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The hard work of feeding the baby: breastfeeding and intensive mothering in contemporary urban China

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Abstract

Drawing upon the concept of culture as a “tool kit” from which social actors draw pragmatically, this paper explores the relationship between cultural definitions of good mothering and breastfeeding among middle-class, urban Chinese women. We argue that an emerging culture of “intensive mothering” that focuses on infant feeding is taking shape among privileged urban women. Based upon interviews with new mothers in urban Shanghai, we describe the intense efforts and commitment by these women to provide their babies with breast milk, and we consider the complexities of their attempts to put mothering ideals into practice. We suggest that the linkage between breastfeeding and motherhood represents a “gendered burden” for Chinese women and that infant feeding has become important, early terrain on which new mothers grapple with their own and others’ expectations about mothering and caring for a child. We show that intensive, demanding forms of parenting now extend into the earliest years of a child’s life, a period largely neglected in sociological studies of parenting in China.

Introduction

When Zhang Fei’s (*interviewee 9a*) son was born premature, at just 33 weeks gestation, breastfeeding was immediately a challenge.¹ She used a breast pump to bring in her milk supply while her son was in hospital for the first 10 days of his life, and then, she continued relying upon her own, pumped breast milk to feed her baby for the next 10 months. Although she returned to work when her son was 2-months old, she maintained her milk supply by pumping twice a day in a washroom at work, a practice she described as common at her workplace. At roughly the same time, she started a MBA program and described having to leave in the middle of the class in order to maintain her pumping schedule. The need to pump every 3 to 4 h meant that for months, she had to carry all of her breast pumping paraphernalia—pump, storage bags, cold packs—with her whenever she went out. “Doing just about anything in Shanghai involves that amount of time,” she noted. And so, although providing her son with breast milk was certainly less convenient for her, her conviction that breast milk is the best food for babies meant that she was willing to *xinku yi dian*, to suffer a little hardship.

In this paper, we explore the emergence of “intensive” forms of mothering among China’s urban middle-class through the lens of infant feeding practices and breastfeeding in particular. Much like discourses about breastfeeding in the Western context, these Chinese mothers are confronted with simultaneously “medical” and “maternalist” (Blum 1999) representations of breast milk and breastfeeding that identify this infant feeding practice as the superior form of caring for a baby. We document the great lengths that many women go through in order to supply their infants with their own breast milk, efforts that are strongly influenced by cultural representations of mothering in contemporary China but that are also very practical negotiations with ideas about what babies need and what mothers should provide for them.

We draw upon Ann Swidler’s concept of a “cultural tool kit” to understand how new mothers take up both new and more traditional cultural discourses about motherhood and childrearing in China. We find that, while ideas about good motherhood and infant feeding practices are hardly singular—they are marked by contradictions, divergent opinions, and difficult combinations—the decision to breastfeed (or not) has nevertheless gained enormous significance for new mothers. Expectations and demands related to feeding the baby are intensely negotiated between home and work settings, between women and their family members, and other caregivers for the baby, and they are shaped by local networks of mothers and more general “mothering” ideas disseminated through books and the Internet. A key material element in these negotiations is the breast pump, which in many ways has transformed how middle-class Chinese women address expectations about and ambitions to breastfeed their babies.

While the specificity of the Chinese context—and food safety concerns related to infant formula in particular—is important to understanding new emphasis upon breastfeeding in urban China, our analysis nevertheless argues that the associations between breastfeeding and motherhood represent a very particular “gendered burden” for Chinese women and that infant feeding has become important, early terrain on which new mothers grapple with their own and others’ expectations about mothering and caring for a child.

Background: cultures of motherhood and parenting

A sociological perspective on motherhood and childrearing enables us to view the practices that people use to care for their children as socially constructed and not the product of biological imperatives or individual idiosyncrasies. By the same token, the conceptual tools of cultural sociology take us a step further, allowing us to understand how caring for a baby or raising a child is not a consequence of essentialized cultural characteristics that have been internalized and programmatically expressed by members of a society. Rather, cultural sociology proposes that social actors are creative, pragmatic, and even contradictory in how they understand and use culture in the course of their daily lives.

In our analysis, we draw in particular upon American sociologist Ann Swidler’s widely influential conceptualization of “culture in action” (Swidler 1986). In a seminal article, Swidler challenged the idea that cultural values straightforwardly shape action, arguing instead that cultural discourses provide people with potential lines of action—strategies—that they may draw upon selectively in the course of their daily lives. Culture is characterized as a “tool kit,” providing “publicly available meanings [that]

facilitate certain patterns of action, making them readily available, while discouraging others" (Swidler 1986:283). But culture is complex: as Swidler argues, people "know" more culture than they "use," and they may "use" culture in contradictory ways (1986, 2001). In fact, some scholars suggest that cultural coherence largely lies in the institutions and cultural codes that act as "externalized cultural scaffolding" (Lizardo and Strand 2010). While individual actors have "practical skills" that are drawn from this scaffolding, which facilitates certain patterns of action, the culture they "know" and "use" is neither coherent nor strongly internalized (*ibid*).

Swidler's conceptual model for understanding the relationship between culture and action provides a continuum for thinking about how conscious or visible the role of culture in guiding action might be. She argues, for example, that in stable social contexts, culture may operate largely through "commonsense," as cultural strategies are embedded in structural circumstances and therefore largely uncontested (1986:279). But in "unsettled times," cultural discourses are more likely to take the form of competing ideologies, and action becomes more reflexive as cultural tool kits become both more visible and more contested.

