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Doing the month (*Zuo Yuezi*): postpartum embodied practices and subjectivity among urban white-collar Chinese women

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The examination of the evolution of traditional customs in changing sociocultural contexts provides interesting perspectives for understanding shifts in individuals' health behavioral patterns, their embodied experiences and subjectivity, and differences between subsequent cohorts at the empirical level. As researchers, it is indeed fortuitous that we have the capacity to respond with abundant empirical data and enrich theories a step further, which has been one of the greatest and most exciting achievements in the process of authoring and refining this work.

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Abstract

In China, the postnatal bodily experiences of urban white-collar women intricately relate to the tradition of “doing the month” (DTM). The DTM guidelines serve a dual purpose: they aid women in recuperating from postnatal frailty and act as cultural restrictions that govern women's bodies as bearers of fertility for patrilineal families. This research delves into the postnatal embodied practices of white-collar Chinese women and their articulations of subjectivity during DTM. The findings enrich the theory of embodiment with empirical materials in terms of embodied cultural practice by illustrating how women exhibit embodied subjectivity at the intersections of traditional, modern, and gendered discourses. The findings reveal the affirmative bodily practices of women we interviewed: (i) They astutely employ both beneficial DTM regulations and non-DTM knowledge to support their own body's recovery. They also procure professional services for enhanced recovery. (ii) They express embodied subjectivity during postnatal breastfeeding, which serves as a way to adapt to motherhood. (iii) From the viewpoint of social relations, mothers can devise coping mechanisms to assert agency during interactions with primary family members concerning breastfeeding and infant care. These findings transcend the literature on women's body–self relations and extend to the examination of body–self–family relations from a postfeminist standpoint, thereby enriching embodiment theory by suggesting that cultural values and disciplines shape and inform the expression of subjectivity through the body–mind connection during embodied practices.

Keywords: Embodiment theory, Urban white-collar Chinese women, Doing the month (*Zuo Yuezi*), Embodied subjectivity, Postfeminism

Introduction

“Doing the Month” (DTM), known as “*zuo yuezi* (坐月子)” in Mandarin, is widely recognized as a Chinese custom that prescribes recuperative practices for women following childbirth (Ding et al. 2020; Yeh et al. 2017). This cultural practice provides a systematic framework that dictates permissible and prohibited physical activities for women during the postpartum period, encompassing aspects such as dietary habits, personal hygiene, and breastfeeding (Zhang et al. 2009). Notwithstanding its inception more than two millennia ago, the tradition of DTM continues

to hold substantial relevance in contemporary Chinese societies (Tsai and Wang 2019). The DTM tradition has been posited to reflect China's patriarchal ethos (Liu 2019; Zhang et al. 2009). However, in the contemporary era, there has been a marked enhancement in the social standing of Chinese women in recent decades. Against this backdrop, the understanding, attitudes, and experiences of DTM among women of younger cohorts (for instance, those born in the 1980s or 1990s) may deviate considerably from those of preceding generations, such as their parents or grandparents. Swift advancements in medical and health sciences, coupled with the quest for gender parity in familial relationships, may have further catalyzed the evolution of DTM among Chinese women (Dai 2019).

In his work, Csordas (2024:2) highlights Merleau-Ponty's concept of 'Embodiment,' which refers to the existential condition that "grounds our being-in-the-world." Csordas further dissects embodiment into three key components: corporeality (bodily integrity), animality (involving non-human life), and materiality (built and natural environment for human beings). According to Csordas, it is embodiment rather than body represents the fundamental existential state of human beings in their relationship with the world. Thus, embodiment emerges as a paradigm within the field of anthropology (Csordas 2002), drawing considerable scholarly interest. Exploring embodied experiential realities has emerged as an avenue for comprehending the interplay between the body and the external world (McDonald 2018). In feminist research, the theory of embodiment, which scrutinizes the dynamic interplay between women's corporeal realities and societal contexts and the manner in which this interplay molds and impacts women's gendered identities, is being increasingly applied in sociological investigations pertaining to women's physical experiences (Neiterman 2012). Previous academic research has delved into the societal norms that postnatal women encounter and their subjectivity. The results suggest that postnatal bodily practices can serve as a means for women to articulate their identities (*refer to* Bailey 2001; Carter 2010; Fox and Neiterman 2015; Neiterman and Fox 2017). However, these empirical investigations are predominantly conducted within Western settings. Given the continued prominence of DTM, there is a pressing need for research into the postnatal embodied practices of Chinese women. Women from younger generations in China, who are more likely to be socioeconomically autonomous than their predecessors, may be experiencing positive shifts in their social and familial roles due to this independence, as they are less susceptible to the detrimental effects of historical patriarchal norms and regulations.

In other words, the sociocultural context for women's postnatal embodied practices in China is distinct from that in the West (Zhang and Liu 2018). For example, a study by Yeh and colleagues (2014) revealed that contemporary women who opt for postpartum nursing centers are guided by a blend of knowledge derived from traditional DTM rules and modern medicine. Despite these academic advancements, there is a dearth of literature on the bodily sensations of Chinese women and their emotional responses, self-adjustments, and methods of altering norms through DTM practices. Consequently, in the present study, we employ embodiment theory to explore how Chinese women respond to, adapt to, manage, and embrace DTM, a robust traditional cultural influence they encounter postdelivery.

Literature review

Doing the month: traditional roots and modern challenges

Traditional Chinese medicine forms the foundational basis of DTM (Holroyd et al. 2005). Nevertheless, contemporary medical and health sciences have become an integral part of daily life, leading to a reconceptualization of “health” within the Chinese context (Yang and Ren 2014). Presently, women can adapt antiquated DTM guidelines to align them with more scientific directives (Dai 2019). The increasing utilization of postpartum nursing centers reflects the autonomous modifications Chinese women are making to the DTM tradition, thereby expressing their requirements for midwifery care (Yeh et al. 2017).

Furthermore, the fertility behaviors of Chinese women, including DTM, were historically shaped by China’s patriarchal ethos. Traditional Chinese family ethics delineate the roles of young women as progenitors for their husbands’ families and clans (Zhang et al. 2009). Elderly female family members held a degree of authority in prescribing DTM, thereby placing postnatal women in a relatively vulnerable position (Zhou 2019). However, the dynamics of intergenerational power have evolved in contemporary times. Younger Chinese women, particularly those with a higher socioeconomic status, are capable of asserting themselves against older authorities (Shen 2011).

