal malnutrition and constipation. In this study, fruits were generally viewed as cold food and thus prohibited. Meanwhile, postpartum women were also suggested to delay greasy food and brown sugar intake. They worried that the greasy food like chicken in the first week might aggravate neonatal jaundice, and the initial brown sugar intake might increase the amount of lochia.

The traditional beliefs to avoid washing, bathing, and brushing teeth were mainly to prevent diseases and headaches later in life. However, a study found no relationship between these two, and a whole month without washing, bathing, and brushing teeth might cause a low quality of life for postpartum women.³⁰ In this study, the women were encouraged to wash their hair and take a bath often to keep clean and comfortable.

Though modern postpartum nursing care and education based on western medicine significantly impacted traditional postpartum practices,³² was somewhat limited in this study. For example, all postpartum women availed themselves of modern nursing care; however, they still followed traditional care practices to some degree. One of the reasons is that most women had a low education level. A previous study found that less-educated women were more likely to follow traditional postpartum practices.¹⁹ The degree of traditional practice might also be because compared

to prepartum and intrapartum nursing care, postpartum nursing care and education were not given as much attention from nurses. Further, there was no continuity of postpartum nursing care and education after the women’s discharge. This situation gave the women, and their families have more freedom to choose traditional postpartum practices, particularly when they went back home.

The influences of modernity on traditional postpartum practices

In this study, almost all recruited women found ways to modify the hygiene practices of not bathing, washing, or brushing teeth. Previous studies in Hong Kong and Taiwan had similar findings.^{13,33} The improved living residence and modern technology in a rural area, clean water, and a steady supply of hot water have made it easy for hot water to be available with a gas or electric water heater.¹³ By contrast, in China’s past society, there was no stable warm water even with germs in the water,³³ which might result in postpartum women being exposed to infection and cold. Therefore, instructions were not to bathe, wash, or brush teeth. Moreover, the women in this study did not need to worry whether they could afford what they wanted during the postpartum period because of the improved living standards.

All women in this study used a smartphone for various purposes, though they knew it was not good for their eyes based on traditional belief. They searched for information about postpartum practices, including both traditional and modern. They also learned from the diverse experiences of other postpartum women. Finally, they chose the practices to follow as they wished. As a result, it is expected that many postpartum women expressed their belief in tradition, but what they did was totally another thing during the researcher’s observation. These decisions to accept postpartum practices are congruent with Naser et al.’s findings.¹⁶

In this study, postpartum women from the younger generation had limited knowledge of the traditional *doing the month* because of the fading local

language. The older generation told the young mothers about this, but many viewed the practices with suspicion or did not believe in them. The young were considered more self-centered and tended to make their own decisions as they wished about what and how to do it during the postpartum period. The young generation in Hong Kong expressed identical views.¹²

Furthermore, when experiencing profound changes in today's society, the older generation in this study admitted that their bad experience of observing the month was based on their lived context. They were changing their attitudes, even their behaviors, regarding the postpartum traditions. They became less strict when they suggested that the young postpartum women follow tradition. They also changed their communication methods with their daughters or daughters-in-law when they assisted with *doing the month* implementation. The elders considered and accepted suggestions and requirements from their daughters or daughters-in-law. Thus, they supported what the postpartum women needed. This behavior represented a change in dialogue that allows postpartum women to choose what they want to perform about postpartum practices.

Limitations

Most older generation participants, including mothers or mothers-in-law, traditional midwives, and other older women in the villages, spoke the local language. The data were obtained from them through the younger generation's translation, making the researcher miss critical information. The husbands were omitted as participants, but their views on traditional postpartum practices might have influenced their wives' decisions and practices in modern or traditional ways.

Conclusion and Implications

This study's findings underline the critical trend of changes and the interpretation of traditional postpartum practices in the modern Chinese context.