If culture provides people with "tools" for acting in the social world, then Swidler's model suggests that cultural narratives about motherhood will have an impact on how women actually care for their children, offering up various parenting practices and ways of judging, and justifying those practices. Ideas about childrearing may be transmitted in many ways: through published statements (books, blogs, magazine articles), negotiations among family members, conversations among peers, or through interactions with medical or other kinds of professionals. Given China's "unsettled" contemporary context, marked by several decades of enormous economic, social, and cultural changes, we might expect that mothering practices are more subject to debate, reflection, and explicit articulation than was the case a generation ago. In fact, Teresa Kuan's (2015) new study highlights how China's "contradictory" economic and social context is reflected in the tensions between, for example, "new norms of good parenting and the highly competitive environment in which parents raise their children" (2015:8). We return to the question of parenting in China's unsettled contemporary context below.

The power of applying Swidler's framework to our case of breastfeeding in contemporary China is, in our opinion, twofold. First, the toolkit model of culture draws our attention to how people develop lines of action in the face of practical constraints and sometimes competing cultural ideas; this allows us to conceptualize culture as not only simply "talk" or ideas but also as concrete practices and actions that must be interpreted by social actors themselves in meaningful ways. Second, Swidler's culture toolkit framework frees us from seeking out a "true," unitary, or coherent cultural story, instead allowing us to recognize the fragmented and contradictory elements of culture that may be practiced, side by side, in people's lives. Motherhood serves as a prime example of both the practical and complex, even contradictory features of culture in action.

Cultures of motherhood

In North America, a substantial scholarly literature takes up the notion of modern motherhood as a contested cultural ideology, largely in the "unsettled" context of

growing numbers of working mothers. This line of inquiry is exemplified by Sharon Hays' (1996) work on the "cultural contradictions of motherhood" in the USA. Hays has argued that cultural discourses have come to define childrearing in terms of an ideal form of "intensive mothering," which posits that only mothers are the appropriate caregivers to vulnerable children requiring "child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive" forms of care (1996:8). Hays argues that this represents an enormous, gendered burden placed at the feet of all mothers, but the burden is particularly heavy for working mothers, who experience a contradiction between workplace demands and the requirements of intensive mothering. Despite the impossibility of devoting oneself fully to two "greedy institutions," work, and family (Blair-Loy 2003), the ideology of intensive mothering has nevertheless offered women a set of demanding but publicly valued parenting practices from which to draw as they care for their children.

Hays' work has influenced a wide range of scholarship on gender, family, work, and social class among North American sociologists, who have explored how intensive mothering is reflected in class-specific parenting practices (Lareau 2011), tied to employer discrimination against mothers (Correll and Benard 2007), and implicated in the gendered division of labor within the home (Yavorsky, Kamp Dush, and Schoppe-Sullivan 2015). Given that "cultural narratives play a crucial role in the production of gender boundaries" (Lamont and Molnar 2002:177), discourses about motherhood shape not only how women care for their children but also what others expect of them, as women and as mothers.

In North America, investigations into the cultural construction of motherhood have been productively extended in recent years by scholars who examine the ways in which contemporary definitions of motherhood have become intertwined with consumerism (Cook 2013). For example, Norah MacKendrick (2014) describes how growing concerns about the impact of environmental toxins and unseen chemicals on human health have been grafted onto ideologies of good motherhood. The result is a particular kind of "gendered burden" for women, who work to safeguard the maternal body during pregnancy and later attempt to minimize chemical exposure to their children. The cultural importance of such forms of "precautionary consumption" (MacKendrick 2010) is epitomized by what Kate Cairns and her co-authors (Cairns, Johnston, and MacKendrick 2013) call the "organic child," an idealized child who is raised (by a mother) on safe and presumably chemical- and pesticide-free foods and other products. In short, the consumer marketplace provides a key means through which good motherhood is defined and realized, through time-consuming, expensive, and knowledge-intensive consumption practices.

There is also a substantial body of work that examines the ways in which breastfeeding has been portrayed as a key means for performing (good) motherhood (Blum 1999; Wall 2001). Linda Blum (1999), for example, has documented the evolution of both "maternalist" and "medical" models of breastfeeding in Western culture. The contemporary maternalist representation of breastfeeding celebrates the emotional ties created between a child and a nursing mother; the medical model valorizes the healthful qualities of breast milk itself. Combined, such discourses have bound breastfeeding to good motherhood, such that "breastfeeding has become the measure of the mother" (Blum 1999:3). Rooted in a longer history of eugenics and nation-building, class and racial divides, and the rise of

medical expertise and scientific interventions into infant feeding, both the maternalist and medical discourses that Blum describes have served to draw moral lines between good and bad mothering practices, and between good and bad mothers. For white, middle-class women in particular, Blum argues, achieving good mothering through breastfeeding can equate with “a racialized class-enhancing project” (1999:63). More recently, both Joan Wolf (2011) and Courtney Jung (2015) seek to debunk the enormous importance to infants—physical, emotional, and intellectual—that is attributed to breastfeeding today. Wolf argues that public and “expert” consensus on the benefits of breastfeeding to babies, despite weak and contradictory evidence, reflects American anxieties about risk and health, wedded to cultural ideas about motherhood and femininity. Jung reveals how contemporary discourses about breastfeeding in North America wed a deeply moralizing narrative about motherhood to a highly profitable industry marketing a vast array of consumer products. For North American mothers, even breastfeeding represents a practice in which good mothering and consumerism combine (Afflerback, Carter, Anthony, and Grauerholz 2013).

Childrearing and motherhood in contemporary China

Although China represents a very different cultural and institutional context, North American forms of intensive parenting may have a counterpart in the enormous investments—financial, time, and emotional—that Chinese parents have made in their (usually) only children’s education and development. Some recent studies have shown how “Chinese” models of parenting are being recast in “modern” (and often Westernized) ways (Brainer 2015 and Lan 2014 on Taiwan, Kuan 2015 on mainland China), taking the form of what Lan (2014) calls “glocal entanglements” as parents attempt to integrate newly-introduced and more traditional childrearing practices. In other words, the incorporation of a Westernized new parenting culture, or “skill set” (Faircloth and Murray 2015: 1119), is “filtered through local conceptualizations of kinship and childrearing” (Brainer 2015: 4).