DTM, which is deeply rooted in tradition, is facing the challenges of modernity. Existing research has investigated how modifications in women’s DTM practices are influenced by modern medicine and improved familial status of women. While women’s bodies are considered a “site of subjectivity” (Witz 2000:6), there has been a paucity of focus on women’s embodied experiences and how women exercise their subjectivity and agency through bodily practices aimed at altering traditional DTM norms.

Women’s postnatal bodily practices: an embodied perspective

The postnatal phase is characterized as a transition to motherhood, in which women have distinct physiological experiences (Shilling 2012). Physiological transformations, inclusive of hormonal fluctuations, in conjunction with sociopsychological adaptation to motherhood, present women with challenges and a degree of uncertainty (Tsai and Wang 2019).

Sociological inquiries provide a multitude of lenses for scrutinizing the contemporary postnatal bodily experiences of women. A significant segment of the literature explores how women’s bodies are objectified during the postnatal phase. Institutions and societal norms act as disciplinary forces that impose constraints on women’s postnatal bodies, thereby diminishing their subjectivity. For example, the paradigm of ideal maternal responsibility necessitates women’s perpetual self-sacrifice for the sake of childcare. The prioritization of infant care often results in women relinquishing control over their bodies (Carter 2010; Wall 2001). Such studies underscore the sociocultural dynamics that regulate women’s bodies, leaving them with minimal opportunities to articulate their intricate emotions via somatic practices (Bobel 2010).

Nonetheless, theoretical discourses and empirical evidence derived from this constructivist perspective merely examine the issue of the postnatal body from a singular viewpoint. The interactions between women (and their bodies) and the sociocultural

narratives they encounter should play a pivotal role in related investigations. Importantly, contemporary Chinese women possess the capacity to resist societal and cultural disciplines during their transition to motherhood. The theory of embodiment was formulated and implemented (Carter 2010) in response to the academic oversight of the “inner” voice of women’s postnatal bodies. Embodiment is posited as a juncture where individual and sociocultural elements intersect (Jackson 2011; Ross 2019). It emphasizes humans’ practical involvement in everyday life and illustrates the inseparability of mind and body throughout the lifespan (Nettleton 2021:115). In summary, as a cornerstone of feminist studies, the theory of embodiment underscores the significance of previously overlooked practices related to the female body. It addresses traditional gender-related queries by delineating the diverse practices associated with the female body, elucidating the connection between the body and the gendered self, and forging a link between bodily practices and societal control. This focus implies that the theory of embodiment can facilitate investigation into the ways in which modern women actively articulate their identities through somatic practices.

Scholars have posited that the bodies of women can serve as communicative mediums in postnatal bodily practices. Postnatal women undergo significant bodily transformations and interpret varying usages of their bodies in novel terms. During this transition, the identities of women can be associated with bodily modes of communication, wherein the postnatal body evolves into a body that is “self-creating” (Baily 2001; Frank 1991). Consequently, postnatal bodily practices can engender discursive spaces for women to reconstruct their self-identities and express their subjectivity, including the performative gendered facets of their identities (Bailey 2001; Neiterman 2012). As indicated by Bailey, some middle-class white women in England perceived breastfeeding as a means of self-affirmation that counters the traditional objectification of women’s bodies, as they regard the nurturing function, rather than the sexualized function, as the “authentic purpose” of their breasts. Through the corporeal experiences of childbirth and infant care, women may thus empower their maternal bodies and assert themselves as gendered subjects via embodied practices.

Fox and Neiterman (2015) conducted an in-depth examination of the postpartum bodily sensations experienced by women during infant care and their interactions with their social environment. Through the postnatal practices of childbearing and breastfeeding, some women gained an understanding of the functionality of their bodies, leading to “newfound confidence” (Fox and Neiterman 2015: 681). The emphasis on self-care indicates women’s self-empowerment following childbirth. Women were driven to “reclaim a sense of control over their bodies” by incorporating more exercise and maintaining balanced diets (Neiterman and Fox 2017:146). In essence, the perspective of embodiment views the postnatal bodily practices of women as a form of self-empowerment and growth, thus serving as a response to external societal regulations (Li 2020).

The theoretical objective of embodiment theory is to scrutinize modifications to gendered identity, which marks the genesis of “embodied subjectivity” (Bailey 2001). Consequently, this paper endeavors to probe the potential metamorphosis of women’s gendered identity through their embodied experiences in the postnatal phase. Within the Chinese context, DTM furnishes a platform for such an investigation. Consequently, our study provides not only significant insights into the understanding of DTM,

a traditional Chinese custom, but also elucidates the potential shifts in young women's perceptions of their gender identities within the context of specific traditional cultural practices.

Postnatal practice in the Chinese context

Within the contemporary Chinese milieu, scholarly discourse explores postnatal practices through a variety of lenses, encompassing cultural and traditional interpretations, gender dynamics, intergenerational interactions, and media representations.

Adherence to traditional postnatal instructions and practices appears to be more prevalent among women residing in rural regions of China, where the impact of traditional cultural practices on health-related behaviors tends to be more pronounced than that in urban areas. Wang and collaborators (2008) collected quantitative data in rural areas of Hebei, a northern province of China. They found that younger age and higher educational attainment cannot significantly alter many women's behavioral patterns regarding eating, sanitation, dress, activity, and household chores during the postpartum period. The results demonstrate that traditional postpartum rituals have deep roots among Chinese women living in rural areas. Similarly, Wang and colleagues (2019) investigated postnatal customs among women aged between 20 and 30 residing in the rural areas of Jiujiang city, Jiangxi, a province in central China. Their findings revealed that conventional postpartum customs are profoundly ingrained in the minds of these women. Furthermore, they observed that the perpetuation of these traditional rituals and practices among Chinese women is significantly influenced by generational instruction and intervention. This finding underscores the enduring impact of cultural heritage on health behaviors in this context. Nonetheless, modifications in accordance with modern medical knowledge are also possible.

In contrast, a greater array of choices is available for women residing in urban environments. Lin et al. (2021) conducted an in-depth examination of “*Yuezi* (月子)” clubs (i.e., postpartum nursing centers, PNCs) situated in Guangzhou. Their research focused on the potential impact of *Yuezi* club services on mitigating intergenerational disagreements pertaining to traditional practices and caregiving during the postnatal period. They also examined the role these services may play in fortifying relationships between nuclear family members.