Women in many cultures face conflicting information about traditional practices versus contemporary advice from others. However, the findings contribute to our knowledge about rural China in particular and issues that go across cultures. Nurses in China played a limited role in providing postpartum nursing care. Evidence-based nursing practices should emphasize nursing practice and family teaching related to traditional postpartum practices. Cultural competency requires the cultivation of nursing students and nurses to provide culturally sensitive postnatal nursing care to reduce the ambivalence of the postpartum women and their families about their choice of postpartum practices.

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การวิจัยเชิงชาติพันธุ์วรรณนา “การอยู่เดือน” และการปฏิบัติตัวหลังคลอดสมัยใหม่ของสตรีชนบทในมณฑลเจียงซี ประเทศจีน

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บทคัดย่อ: ความทันสมัยทำให้เกิดการเปลี่ยนแปลงทางวัฒนธรรมอย่างมากภายในประเทศกำลังพัฒนาอย่างไรก็ตาม สตรีชาวจีนยังคงปฏิบัติตามการปฏิบัติตัวหลังคลอดแบบดั้งเดิม การอยู่เดือน ซึ่งเป็นการปฏิบัติตัวอย่างเคร่งครัดในเดือนแรกภายหลังคลอด การวิจัยเชิงชาติพันธุ์วรรณคัรังนี้เป็นการศึกษาว่าสตรีหลังคลอดที่อาศัยอยู่ในพื้นที่ชนบทในประเทศไทยมีการผสมผสานการปฏิบัติตัวหลังคลอดแบบดั้งเดิมกับการเปลี่ยนแปลงทางบริบทในท้องถิ่นอย่างไรและในระดับใด โดยมีวัตถุประสงค์เพื่อทำความเข้าใจถึงเหตุผลของการเปลี่ยนแปลงการปฏิบัติ การอยู่เดือน ที่เกิดขึ้นในยุคปัจจุบัน เก็บรวบรวมข้อมูลตั้งแต่เดือนมกราคม 2560 ถึงกรกฎาคม 2560 โดยการสัมภาษณ์ล้วนร่วมและการสัมภาษณ์เชิงลึก คัดเลือกผู้ให้ข้อมูลจำนวน 33 คน ประกอบด้วยผู้ให้ข้อมูลหลักซึ่งเป็นสตรีหลังคลอด 18 คน และผู้ให้ข้อมูลทั่วไปซึ่งเป็นสตรีสูงวัย 15 คน ได้แก่ นารดา มาตรดาของสามี ผดุงครรภ์แพนโรบราณ และสตรีสูงอายุคนอื่นๆ ในหมู่บ้าน วิเคราะห์ข้อมูลโดยใช้การวิเคราะห์แก่นสาระ

ผลการวิจัยเน้นย้ำถึงแนวโน้มของการเปลี่ยนแปลงที่สำคัญและการตีความของการปฏิบัติตัว หลังคลอดแบบดั้งเดิมในบริบทของเจ้าสมภัยใหม่ โดยพบว่าสตรีรุ่นเก่าต้องการให้มีการปฏิบัติตัวหลังคลอดแบบดั้งเดิมแต่ไม่สามารถปฏิบัติได้อย่างเคร่งครัด เช่นเดียวกับสมัยก่อนได้ คนรุ่นใหม่ไม่ต้องการปฏิบัติตามธรรมเนียมปฏิบัติดั้งเดิมที่มีข้อกำหนดที่เคร่งครัดในยุคปัจจุบัน นอกจากนี้ สตรีรุ่นใหม่ส่วนใหญ่รู้สึกลับสน ในการเลือกระหว่างวิธีปฏิบัติตัวหลังคลอดแบบสมัยใหม่และแบบดั้งเดิม ผลการวิจัยแสดงให้เห็นถึง ความจำเป็นเร่งด่วนในการพัฒนาการดูแลหลังคลอดที่เหมาะสมทางวัฒนธรรมสำหรับสตรีชาวจีน ภายหลังคลอดในวิธีที่วิวิฒน์สมัยใหม่

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คำสำคัญ: ความเชื่อและการปฏิบัติ ประเทศไทย การอยู่ดีใจ การวิจัยเชิงชาติพันธุ์วรรณนา หลังคลอด การดูแลหลังคลอด

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