In traditional, Confucian thought, the maternal role was viewed as both important and influential. As Francesca Bray has observed, in China’s late Imperial period (from roughly 960–1911), motherhood was understood through the “duality” of the “natural” (or physical) and “social” mother, two roles that could be separated and often mapped onto a class hierarchy that valued the educational and moral contributions of the social mother most highly (Bray 1997:347). During the early decades of Communist Party rule, women’s domestic roles—including their role in caring for and raising children—became almost invisible, as both rural and urban women were drawn into socialized production (Hershatter 2011). Many women, exhausted by the demands of work and political activity outside of the home, had little extra time to devote to childrearing, and it was not uncommon for small children to be cared for by their grandparents or even wet nurses (Chen 2015; Hershatter 2011). Caring for children was nevertheless still viewed as women’s “natural” role (Evans 2005).

The contemporary period has witnessed a dramatic transformation of mothering ideology, a transformation that has been deeply influenced by these state population policies, especially family planning policies limiting most families to a single child coupled with a national discourse on individual *suzhi* or “quality.” Mobilized in state rhetoric about population control and birth planning as well as education, the term *suzhi* broadly refers to

both individual and collective qualities valued in contemporary China, and can range from physical stature to educational achievement to morality (Kipnis 2006; Jacka 2009). Children, as the generation to take up China's modernization project in the future, represent a particularly intense focus for the cultivation of *suzhi*, for both individual success and national well-being (Woronov 2008; Woronov 2009). Ensuring their *suzhi* is "high" is the responsibility of parents, for whom "national agendas and familial hopes converge on the problem of how to raise well-rounded children" (Kuan 2015:10).

A broad effort to limit China's population in quantitative terms but to improve the Chinese people qualitatively, in fact the state's "quality project," has been clearly defined as a mother's responsibility (Greenhalgh and Winckler 2005). Starting in the 1980s, Greenhalgh and Winckler argue, the "good mother" was "defined as one who would sacrifice her own interests for her child and use scientific methods to raise a "quality" youngster" (2005:237). Combined with the devaluing of women in the labor market and the revival of essentialist notions of femininity as well as a burgeoning consumer market targeting mothers, state, and market have together strongly pushed women towards particularly intense forms of mothering and defined childcare and childrearing as primarily a woman's responsibility (Greenhalgh and Winckler 2005; Rofel 1999).

Numerous studies have explored intensive parental investment in China's generation of only children, especially among urbanites. Vanessa Fong (2004) described the enormous pressure for educational and future occupational success on urban singletons as their parents' "only hope" for comfort and security in old age in the 1990s; Jin and Yang (2015) argue that motherhood has been "reconstructed" within this competitive, educational context. More recently, Teresa Kuan (2015) examines how middle-class mothers struggle to improve their children's educational outcomes while reconciling new definitions of good parenting with the limitations of an intensely competitive social reality. These urban mothers act upon this uncertainty by trying to create *tiaojian* for their children—the social, economic, and cultural conditions that allow for success.

In more recent years, the intensive demands of motherhood in China have taken what might be characterized as an emotional or psychological turn (Evans 2008; Kuan 2015). Part of broader cultural shifts towards individualization and what Yan Yunxiang labels the increasing "emotional expressivity" of personal life in China (Yan 2003; in relation to motherhood, see Shen 2015), Kuan (2015) argues that Chinese mothers today are asked to engage in the often contradictory task of raising a child who is both successful in China's intensely competitive academic system as well as "psychological healthy, full of personality, and happy" (26). This task requires mothers carefully manage their *own* frame of mind, making them the primary target of efforts at the modification of "parental thought and behavior" by Chinese childrearing experts (Kuan 2015:107).

All these changes reflect a return to an understanding of motherhood wed to particular notions of femininity that draws upon both traditional and newly introduced understandings of women, children, and the relation between them. Childrearing and mothering practices also serve as a context in which hierarchical social and moral divisions can be made, as *suzhi*, *tiaojian*, and mothering practices become new ways to mark urban/rural as well as class divides (Murphy 2004). Much like the racialized and classed elements of maternalism Blum described in an American context, the cultural construction of "good" motherhood in contemporary China is similarly inflected in ways that reflect forms of economic, social, and cultural privilege.

Curiously, relatively little attention has been given to parenting and motherhood for very small children in China, though some studies of pregnancy (Higgins 2015; Lin 2011; Zhu 2010), infant feeding (Gottschang 2007; Hanser and Li 2015), and the child-rearing role of grandparents (Binah-Pollak 2014; Goh and Kuczynski 2010) examine how the care of babies, infants, and toddlers is organized in China. These studies suggest that even for pregnant and new mothers, contemporary discourses of motherhood are in full force: Anna Higgins has shown how the moral divisions between high- and low-*suzhi* persons are reflected in both *taijiao* (fetal education) directed at mothers, who must nurture a healthy, smart baby through pregnancy, and fetal testing, where the eugenic elements of population discourse are applied (Higgins 2015). And, if North American research is any indication, infant care and the early months and years of parenthood are particularly intense periods of emotional and cultural investments, contexts in which ideas about motherhood and good parenting are articulated and practiced, shaping future parenting practices as well.