Furthermore, within the digitalization framework, the emergence of innovative social media platforms may have redefined the significance attributed to conventional postpartum guidelines. These platforms provide young mothers with opportunities to implement new standards related to postpartum recovery. For example, a recent study by Liu and Wang (2023) demonstrated that information related to postnatal recovery disseminated on *Xiaohongshu*, a self-media platform conducive to timely posting and information sharing, emphasizes the importance of authoritative medical knowledge for postpartum body recovery and proposes a constrained perspective of what constitutes a “normal” postpartum body. Consequently, new mothers utilizing *Xiaohongshu* may assimilate these disciplinary discourses and norms, thereby engaging in self-monitoring practices related to childcare and bodywork.

In short, the above-discussed diverse analyses and findings enrich and nuance our understanding of postpartum practices within the contemporary societal milieu of

China. Existing research has shed light on the postnatal customs of younger generations of Chinese women and the degree to which they conform to traditional guidelines. However, these studies did not thoroughly investigate the ways in which postpartum women exercise their agency for bodily recovery within the sociocultural settings in which they are embedded. Furthermore, some studies emphasize dualism from the viewpoint of the disciplined body of women in the postnatal phase. There remains a need for a more thorough investigation of women's embodied subjectivity, as reflected by their approaches to employing and modifying DTM rules from a nonbinary and more comprehensive and holistic standpoint.

Embodied practice through DTM

While a burgeoning corpus of research has explored the embodied practices of women, the literature focuses predominantly on the Western milieu, thereby leaving a knowledge gap regarding the younger generations of Chinese women in present-day China. Our investigation underscores the significance of the sociocultural context in discourses on women's embodied practices (Neiterman 2012). The traditional family-centric culture of China emphasizes the perpetuation of the patriarchal clan, thereby positioning women's bodies as vessels of fertility (Shen 2011). However, the substantial societal transformations in China in recent decades, including the rapidly advancing status of women, necessitate an examination of the embodied experiences of young Chinese cohorts transitioning into motherhood. The women interviewed shared diverse, multifaceted social environments where the DTM tradition, contemporary scientific data and knowledge, and gender discourses converge and intersect. These women exhibit greater socioeconomic independence and individualism, yet continue to face persistent discipline from China's family-centric culture, which dictates their roles and responsibilities within the household (Song and Ji 2020). The women's personal circumstances, their dilemmas, and the changing societal conditions warrant a comprehensive analysis, which can augment and expand the theory of embodiment, situating the exploration of Chinese women's embodiment within the perspectives of intersectionality and relationality, given the unique sociocultural contexts that are in flux (Pedwell 2007). Consequently, the current study seeks to subtly elucidate how the body–mind connection has been shaped by local cultural disciplines and practices (Leung et al. 2011). It aims to discern the distinct aspects of the Western embodiment literature that are relevant through an empirical understanding of how younger Chinese cohorts enact and express embodied subjectivity during the postnatal period and the pursuit of gender equity that motivates their practices.

This study

Research questions

To augment the existing literature, we explore three research questions. Initially, we seek to understand how young white-collar Chinese women interpret and navigate the DTM tradition and its associated rules and how their experiences inform the expression of their subjectivity through postnatal embodied experiences. Subsequently, we comprehend their subjectivity as manifested through breastfeeding during the DTM period, a practice that helps facilitate adaptation to motherhood. Finally, we investigate whether

parenting, as an act of expressing embodied subjectivity during the DTM period, precipitates a shift in the gendered identity of these young women.

Defining key terms

In this context, “experiences” are delineated as the interviewees’ personal perceptions and actions throughout the DTM period, encompassing aspects such as dietary and lifestyle norms, breastfeeding practices, and parenting approaches. The researchers became familiar with interviewees’ experiences through narratives that emerged from the interviews. Subjectivity is a key concept in embodiment theory. In this theory, the body is the embodiment of the subject. According to Wilcox (2014:3), embodied subjectivity is “a category [that] is open to the ways in which people experience a ‘felt sense’ of their bodies, desire, and sexual feeling in ways that do not necessarily correspond to sex, gender binaries, or heterosexual norms.” By extension, in the context of this study, subjectivity refers to the autonomous, proactive, and purposeful characteristics of interviewed women’s activities during DTM. It manifests in the way these women possess their own thoughts, desires, decision-making, and capabilities for choice through rational judging and choosing their course of action based on their own needs and values. In routine DTM procedures, women’s subjectivity manifests through their capacity and agency for action.

Additionally, we utilize the term “white collar”, a classic sociological term, to identify the interviewees. Mills (2002) profoundly analyzed the “white-collar” class as the new middle class emerging in American society after World War II. According to Mills, “white collars” refer to the new middle class in capitalist production and distribution systems who do not (primarily in some cases) possess the means of production but earn their wages by participating in a broad range of technical industries, administrative and managerial affairs, service-related jobs, and so forth. The emergence of the white-collar class is rooted in the changes in occupational structure under the capitalist production system; hence, the white-collar class resembles an “occupational salad” (Mills 2002:291), with internal differentiation in terms of occupation, income, social status, and prestige. For instance, technicians, engineers, managers, governmental officials, doctors, lawyers, ordinary professionals, and salespersons can all be categorized under the white-collar class. Notably, Mills (2002) focused on political attributes, tendencies, and potentialities in his analysis of the white-collar class; however, this is not the subject of our current study.

With respect to the Chinese societal milieu, it has become apparent that China’s white-collar (*bailing*) group has emerged as an important social force and consumer group over the past four to five decades since 1978 (Duthie 2005). Li (2005) analyzed the characteristics of China’s white collars since the 1990s by using the case of Shanghai. Li’s research underscores Shanghai’s role as a pioneer region in China’s economic reform, transformation, and rapid development. A notable shift in Shanghai’s occupational composition was observed from 1990 to the early 2000s. The growth in the absolute numbers and proportions of individuals employed in professional technical roles and the service industry was particularly striking. Many of these professionals, typically characterized by moderate to high income levels and a certain degree of consumption ability and social esteem, represent the burgeoning new middle class. However, the term “white-collar”

encapsulates not only conceptions of “social status,” “social prestige,” or “social class” but also a contemporary lifestyle (Hird 2009). For instance, self-health awareness and practices are regarded as pathways to the materialized body, and urban, white-collar Chinese women demonstrate a pronounced propensity toward the adoption of a healthy lifestyle through the management of health-related activities such as exercise, dietary habits, and other related practices (Huang 2010).

Within the societal context of China, as Duthie (2005) showed, attributes such as elevated educational accomplishments and salaries, abundant career opportunities, and comfortable lifestyles are markers of (a part of) the country’s white-collar demographic. From a more general perspective, although there is a noticeable inter-cohort disparity in terms of social experiences, value systems, and political inclinations within China’s white-collar population, they commonly pursue certain lifestyle and consumption patterns and face substantial work and consumption pressures (Li 2005). Thus, we employ the term “white collar” to encapsulate the attributes of the subjects of the current study, taking into account the profound implications of this concept.