Breastfeeding in China today

The practices of breastfeeding and infant feeding in contemporary China explored below require some important elements of contextualization. Generally speaking, breastfeeding rates in China have changed considerably over the past 40 years. One review study (Xu et al. 2009) shows that the ever-breastfed rates were over 80% in the 1950s and 1960s, followed by a significant decline in the 1970s and 1980s due to the widespread introduction of breast milk substitutes. In 1992, the WHO-UNICEF-sponsored Baby-Friendly Hospital Initiative (BFHI) was rolled out in China with government support, the goal being to improve the breastfeeding rate. In recent decades, breastfeeding has been promoted as a national project, although Gottschang (2007) critically shows that the initiation of BFHI has neglected the complex situations that new urban mothers confront, and many of them consider infant feeding more an individual consumer choice than simply a biologically determined role.

In the first decade of the twenty-first century, government data suggested that despite efforts to promote breastfeeding, rates had continued to decline. According to the National Health Services Survey (NHSS)² and United Nations Children's Emergency Fund (UNICEF),³ the 6-month exclusive breastfeeding rate in China in 2008 was only around 28% (with rural areas at around 30% and urban areas only 18%), lower than the global average of 40%. This rate was expected to continue to decline (Minter 2015), spurring a body of research in China investigating breastfeeding knowledge among Chinese women (Jiang et al. 2012; Tsai et al. 2015), "inappropriate sales promotion" of breast milk substitutes in or near hospitals (Liu et al. 2014), and the gaps between maternity leave and recommended breastfeeding duration (Mao et al. 2012). Meanwhile, China's infant formula market was estimated to have grown from about \$1 billion in 2002 to \$9 billion in 2013 and was forecast to hit \$13 billion by 2015 (Tang 2013).

These trends have led to anxiety over the "breastfeeding problem" in China (Thomas 2015; Minter 2015; Liu 2015), concerns that have been exacerbated by the 2008 infant formula scandal. In September 2008, the Chinese government initiated a massive recall of domestically produced infant formula as a result of intentional contamination with the industrial chemical melamine; by the end of the year, it was estimated that at least

six infants had died from kidney damage and another 300,000 had been affected (Hanser and Li 2015). In an effort to boost breastfeeding by new mothers, in 2013 China's State Council announced the goal of raising the 6-month exclusive breastfeeding rate to at least 50% by 2020. In fact, the latest NHSS report shows that the 6-month exclusive breastfeeding rate in 2013 had risen to 58.5%; especially surprising was the growth in breastfeeding rates in urban areas (62%), now higher than rural areas (55.4%).⁴ Part of this dramatic shift in breastfeeding rates is almost certainly attributable to widespread fears about the quality of the nation's food supply and relatively recent cases of adulterated infant formula, even after 2008. But strikingly, few of our interviewees characterized this as the sole or even the most important reason for breastfeeding their babies, and many of them clearly believed that it was possible to purchase safe infant formula, although often through laborious means.

If great public and government attention to breastfeeding is associated with dropping rates of breastfeeding and the 2008 infant formula incident, the actual promotion of breastfeeding among new mothers appears to be more dependent upon social media. An excellent example is the famous Chinese actress Ma Yili, who has become well known for her public support for breastfeeding. On her blog, she shared her personal experiences breastfeeding her first child for a full 9 months despite physical and logistical challenges, and she later lamented not extending the nursing period, characterizing it as "the most valuable experience of a woman."⁵ In 2013, Ma was even appointed a Special Advocate for Breastfeeding and Early Child Development in China by UNICEF. Ma Yili is a representative of a broader social media discourse in China that celebrates breastfeeding and motherhood, ranging from motherhood websites to personal posts on social media platforms like wechat. Websites like "Breastfeeding Headquarters" (*murū weiyang dabenyīng*, <http://www.bnmuru.org/>), which claims to be the largest Chinese-language platform for exchanging information about breastfeeding among nursing mothers, provide not only very practical support for breastfeeding mothers but also cultural narratives steeped in ideas about good motherhood. Strikingly, the "bn" in the website's web address is drawn from the English words "breastfeeding" and "nurturing," a clear nod to the maternalist discourse about breastfeeding in North America.

Methodology

The data for this paper is drawn from two sets of interviews carried out with middle-class mothers in the city of Shanghai. The first set of 26 interviews was conducted between May and June of 2013 as part of a larger investigation into the consumption of infant formula in contemporary China. Our interviewing began with several professional women, whom we asked to introduce us to other women who had had a child within the past 5 years. Although the original goal of the interviews was to understand if and how middle-class mothers purchase infant formula in China, the interviews were organized around the simple question of "How have you fed your baby, since the child was born until now?" The second set of interviews was conducted between September 2014 and August 2015 with 25 women and is drawn from a larger project conducted by the second author on pregnancy, infant feeding, and perceptions of risk among both middle-class and rural migrant women in Shanghai. These interviews were organized around the themes of how these women navigated their pregnancies, experienced their

childbirths, and coped with the early months of feeding their babies, but these women were asked the same set of questions about infant feeding as the women in the first data set. In the text, interviews from the first data set are noted with an “a” at the end, and interviews from the second set are marked with a “b.”

As it turned out, all but one of our interviewees had breastfed their infants, and as a result, a substantial portion of many interviews was devoted to discussing women’s experiences with and rationales for breastfeeding their babies. Most of the mothers had purchased infant formula as well, and in fact, all but two of our 51 interviewees had transitioned to infant formula or expected to do so in the foreseeable future. Although we focus on breastfeeding in this paper, we address both feeding choices and how women thought about the transition to formula. The elaborate consumer strategies for purchasing infant formula that these women adopted are the subject of another paper (Hanser and Li 2015).

All our interviewees ranged in age from 27 to 41, with reported monthly household incomes ranging from RMB 10,000–40,000, which placed them significantly above the average disposable household income in Shanghai of 3700 yuan per month in 2013.⁶ All were permanent Shanghai residents (i.e., *hukou* holders), though a number of them had settled in Shanghai through marriage or formal workplace arrangements. Each interview lasted between 45 min to more than 1 h. Forty-four of these interviews were recorded and transcribed, while an additional seven were recorded through note-taking only. In addition, seven women from the second interview sample were interviewed two or more times.

English-language summaries of each woman’s breastfeeding experience were created from the Chinese-language interview transcripts, and from these summaries, common themes and patterns related to breastfeeding were generated. While the analysis is organized around concepts and themes abstracted from the interview data as a whole and is therefore an “issue-centered analysis” (Weiss 1994), we nevertheless attempted not to dismember any woman’s story and the coherence of her experience by dividing up the interview material into discrete, “coded” segments. The relatively small number of interviews made this possible. While our analysis is narrowly focused on relatively affluent urban women, these women’s cultural, social, and economic resources make them ideal subjects for investigating the cultural narratives shaping the most valued, modern definitions of motherhood in China today, in large part because they are the women best positioned to fulfill these demands (cf Blair-Loy 2003). At the same time, the interview context itself may result in accounts that de-emphasize conflicts with dominant norms of good mothering, as interview subjects may make efforts to represent themselves as “honorable” mothers, “fram[ing] their answers to present themselves in the most admirable light” (Pugh 2013:50). Such a bias would nevertheless highlight the cultural construction of “good” mothering in China today.

Feeding the baby: intensive new motherhood

Breastfeeding provides a compelling window into women’s early experiences of motherhood, and of the cultural narratives, they draw upon to both guide their childrearing practices and to make sense of their experiences. In the discussion below, we consider how cultural ideologies about motherhood and childrearing are expressed through practices of infant feeding, and breastfeeding in particular. We show how important breastfeeding is

to many of these mothers' understandings of how to best care for their children, and we document the great lengths many of the women we interviewed went through in order to provide their babies with their own breast milk. But for many women, breastfeeding is hardly the final or even a straightforward solution to the problem of feeding the baby, and we also describe how our interviewees negotiated the contradictory demands of breastfeeding and employment, conflicting expectations between themselves and family members, and the need to transition away from breastfeeding sooner or later. In many ways, feeding the baby serves as a key site—and one of the earliest in a woman's mothering experiences—where the intensive demands of contemporary middle-class motherhood are expressed and performed. Importantly, consumer goods and complex consumer strategies for navigating the Chinese marketplace represent a critical element of caring for a baby, and we document as well the ways in which a “protective” or “good” mother is either the one who can feed her child with her own breast milk (often relying on products like breast pumps and other equipment) or the savvy consumer who can afford foreign infant formula, perceived as the best alternative.

***Zhui nai*, in pursuit of milk**

Within the larger context of food safety fears, government promotion of breastfeeding and a popular discourse that celebrates the association between breastfeeding and modern motherhood, feeding a baby—by breast or by bottle, with breast milk or with formula—represents a situation in which new mothers actively draw upon a range of cultural narratives about motherhood, health, childrearing, and sacrifice as they care for their child. It is, in other words, an intensive site for performing motherhood.

To some extent, breastfeeding appears to have become an expected practice among middle-class urban mothers in China, and all but one of the 51 mothers in the two sets of interviews we conducted had breastfed their babies for some period of time, ranging from 1 month to 2 years. These broad numbers, however, fail to convey the depth of commitment to and the complex arrangements associated with breastfeeding for many of these women, even for those who breastfed for a relatively short time. Despite—or even because of—the challenges associated with breastfeeding, it served both as the context for and as a set of practices through which an ideal of motherhood could be expressed.

Many of the women we interviewed encountered significant challenges with breastfeeding, including insufficient milk supply, difficulty getting the baby to latch properly, pain during breastfeeding, or, later, the need to integrate breastfeeding with employment. For example, Li Xiaomei, a 29-year-old mother (*interviewee 4a*) of an 8-month-old baby described an intense struggle to provide her son with breast milk, a struggle that ended after 5 months of pain, exhaustion, and stress. Noting that she was a “very strong advocate of breastfeeding” even before the baby was born, having read books on the topic and absorbed a lot of technical information, this young woman described how 2 weeks after her baby was born, she began to experience breast pain. By 20 days, her baby was clearly hungry and her breasts no longer seemed to be filling with milk. What followed was a diagnosis of “narrow milk ducts” at the hospital, secret efforts by her mother-in-law to supplement the baby's diet with formula, allergic reactions in the baby to the infant formula, and feelings of depression and constant crying on her part. In a surprising twist, critical advice came from a male colleague whose daughter had also

suffered from allergies. He advised her to stop breastfeeding directly and rely instead on a breast pump, a process that she described as exhausting due to the length of time (an hour per session) she required to pump even a small amount of milk. Still, pumping boosted her supply, though not enough to keep up with the baby's growing appetite, and she realized that this strategy would not work for much longer. She described the situation as leaving her depressed (*xintai hen bu hao*), though she told herself at the time, "if I am able to give my baby a little more breast milk to drink, it is a little bit of feeling" (*yi dian ganjue*). When she stopped pumping and switched to a special formula designed for babies with allergies, at 5 months, she had managed to store an astonishing 60,180 ml bags of frozen breast milk, allowing for a gradual transition to formula.