Methods

Research participants

We recruited fifteen research participants, all of whom were gainfully employed in white-collar professions within the Pearl River Delta, a region distinguished for its socioeconomic affluence in China. The majority of the participants possessed a master’s degree, with none of them having an educational attainment below the collegiate level. In addition, the occupational composition of the participants is distinctly delineated. Their roles include university administrative personnel, customer service management, a financial and accounting professional, staff involved in pharmaceutical research and development, an employee of China’s state-owned enterprises, and a supervisor in call center customer service. These professions, to a certain degree, guarantee them a middle-tier income bracket. Consequently, considering factors such as their places of residence, educational attainment, professional roles, income brackets, and societal standing, it can be deduced that these participants are representative of the white-collar demographic.

Each research participant had practiced the DTM within the past two years. This selection criterion was used to help elicit accurate narratives based on recent postnatal experiences. The first author conducted data collection through in-depth semi-structured interviews. The interview framework was constructed, reviewed, and finalized through collaborative discussions between the two authors. We used a snowball sampling method but also considered the heterogeneity of the interviewees.

Table 1 shows the comprehensive attributes of each respondent, who have an average age of 32.47 years. The interviewees born in the 1980s or 1990s constitute what can be referred to as the younger generation, particularly when contrasted with their parental counterparts who were born during the 1950s or 1960s. Among the participants, those with two children ($N=8$) or three children ($N=1$) based their DTM experiences on their most recent childbirth. The remaining six interviewees were first-time mothers. In this study, natural childbirth was the predominant choice ($N=10$) among urban Chinese women, although cesarean delivery was also a popular option. The duration of their

Table 1 Maternal and DTM characteristics of the interviewees

Interviewee	Age at interview	Number of children	Type of Birth	Type of the Nearest Delivery	Duration of DTM (Days)	Major Place for DTM	Type of Breastfeeding
F01	38	2	Second Birth	Cesarean	30	Home	MF
F02	26	2	Second Birth	Cesarean	28	PNC	MF
F03	32	1	First Birth	Natural	60	PNC	MF
F04	32	1	First Birth	Natural	30	Home	MF
F05	32	2	Second Birth	Natural	42	Home	MF
F06	30	2	Second Birth	Natural	30	Home	MF
F07	30	1	First Birth	Cesarean	43	Home	MF
F08	31	1	First Birth	Natural	42	Home	EB
F09	35	2	Second Birth	Natural	42	Home	EB
F10	28	1	First Birth	Natural	30	Home	MF
F11	35	2	Second Birth	Cesarean	35	PNC	FF
F12	36	2	Second Birth	Natural	26	Home	MF
F13	39	3	Second Birth	Natural	42	Home	MF
F14	34	2	Second Birth	Cesarean	40	Home	EB
F15	29	1	First Birth	Natural	60	PNC	MF

MF refers to "mixed feeding"; EB refers to "exclusive breastfeeding"; FF refers to "formula feeding"; PNC refers to "postpartum nursing center"

confinement period, known as DTM, varied from 26 to 60 days, with a mean duration of approximately 38.67 days. The majority of the participants ($N=11$) chose to spend their confinement period at home, while a significant minority ($N=4$) opted for services provided by postpartum nursing centers. In terms of feeding methods, the majority of mothers ($N=11$) reported using a combination of breastfeeding and formula feeding, while three mothers exclusively breastfed, and one mother relied solely on formula feeding.

Interview transcripts analysis

Each interview was meticulously audio-recorded and subsequently transcribed verbatim utilizing iFLYTEK software (iFLYTEK Co., Ltd. Hefei, China). The authors verified the precision of the transcription data before all transcripts were uploaded to MAXQDA (version 2022, VERBI Software, Berlin, Germany) for subsequent data analysis. We employed Braun and Clarke's (2006) six-phase approach to thematic analysis. According to Terry et al. (2017:12–37), the six phases comprise "familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up."

Our method of analysis is underpinned by the principles of feminist poststructuralism. This theoretical framework allows scholars to focus on the discursive social constructs or contexts that encapsulate women's embodied subjectivity, as well as the practices of knowledge, agency, and power in their engagement with wider sociocultural discourses (Day et al. 2010; Johnson 2018; Willig 2013).

Both authors conducted the analysis by coding each transcript line-by-line and initially generating three themes that faithfully reflected the central concept of women's embodied subjectivity according to the research aim. The three themes were "Following DTM rules, or not? All for my body use," "Breastfeeding as an embodied practice: The way of adapting motherhood," and "Parenting and gendered identity: An embodied

perspective.” The triad of themes elucidated various facets of women’s embodied subjectivity and their exertion of agency throughout the DTM period.

The first author meticulously reviewed all transcripts and verified the initial coding structures, along with the themes and subthemes formulated by the authors. The authors verified that the themes and subthemes encapsulate the main corpus of the raw data. Subsequently, both authors engaged in a dialog regarding all themes and subthemes, leading to the decision to augment the second theme with a subsection dedicated to breastfeeding. Ultimately, a consensus was reached by both authors regarding the coding procedure and the generated themes and subthemes.

Research ethics

We conducted the data collection and analysis in adherence to the principles of research ethics. Our ethics application was approved by the Psychology Department at the School of Social and Behavioral Sciences of Nanjing University, bearing the code NJU-PSY202106002. Each participant was duly informed of their right to terminate the interview at any point. We obtained oral consent from the interviewees to record the interviews prior to conducting them. The data from the interviews were anonymized to maintain the interviewees’ privacy, ensuring that no personal information was or will be disclosed. All participants were remunerated for their time.

Findings

Following DTM rules, or not? All for my body use

While DTM continues to influence the fertility practices of Chinese women, our interviewees demonstrated unique approaches to navigating the associated rules and regulations. As articulated by the interviewees themselves, the women neither outrightly dismissed the DTM tradition nor adhered to it rigidly. Instead, they embraced and implemented DTM primarily for their bodily well-being. Specifically, they adhered to DTM guidelines that they perceived as beneficial for their postpartum health recovery and adaptation to motherhood.

For example, an interviewee who gave birth to her second child recognized the profound benefits of DTM for postnatal recovery.

I think women should follow DTM in the postnatal period. When I gave birth to my first kid, I tried doing everything (note: body recovery) by myself. This actually negatively affected my recovery. My hands and my waist were aching, and sometimes the whole of my body [was aching]... My first kid was cesarean delivered, which made my body extremely weak...Due to this experience, I emphasized [postnatal recovery] when having my second kid. (F11).