While this young woman's experiences in breastfeeding were particularly difficult, and her level of commitment is particularly deep, elements of her story appeared in many other women's accounts. For example, numerous women we interviewed had relied entirely upon breast pumps to supply their babies with breast milk, often because they struggled to get their newborns to nurse properly, using the pump to *zhui nai* (literally, to "pursue milk"), to bring in and maintain their milk supply. Zhang Fei (*interviewee 9a*), described at the beginning of the paper, had given birth to her baby prematurely, at 33 weeks gestation, and so, she had used a breast pump to bring in her milk supply. She was still pumping breast milk when her baby was 11 months old, though she was gradually shifting to infant formula. Wang Ping (*interviewee 8a*) struggled to nurse her baby after a C-section, despite ample milk supply and the use of a lactation consultant (*kai nai shi*), relying in the end upon a breast pump for many months. Although many of these physical challenges associated with breastfeeding were reported in Gottschang's (2007) research among urban mothers in the 1990s, the reliance upon breast pumps is entirely new (see Blum 1999 on the rise of the breast pump in the USA).

***Bei nai zu*: breast pumps, breastfeeding, and the workplace**

Breast pumps were important tools even for mothers who did not have difficulties nursing their babies, and these women relied upon pumps to enable them to continue breastfeeding after returning to work and/or to create stockpiles of stored milk in order to prolong the period of time their babies consumed breast milk. Several women, for example, described "freezers full of breast milk," and one woman claimed to have half-filled her mother's freezer as well. Others described expressing milk during the workday, sometimes in the comfort of a designated space but for others, in washrooms or behind a curtain. Whether to address nursing difficulties or to extend the period of breastfeeding beyond maternity leave, reliance on a breast pump was a very practical expression of a mother's obligation to breastfeed her baby. At the same time, the use of a pump required women select and purchase a pump and its accessories (foreign pumps, storage bags, and other equipment were overwhelmingly favored) and master both knowledge and technique on proper storage techniques (including how long breast milk could be preserved and at what temperatures). The decision to pump was therefore a mixture of daily practice, abstract consumer and technical knowledge, and cultural investments in how to best mother a baby.

While for many women, the return to work marked the end of breastfeeding given the difficulties (logistic or interpersonal) of pumping at work; for others, the commitment to continue breastfeeding was a badge of honor. There is now even a popular

Internet term for women who pump milk at work, *bei nai zu* (women who “carry” pumped milk home from work), a label that appeared in the aftermath of the contaminated formula incident in 2008 but which is as closely associated with motherly commitment to breastfeeding as it is with food safety concerns related to infant formula.⁷ For example, Xu Huifang (*interviewee 1a*), the mother of a 10-month-old baby, described expressing milk with a hand-pump twice a day while at work, a process that left her hand numb. Despite being encouraged by her own mother to wean the baby early to avoid this discomfort, she was committed (*jianchi, jianchi*) and confessed that she felt guilty about her plans to wean her baby at 1 year of age. *Mei banfa*, she explained, “there is nothing to be done.” Another mother, Wu Fang (*interviewee 3a*), described the work of pumping, transporting, and storing milk as *xinku* (exhausting, a hardship), but she was adamant that the decision to do so was not difficult. “For a mother, you always want to give your baby the best, and because I feel that breast milk is the best, so I’ve decided to give him the best—breast milk.” Even women who had no intention to continue breastfeeding after returning to work recognized the commitment that continued breastfeeding could represent. For example, He Lanying (*interviewee 5a*), who explained that she had no intention to pump milk at work and who felt formula feeding was perfectly acceptable, also remarked “I admire [those women] who keep nursing after returning to work.” noting that breastfeeding is *xinku*.

“Breast milk is best”: rationales for breastfeeding

A range of contemporary discourses contributed to women’s plans, practices, and rationales for breastfeeding. Breastfeeding was valued for many different reasons, including for its nutritional value and immunity-boosting qualities, for food safety reasons, and for its capacity to promote emotional bonding between mother and baby. There was also a lot of variation in terms of which rationales mothers drew upon in justifying their own breastfeeding, how they interpreted those rationales, and how they combined them. Discussion of the “health” benefits of breastfeeding was similar to the “medical” model for breastfeeding that Blum (1999) describes in the USA. In concrete terms, this faith in the healthful qualities of breast milk was sometimes expressed as a vague sense that “breast milk is best,” though sometimes women had more developed rationales: A number of women suggested that breast milk is more easily digested, and nutrients more easily absorbed than formula. Many women spoke as well about better immunity in breastfed babies, often offering anecdotes comparing babies who got sick more easily (formula fed or breastfed for short times) with more robust babies (breastfed for longer). One mother suggested that a woman’s breast milk is tailored to her specific baby’s needs, something that a standardized product like infant formula could never provide. In this last example, a “medical” discourse about the virtues of breast milk begins to blur into a “maternalist” idea about mother-child connection wed to an exclusive, intensive form of mothering that Blum (1999) also describes. In all these examples, rationales for breastfeeding rest upon cultural notions about what parents, and mothers in particular, owe their children.

Of course, for some women, food safety concerns, and in particular, the possibility of purchasing contaminated or substandard infant formula in China, provided a strong incentive to breastfeed for as long as possible, or at least until a safe source of infant formula could be secured. Liu Lihua (*interviewee 24a*), for example, described her

problem not in terms of whether or not to breastfeed but rather when to wean. Because of her concerns about domestic infant formula, she waited to wean her baby until she had secured what she considered a reliable source of safe, foreign infant formula (see also Hanser and Li 2015). In some ways, deep and widespread fears about food safety represent a very “Chinese” characteristic (Yan 2012), specific to the contemporary Chinese context and with clear consequences for childrearing, including breastfeeding. Nevertheless, the vast majority of women we interviewed still had or planned to eventually turn to infant formula to feed their infants.

The portrayal of breast milk as the best “food” for a baby was at times complemented by an explicitly maternalist discourse about breastfeeding as emotionally significant. Wu Fang (*interviewee 3a*), for example, explained that “I feel that breast milk is not just a kind of food (*shiwu*), but [breastfeeding] is also a kind of exchange of feeling (*qinggan jiaoliu*) between me and [my baby].” Zhao Meihui (*interviewee 12a*) suggested that she breastfed both her children (she was one of just three women we interviewed with more than one child) because it was safe, convenient, and hygienic, but she also described how directly nursing a baby helps with “parent-child communication and feeling” (*qinzi jiaoliu, qinzi ganqing*) and that breastfed babies are more attached (*tie*) to their mothers. Such interpretations of breastfeeding likely reflect the greater expectations of emotional availability demanded of Chinese mothers today (Kuan 2015; Evans 2008).

“Treated like a “cow””: negotiating breastfeeding in the family

Ideas about the importance of breastfeeding, and how women viewed its relationship to their role as mother, were not considered in isolation. In most cases, infant feeding practices were strategies constructed in dialog with others: family members (especially mothers and mothers-in-law, as well as husbands), friends, as well as colleagues, and other peers all influenced women’s decision-making about breastfeeding and how to feed and care for their babies more generally. Partly, for this reason, decisions about whether to breastfeed, how, why, and for how long, could be openly debated and provided a context in which contested ideas about mothers and babies, and the contradictory pressures that women experienced in their lives, might be expressed. In some cases, women struggling with or not wanting to breastfeed were pressured by “the older generation” (usually mothers and mothers-in-law) to continue breastfeeding. For instance, Jiang Yunzhen (*interviewee 2b*) described the first month after childbirth as painful because she initiated breastfeeding under the disciplining gaze of her family members and especially her mother-in-law. Despite being a strong advocate for breastfeeding and enjoying an ample milk supply, she still felt as if she was treated like a “cow” (*nainiu*) or “breast milk machine” (*chan nai ji*) by her mother-in-law, who she described as constantly measuring how much breast milk she had pumped. If the amount seemed to decrease, Jiang Yunzhen would then be asked to eat a special soup to boost her supply. This kind of scrutiny was also experienced by Lu Xuhan (*interviewee 8b*), who also described herself as treated like a “machine” (*jiji*) and found herself agitated (*fan zao*) by the constant monitoring of her milk production and the baby’s consumption of it by her mother-in-law, even feeling angry simply at the sound of her mother-in-law’s voice. While neither of these two young mothers openly argued with their family members about breastfeeding, the internalized

obligation of mothers to breastfeed their babies, coupled with the breast pump technology that make milk “production” visible and measurable, clearly granted family members the privilege to monitor a new mother’s milk production and to treat her as primarily a breast milk provider.

Another young mother, Wang Ping (*interviewee 8a*), described conflicts with her mother-in-law (a strong believer in the immunity effects of breastfeeding), who first pressured her to use a pump when the baby struggled to nurse after a C-section birth and then later proposed the use of a sister-in-law’s frozen breast milk when the interviewee’s milk supply began to dwindle. The interviewee was outraged at this suggestion, though she did not argue directly with her mother-in-law, instead encouraging her husband to put an end to the plan, telling him that she was not some kind of “decommissioned dairy cow” (*jinzhi de nainiu*). Interestingly, her anger at the thought of feeding her baby the “other person’s milk” implies that supplying breast milk is in some ways equated with caring for one’s baby and that she might be “replaced” by another person (though ironically, it was a real dairy cow that substituted, in the form of cow’s-milk-based infant formula). Yet, in the same interview, this mother offered a different model for performing the motherly role, which was instead expressed through consumption. Describing the complex strategies, she relied upon to secure safe and high-quality infant formula as well as other baby products, she noted, “Being a mother, you are definitely willing to spend money to buy the best [for your baby].”⁸ In this way, diligent purchases of safe formula could signify motherly commitment as much as breastfeeding did.

Sometimes, negotiations over breastfeeding were with other forms of authority, like *yue sao*, postpartum doulas or support persons that some families hire to assist in the home in the first week after childbirth, during the traditional confinement period (*zuo yuezi*) for a new mother. For example, Li Qiao (*interviewee 5b*) initially had difficulty producing sufficient breast milk for her baby. Her *yue sao* pressured her to supplement with infant formula, but Li Qiao was committed to exclusive breastfeeding. However, one day after she breastfed her son, she tried to offer him some frozen breast milk given to her by a close friend. To her surprise, her son drank it up quickly and satisfyingly. “I felt very ashamed (*diu lian*),” she said, “I think I even had some postpartum depression (*chanhou yiyu*) at that time.” Ultimately, she joined the “Breastfeeding Headquarters” website and obtained what she considered “tremendous support” (*henda de zhizhu*). During the third interview with her (about 6 months after her childbirth), she proudly explained that she had only supplemented with infant formula in first 10 days after birth, and she even claimed that she felt that she had been “rehabilitated” (*pingfan* 平反) through her ability to successfully feed her baby by breastfeeding.⁹

Similarly, Wang Jing (*interviewee 53b*) felt judged by her *yue sao*, in this case, not for inadequate milk supply but for inadequate milk. After birth, Wang Jing’s daughter suffered from diarrhea despite being breastfed. Her *yue sao* suggested switching to infant formula, and when she did, the symptom immediately disappeared. She felt very discouraged (*shou cuo*) because she was committed to breastfeeding and so was unwilling to supplement infant formula. She managed her disappointment through the support of an online mother’s group where mothers discussed feeding challenges and shared experiences with one another. With this support, she decided to reduce her daughter’s intake of formula from two feedings per day to one feeding only, in this way reasserting her authority over feeding decisions and maintaining her commitment to breast milk.

In both these cases, breastfeeding was clearly experienced as a key expression of motherly care, but a mother's success (or failure) could be judged by others, leading to pressures to supplement with formula.