Notwithstanding the recognition of DTM’s significant advantages by the women, there appears to be a propensity to not adhere to all associated rules. A solitary interviewee reported strict compliance with traditional DTM directives, while others demonstrated independent alterations to DTM regulations. Consistent with Yeh’s 2014 research, our results suggest that contemporary women in the Chinese mainland similarly adapt DTM

customs to align with their preferences, thereby exhibiting the ability for self-regulation grounded in their personal experiences.

For instance, a prominent regulation prohibits women from bathing during the initial fortnight following childbirth. Nevertheless, this rule, which forbids baths, did not receive approval from the majority of our interviewees. Some interviewees believed that dogmatic rules should be terminated.

My older female relatives didn't wash their hair during the DTM process. I understand that. You see, it was difficult for them to have hairdryers and hot baths due to poor electricity supply at the times they lived... However, things have changed these days. The broad utilization of hairdryers and heating systems helps [us] women to keep our postnatal bodies warm. [Therefore] I think the taboo of avoiding water is not reasonable nowadays. (F06).

As the saying goes, "Do not echo what the books say," it is inappropriate to listen to all traditional instructions. Think about why there exists a taboo about cleaning. [emphasis added] Actually, the true meaning hidden behind this taboo is avoiding catching a cold during the doing the month period. (F04).

DTM also stipulates a particular dietary regimen (Holroyd et al. 2005; Yeh et al. 2014). However, the interviewees did not view these dietary guidelines as immutable. They frequently utilized their personal experiences and sentiments as benchmarks to determine dietary consumption. In the Pearl River Delta, traditional foods such as “*zhujiiaojiang* (猪脚姜)” and “*jiangjiuji* (姜酒鸡)” are deemed effective for postnatal recovery. However, the routine consumption of these foods, such as “*yuezican* (月子餐)”, was not acceptable to many interviewees. The participants discontinued the intake of these foods after the trial period.

In my hometown, women need to eat soup with pork and sesame inside every meal for a whole month after delivery. It's very horrible to eat the same food meal after meal. [emphasis added] So I didn't stick to eating this soup during the DTM period...In my opinion, women should make judgments about yue'zi'can based on their own bodies and feelings. (F06).

In the case of dietary habits, contemporary medical advice advocates the consumption of moderate quantities of fruits and vegetables to ensure adequate vitamin intake. However, traditional DTM guidelines prohibit women from consuming green vegetables, which are perceived as “*xinghan* (性寒,¹ indicative of coldness)”, and are believed to be detrimental to postpartum recovery and lactation. Despite these discrepancies, the women felt equipped to make informed and judicious decisions when faced with such conflicts.

My elder female relatives suggested that I should avoid eating green vegetables within a month after delivery because they said “hanqi (寒气 see Footnote 1)” would be transmitted to the baby through breast milk...but it's common sense that people

¹ According to China's yin–yang theory, traditional Chinese medicine divides foods into a cold (yin) category and a hot (yang) category. Women who undergo childbirth are considered to lose yang energy and should take in hot food to maintain chi balance. Raw and cold food such as vegetables and fruits are thought to enhance yin forces in women's bodies, so they are excluded from women's postnatal diets.

would definitely have constipation and be malnourished if they don't eat any green food...so during the month period, I gradually increased the amount of greens intake after checking my baby's digestion was okay. (F14)

Knowledge pertaining to DTM is typically transmitted across generations. However, women from younger cohorts can discard antiquated regulations while embracing advantageous practices at their discretion. The interviewees predicated their decision-making on their corporeal experiences during postnatal recuperation, signifying a robust capability for adaptation. According to two interviewees,

"We young females have independent judgments. We can tell which [instructions] are unreasonable for recovery." (F15). "[I believe that] knowledge and traditions are not 100% "correct"... I'm not saying the traditions are all wrong, and knowledge from modern medicine is reliable. I think women should be neutral. [We should] trust our feelings and judgments! [We should] pick [health and medical] strategies that can make us comfortable and happy during [the] doing the month period." (F10).

In addition, the embodied agency of Chinese women during the postnatal period is distinctly manifested in their utilization of postpartum nursing centers (PNCs). The burgeoning market of PNCs in China enables women to avail themselves of thoughtful, systematic, and standardized health care for recovery in an environment that is both comfortable and congenial. Consequently, in contrast to the traditional practice of 'doing the month' at home, some interviewees opted for PNCs to receive formal, personalized care, which they perceived as facilitating a more expedient recovery. Moreover, professional caregivers at these centers assist with newborn care, thereby alleviating the stress experienced by new mothers (Yeh et al. 2016). As reported by some interviewees, availing of the services offered by PNCs significantly enhanced their postnatal experiences and physical sensations.

Life in the PNC was more relaxing than at home. It's worthwhile spending money staying in a PNC during the doing the month period. As I said before, I think women should treat themselves well in the postpartum period...in the PNC, they would design specific diets based on each female's physical condition. If women had a cesarean section, the PNC would provide more protein...the most crucial thing is that I can enjoy medical services in the PNC. Doctors would check from time to time...All the items can be done with a phone call to service personnel in the PNC. Basically, women don't need to worry about anything there. (F11).

In conclusion, the above analysis of the interviewees' narratives reveals a propensity for following rules derived from both the DTM tradition and contemporary medicine that confer benefits. Concurrently, there is a tendency to eschew DTM rules perceived as negative in the interest of bodily well-being.

Breastfeeding as an embodied practice: a way of adapting to motherhood

The majority of the interviewees opted for a combination of breastfeeding and formula feeding. These mothers articulated feelings of being overwhelmed by the breastfeeding process, which may have adversely impacted their postnatal recuperation.

Commonly reported issues included sleep deprivation, physical discomfort and fatigue, and insufficient privacy protection. It was evident that breastfeeding, a physically demanding aspect of motherhood, contributed to the excessive feeding burden experienced by postpartum women. This challenge remained a prominent theme in the women's DTM experience, even for women who resided in postnatal care centers where they had access to professional assistance.

The most impressive thing during DTM is definitely my breastfeeding experience. I think [breastfeeding] is probably the most challenging task after you give birth, and it's even more painful than delivering a baby. (F15)

Breastfeeding may precipitate a physical burden for women during their transition to motherhood. However, this maternal duty also provides an opportunity for women to acquire scientific knowledge, which aids in the formation of their maternal identities (Edwards et al. 2021). The interviews reveal that participants strived to strike a balance between their individual identities and their new roles as mothers.

A first-time mother expressed hesitation in feeding her infant due to discomfort from overeating, suggesting that she gave significant weight to physical feedback during the breastfeeding process.

People said mothers should eat the traditional diets of doing the month to facilitate breast milk secretion as much as possible. But I really don't think mothers are supposed to overeat only for their babies...I didn't push myself to eat during the doing the month period. (F10).

I agree with the saying that the baby needs a happy mommy instead of an anxious cow. (F15)

Concurrently, one participant endeavored to cultivate a positive framework for the bonding and breastfeeding relationship between the infant and the mother.

Only if mothers felt comfortable could they produce enough breast milk. Mothers should be delighted, and the infant would sense these [positive] feelings from mothers. The anxious emotions of mothers would have a bad influence on infants. Once mothers saw the babies crying, they wouldn't sleep very well. That was totally a vicious circle. (F12).

The interviews suggest that in contemporary China, mothers articulate their understanding of infant care from a scientific perspective, particularly through the practice of breastfeeding. This view demonstrates the mothers' self-assuredness in their personal discernment. Consequently, the concept of an "assertive" mother was integrated into women's conceptualizations and envisioning of motherhood.

In the past, women were forbidden to breastfeed their babies when mothers were having a fever. But we have overcome this restriction thanks to scientific knowledge nowadays... It's alright for moms to breastfeed if our bodies have already metabolized the antipyretics. You see, our judgment is becoming more scientific and accurate these days. (F15).

The lived experiences of breastfeeding serve to bolster maternal self-assuredness and the perception of autonomy concerning women's maternal identities and matters pertaining to motherhood. The journey toward motherhood is marked by an array of conflicts and hurdles, compelling women, particularly neophyte mothers, to adapt to both corporeal and psychological metamorphoses (Tsai and Wang 2019). Notwithstanding these obstacles, the interviews reveal that women utilize active embodied tactics to traverse the intricacies of this transition. The embodied subjectivity of women surfaces as a pivotal element in striking a balance between gendered dialogs, women's maternal physicality, and their singular identity.

Parenting and gendered identity: an embodied perspective

Embodiment theory underscores the evolution of gendered identity, a concept intrinsic to embodied subjectivity (Debold 1996). The narratives that surfaced through the interviews indicate a metamorphosis in the gendered identity of the women interviewed during the DTM period, with particular emphasis on the aspect of parenting.

In addition to contending with DTM rules and regulations, the women also noted that parenting was a focal point during the DTM period. Their gendered identity is thus also influenced by their interactions with family members, including their mothers-in-law and husbands. This influence is attributable to the societal gender roles in the Chinese context, which confine these mothers within boundaries defined by maternal responsibilities and thereby may negatively affect the expression of postnatal women's subjectivity. Despite this limitation, interviewed women showed agency during parenting. Specifically, during DTM, it is not unusual to observe intergenerational differences in infant care practices. A significant number of Chinese women have achieved socioeconomic independence. This shift has led to a transformation in their roles as mothers. These women are no longer solely reliant on the authoritative guidance of older family members. Instead, they are able to exercise their autonomy in maternal practices during the DTM phase. They believe that their decisions form the core of effective parenting.

Older adults usually are long-winded. I would listen to what they said and didn't argue with them...basically, I wouldn't take their words into real consideration. When taking care of the baby, I followed my own ideas. (F13).

The interviewees had cultivated coping mechanisms, including proactive negotiation, to alleviate potential discord and disputes with senior family members. They comprehended the significance of circumventing direct confrontations and striving for agreement in child-rearing practices, particularly with related family members.

My mother-in-law lived with us during my doing the month period. We are different ages, and we have different life experiences. Understandably, we would have conflicts sometimes. And I knew our intentions were the same. We all hoped to take good care of the baby. [Conflicts] can be solved by negotiations. (F04).

Certain participants solicited their spouses to assume the role of “mediators” to “achieve a mutual agreement” (F01) regarding child-rearing practices, even prior to the birth of the child.

My husband had already negotiated with my mother-in-law before I gave birth. Even though my mother-in-law is a bad-tempered person, she didn't argue with me during the doing the month period. All my family members respected my views. (F01).

During the DTM phase, husbands assumed an additional pivotal role in women's embodied practices. Contrary to traditional Chinese families where coparenting was not the norm (Li and Liu 2016), the interviewees expressed a distinct requirement for support from their husbands, whom they perceived should share parenting responsibilities. A number of interviewees conveyed feelings of dissatisfaction stemming from the perceived imbalance in parenting duties, attributing it to inadequate support from their husbands.

At the beginning [of the doing the month period], my husband was just like a "bystander" [emphasis added]...I think all first-time fathers should keep learning knowledge about taking care of the baby. Only once my husband is willing to learn [how to take care of baby] can I let him do the parenting work. But I feel that most husbands are reluctant to join in caring for their babies. (F15).

I was a little depressed during the doing the month period. There are so many things to do when taking care of the baby. Sometimes I felt like it was unfair that I handled most of the caring work while my husband seemed merely to offer a sperm donation [for the baby]. (F02).

Nonetheless, some interviewees developed strategies to involve their husbands in parenting. In some situations, they directly expressed their dissatisfaction to their husbands. They believed that their husbands would understand the importance of coparenting and further reduce gender inequality in the family sphere.

Probably it's [the disparity in parenting] because first-time fathers cannot realize their new gender roles as fathers. Women are supposed to give instructions to their husbands [about baby caring work]... If my husband didn't lend a hand with parenting, I would directly criticize him to his face...women really should speak out about their dissatisfactions. (F12).

My husband couldn't help with changing the baby's diapers at the beginning. And I remember he would even be a little impatient if I asked him to do some caring baby work. Anyway, I wouldn't say I liked his laziness, and thus, I got irate and shouted at him...it was good to see that he started doing lots of caring work eventually. (F06).

The interviews indicate that in contemporary China, women who possess economic autonomy are increasingly exerting influence over neonatal care during the DTM period. This influence is achieved through negotiation with elderly family members and the active participation of spouses in child-rearing tasks. Consequently, mothers from more recent cohorts, specifically those born in the 1980s and 1990s, are promoting gender equality through tangible actions during the DTM period.

Discussion

The practice of “Doing the Month” (DTM), which delineates the prescribed and proscribed activities for women during the postnatal period, has deep historical underpinnings in Chinese societies. During feudal times, patriarchal feudal ethics governed and controlled women’s bodies, treating them as private properties of their husbands and reproductive vessels for male-dominated clans. Consequently, the DTM practice aimed not only to help women recuperate from childbirth but also to ensure the continuation of the family lineage through a healthy mother (Dai 2019). Therefore, any discussion of embodied practice would be futile if a woman’s body was not her own and was scarcely self-regulated.

In stark contrast, the significant transformation in women’s socioeconomic status in modern China necessitates a reevaluation of the meaning of DTM for younger generations of women in contemporary China. The reason is that DTM has dual theoretical implications for understanding women’s embodied practices and subjectivity. On the one hand, the manner in which well-educated, economically independent Chinese women comprehend, implement, and modify DTM regulations reflects their autonomy and agency. This process bears similarities with women in other societies who have gained mastery over their own bodies. On the other hand, DTM encompasses more than just the rules a woman must follow. This tradition implies “required obligations” and associated “gazes” from the in-laws. In other words, postnatal Chinese women are required to manage interactions with and against their husbands, mothers-in-law, and other family members. The unique cultural significance of DTM enriches the theory of embodiment from a social relation perspective.

Our research extends beyond the scope of previous studies, which have focused primarily on how traditional modes of DTM have been reformed by women in modern Chinese societies (Dai 2019; Yeh 2014). Specifically, within the context of intertwined sociocultural discourses—traditional, modern, and gendered—our interviewees, who belong to younger generations and the urban white-collar demographic, have adopted positive coping strategies for DTM, grounded in their embodied practices and physical sensations. Their experiences with DTM transcend mere adherence to cultural beliefs and encompass cooperative behaviors related to their postnatal embodiment.

We employed a feminist poststructuralist perspective in our data analysis, which is particularly apt for our analysis, given that the DTM prescribes certain lifestyle norms for postnatal women. As noted by Budgeon (2001), the prefix “post” here does not signify a depoliticization of feminism. It also does not suggest that patriarchal discourses and reference frames have been replaced. Rather, it indicates a shift in the political landscape within the theoretical and conceptual framework of feminism. This shift does not entail a dismissal of the political aspects of feminism but rather a transformation of its theoretical structure. In the discussion of realities, the micropolitics encountered by women, which refers to “how one’s relation to the self (and others) is constructed and enacted depends upon the discourses (e.g., gender, race, sexuality) available within that [given] context” (Budgeon 2001:18), are deeply ingrained in a multitude of social settings and contribute to shaping social relations into hierarchical configurations. From this particular standpoint, well-educated, white-collar Chinese

women in professional occupations are encountering an amalgamation of discourses within a diverse range of societal contexts, including familial settings, workplaces, consumer spaces, and health care institutions (e.g., hospitals, PNCs). DTM, a tradition with rich sociocultural significance and implications, thus serves as a unique case study for exploring women's responses, agency, and embodied subjectivity through a postfeminist theoretical framework. This approach allows for a more comprehensive understanding of the multifaceted nature of contemporary women's life experiences and their dynamic navigation of these relationships.

Our findings demonstrate that, in contemporary Chinese society, white-collar Chinese women have developed the ability to leverage knowledge from modern medicine and other non-DTM sources to navigate their multifaceted and intricate circumstances during the postnatal period. In particular, they accept and utilize DTM rules if they perceive them as beneficial for their bodily recovery. Conversely, if the rules are not deemed beneficial, women exercise their agency to make choices that are more conducive to their bodily recovery, based on their embodied feelings and evaluations. This discernment suggests an emerging trend and capability among these women to transcend the binary of tradition and modernity, thereby equipping them to better manage the increasingly diverse and complex societal realities they encounter. By utilizing the postnatal body as a medium to scrutinize folk rituals, these women have devised a series of individualized DTM practices aimed at postpartum recovery. The women's decision-making process underscores their strong agency in identifying their care needs during the postpartum period, which is reflected in how these needs are met. For instance, the judicious application of non-DTM knowledge for personal benefit during DTM signifies women's autonomy and subjectivity in their embodied practices. It also offers a valuable addition to the existing body of literature, which predominantly posits that modern medical knowledge and guidance serve as mechanisms for regulating women's bodies (Lin 2011; Yang and Ren 2014).

Furthermore, PNCs emerged as a preference among a subset of interviewees. These women expressed appreciation for the professional medical services offered to facilitate postpartum recovery. From a wider perspective, the adoption of PNCs has become increasingly accepted among younger women, as evidenced by recent scholarly studies (Ding et al. 2020; Hung et al. 2010; Lin et al. 2021). This trend signifies the ability of contemporary women to make decisions that are advantageous to themselves, even in the face of antiquated DTM regulations. From the standpoint of embodiment, we illustrate that the adapted DTM practices of present-day Chinese women are tailored to meet their individual needs. This customization may account for the positive impacts of DTM on maternal health.

From the standpoint of relationality, the interactions and experiences of younger cohort mothers with family members during the postpartum period, as manifestations of their embodied experiences and subjectivities, augment the theory of embodiment with an understanding of the unique context of China's family-centric culture. Prior academic research has focused predominantly on how breastfeeding practices shape women's comprehension of maternal responsibilities and their perception of motherhood (Tsai and Wang 2019). This focus is particularly evident in research conducted in Western contexts. Specifically, the postnatal narratives in most Western

embodied studies emphasize women's autonomy over their maternal bodies within the individualistic sociocultural framework of the West (*refer to* Carter 2010; Neiterman and Fox 2017). In contrast, the theoretical exploration of how women cultivate embodied subjectivity and self-empowerment by positioning women's postnatal embodied experiences within the perspectives of proactive interactions with close familial ties remains limited.

The aforementioned empirical evidence corroborates the theoretical perspectives put forth by Budgeon (2001) as well as Charles and Grusky (2018), which elucidate the strategies employed by young women in Western societies to utilize their subjectivity in addressing intricate social realities. The embodied subjectivity demonstrated by urban, white-collar Chinese women during the DTM reflects their "postfeminist self", a theoretical construct introduced by Budgeon (2001). This concept has substantial theoretical implications because it disrupts conventional binary thinking and instead unveils a more intricate and multifaceted social reality that women encounter in their daily lives. In our research, the juxtaposition of traditional practices and rituals with scientific medical knowledge, along with the interpersonal dynamics and potential discord between new mothers, their husbands, and mothers-in-law, illuminates the multifaceted social landscape that urban, white-collar Chinese women navigate during the postnatal period. These complex realities do not exist within binary constructs of "black or white" or "right or wrong." Instead, they necessitate a holistic approach that acknowledges the nuanced experiences of these women, thereby highlighting the participants' agency and embodied subjectivity.

Noticeably, our research broadens the societal contexts and discourses surrounding women's postnatal bodies and embodied subjectivity, focusing on gender-based social relations rooted in Chinese culture. We show how breastfeeding, coupled with daily negotiations and occasional disputes with husbands and elder family members, bolstered the interviewees' self-assurance in their maternal roles.

In contrast to historical periods when Chinese women were viewed primarily as instruments of reproduction under patriarchal norms, contemporary white-collar women exhibit greater status and agency in managing household relations (Shen 2011). This transition is evident in their embodied practices of DTM, a distinct cultural case that enriches embodied theory by examining the evolution of women's sociocultural statuses and gendered identities through the prism of social relations within their families, clans, and wider society.

Notwithstanding this significant insight, our study aligns with the findings of Darvill et al. (2010) that the journey to motherhood is fraught with challenges and risks. Specifically, the women in our study frequently had to shoulder the substantial burden of parenting tasks without adequate support from their husbands, suggesting a persistent gender imbalance in infant care. The experiences related to this issue warrant further exploration.

Our research delves into the cultural disparities pertaining to situated embodiment and underscores the role of culture as a fundamental mechanism in women's embodied practices. The results demonstrate the expanded concept of embodied cultural cognition, accentuating the nuanced impact of cultural values, norms, traditions, and patterns

on the correlation between the body and its associated mental representations (Leung et al. 2011).

Through an examination of women's embodied practices during DTM, our study reveals a distinct cultural pattern of body–mind connection, divergent from what Western studies have suggested. Specifically, the sensorimotor modalities and mental representations of postnatal Chinese women are entrenched in a unique sociocultural context. Within this context, the women can strategically adapt the DTM tradition by altering its rules, procuring PNC services, and fostering proactive family interactions based on their own embodied subjectivity.

During this intersectional process, the women interviewed exhibit robust agency in reshaping the DTM tradition in response to China's swift transition from a society dominated by a patrilineal clan culture to a society that acknowledges and values individualistic principles and gender equality.

In addition, while the primary focus of our study is the adaptation of the DTM methodology within the context of contemporary China, it bears relevance to the experiences of overseas Chinese women, as well as other non-Western societies influenced by Chinese culture and traditional Chinese medicine. For example, as illustrated by Zhang and Hanser (2023), Chinese immigrant women in Canada often receive postnatal support from their mothers or mothers-in-law, who may be proponents of traditional Chinese customs related to postpartum care and neonatal care practices, which can potentially cause intergenerational conflicts. However, these new mothers can leverage the expertise and advice of medical professionals to counterbalance the interventions of the older generation. From this standpoint, the theoretical ramifications of our research on women's postnatal embodied practices and subjectivity transcend the confines of the contemporary Chinese context, exerting a more expansive influence.

Our study has a few limitations. The scope of our research is somewhat limited due to the relatively small sample size, which was obtained through online interviews with women from a specific region in China. This limitation may affect the representativeness of our data. Furthermore, our study does not represent all subgroups of Chinese women, particularly those residing in less developed or rural areas and those engaged in manual labor. Notably, the socioeconomic and cultural transformations that China has undergone in recent decades have had disparate impacts on women, according to their unique demographic attributes, life course features, and stratified socioeconomic and geographic characteristics. Therefore, future research could investigate these diverse subpopulations. Notwithstanding the limited representativeness of our sample, this study helps to elucidate the responses of urban-dwelling, white-collar women of younger generations (who are normally self-identified as middle class) in China to the potent sociocultural influence of the DTM tradition. Furthermore, our research enriches the literature by exploring and revealing these women's astute and strategic utilization of certain DTM rules for personal health benefits.

Conclusion

In this article, we delve into the embodied practices and subjectivity of contemporary urban Chinese women during the DTM period by drawing on the narratives of fifteen white-collar females. We uncover the prevailing postnatal recuperation contexts that

urban white-collar women encounter in contemporary China, which is marked by the intersection of three discourses—traditional, scientific, and gendered—within these women’s DTM experiences.

From the perspective of embodiment, this study provides fresh insights into contemporary modified DTM practices. The findings underscore the importance of how women’s subjectivity can influence and enhance their postnatal health experiences during the DTM period. Motivated by the embodiment framework and the call from feminist research to uncover women’s “site[s] of subjectivity” (Witz 2000:6), our study highlights how women’s embodied subjectivity empowers them to employ proactive coping strategies to address postnatal health issues.

Specifically, our research elucidates the perceptions of the DTM among white-collar Chinese women residing in urbanized regions of China, as revealed through our interviews, as a postnatal care “instrument.” It also presents these women’s subjectivity during DTM, as reflected by interviewees’ narratives of their physical and psychological motivations for self-care, including scientific knowledge, online support and PNC services. Furthermore, our research, which focuses on well-educated, white-collar women of respectable socioeconomic standing, underscores the “communicative” and “functional” meanings of maternal bodies, which align with prior studies on postnatal embodied experiences in Western contexts (Fox and Neiterman 2015; Turner 2008). Through the theoretical prism of postfeminism, it is evident that participants can derive advantages from conventional DTM guidelines. These white-collar Chinese women exhibit the capacity to modify rules that do not yield benefits by employing scientific medical understanding. Furthermore, they demonstrate their embodied subjectivity and agency by utilizing additional caregiving services beyond their domestic environments. These empirical observations underscore these women’s ability to navigate and negotiate within the established, complex sociocultural settings in which they are situated.

In the private sphere, we find that these mothers demonstrate their understanding of “good” mothering by negotiating with family members. Our contemporary contextualization of Chinese women’s postpartum experiences illuminates how interviewed women handle the body–self–family triangle, thus extending embodiment theory by revealing how embodied practice is informed by local culture both theoretically and empirically. The role of women’s bodies in communicating their subjectivity, sometimes under suppression, reflects the dynamic interactions between societal and historical changes, women’s agency, and the embedding social relations from the perspective of relationality.

Abbreviations

DTM Doing The Month
PNC Postpartum Nursing Center

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Author contributions

The research theme was initially conceived by Dexin Xu (DX). The theoretical framework and design were conceptualized, formulated, elaborated and refined by Xiangnan Chai (XC) and DX. Data collection and the initial analysis were performed by DX. The data analysis was subsequently reviewed, verified, and revised by XC. Both authors contributed to the initial manuscript. XC contributed to the extensive revisions and further development of the subsequent manuscript drafts.

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Competing interests

The authors declare that they have no competing interests.

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