Conflicts, contradictions, and pragmatic mothering

The majority of mothers we interviewed seemed to readily embrace the idea that breastfeeding was an important—if certainly not the only—way to perform good motherhood. Nevertheless, tensions and conflicts did appear, as the demands of breastfeeding clashed with workplace demands clashed with women's other identities, as workers, as independent individuals, or as sexually active and attractive young women. These conflicts and contradictions sometimes prompted women to draw upon alternative understandings of “good” infant feeding practices that mixed formula with breast milk or dispensed with the need for a mother's milk altogether.

For example, many women timed weaning to coincide with their return to employment, feeling that pumping at work was inconvenient, embarrassing, or simply unnecessary. In a number of cases, such women sometimes suggested that the nutritional value of breast milk declines as a baby grows or that infant formula offers important “micronutrients” not found in breast milk and important to infant health by, say, 6 months of age or so (e.g., interviewee 10a). Even mothers committed to the *bei nai zu* regimen of workplace pumping found these arrangements challenging. Wu Fang (interviewee 3a), committed to nursing her child for the full, WHO-recommended 2 years, described the embarrassment of conferring with male superiors before pumping, which she had to perform by going to the back of the room and drawing a curtain for privacy. Song Dachun (interviewee 6a) attempted to extend her nursing period past her return to work, but she felt pumping at work was too inconvenient and so tried returning home during her lunch break to nurse her baby, an arrangement she quickly found onerous. Interestingly, this mother was also distrustful of the nutritional value of stored breast milk, making pumping at work of questionable worth in her mind. In all these cases, the value of breast milk came up against the hard edge of workplace demands.

The gender inequality that has made caring for infants such an intensely demanding responsibility for middle-class Chinese women was reflected in the ambivalence some women expressed about how breastfeeding affected their bodies. As Li Hou (interviewee 42b) noted, “If you are a professional woman, you definitely want to keep your figure...but after a woman breastfeeds, her breasts shrink and sag.” something that could also affect a woman's attractiveness to her husband. Similarly, Yun Jiang (interviewee 2b) described herself as very “conflicted” because as a mother, her daughter's well-being was important to her (and therefore, she was strongly committed to breastfeeding her child), but she also felt the loss of her “young woman's figure,” something she strongly associated with “sagging” breasts. As with the conflict between intensive mothering and the workplace, the tension between a mother whose body is devoted to her child and a woman whose body is pleasing to men was felt keenly by some women we interviewed.

Despite these tensions, it was rare for women we interviewed to directly challenge the value of breastfeeding. This may in part be an effect of the interview encounter itself (Pugh 2013), in which women are likely to present themselves as good mothers who uphold widely held standards. A rare exception was Zheng Ting (interviewee 11a),

who explained that she never really wanted to breastfeed at all, and only began doing so because her milk came in. She suggested that her milk was “not too good” and caused her baby to suffer from peeling skin and diarrhea, a diagnosis made by the elders (*laoren*) in her family because her diet contained too many things that nursing women should traditionally avoid (such as spicy foods and too much “oil, salt, soy sauce, and vinegar”). And yet, this woman used a breast pump for 4 months, despite damaged, bleeding nipples, and her aversion to nursing. Her interview is filled with contradictions like these: She insisted that she did not want to breastfeed and she was not pressured to nurse, and yet, her family was united against her in support of breastfeeding. She explained that she preferred infant formula from the start because “we cannot possibly be like rural people, nursing the child all along, we have to go to work,” but in the next breath, she described herself as “rather lazy,” not eating as healthily as rural people, and even suggested the urban people’s breast milk could have “poison” (*du*) in it because of their polluted environment. Even with all these contradictions, this woman did not reject the idea that mothers had enormous responsibility for their child’s well-being, and she described the enormous efforts she made to purchase safe, foreign infant formula for her baby. Her case illustrates the powerful ways in which a particularly intensive ideological construction of motherhood has wed with class position and the specific practice of breastfeeding to shape the infant-feeding practices of even strongly resistant middle-class mothers.

In fact, the commitment to breastfeeding was often succeeded by a parallel and equally intense commitment to providing babies with safe—foreign—infant formula. Many of the women we interviewed believed that it was perfectly fine to feed babies infant formula, and in some cases, they suggested that at a certain age (such as 6 months old), formula might actually provide nutrients absent in breast milk. In a number of cases, a shift to formula followed committed efforts to breastfeed, but also involved a reinterpretation of the relationship between breast milk and being a good mother. For example, Zhou Jie (*interviewee 47b*) did not have sufficient breast milk because she suffered preeclampsia during pregnancy and delivered a preterm baby. Even though she managed to nurse her baby for 3 months, she decided to wean after that. At first, she fed her son with frozen breast milk offered by one of her best friends, but she soon switched to formula. “I don’t think it (breast milk) is worthwhile (*taida de yongchu*),” she explained. “I think formula is just as good based on my son’s growth percentile.” Li Hou (*interviewee 42b*) had adopted a pragmatic attitude towards breastfeeding from the outset. After a cesarean childbirth, she supplemented with infant formula during the nights in order to get sufficient rest. She also decided to wean after returning to work. Noting that it was too difficult to maintain her pumping schedule while at work, she argued that real mother’s love is not about what she feeds the child but rather the kind of upbringing and education she provides (the metric used to evaluate mothers of older children). “Breastfeeding can only prove you have sufficient breast milk” she believed.

Despite a pragmatic orientation towards using formula or breast milk, these middle-class mothers were nearly uniform in their judgment that foreign infant formula was superior and far more trustworthy than domestic products. Even mothers who claimed to be relatively unconcerned about the safety of infant formula in China purchased imported products. Many women utilized complex arrangements to secure “safe enough” formula for their babies, often relying on friends and relatives to ship or carry

foreign infant formula purchased abroad or in other cases resorting to carefully researched domestic channels. Intensive mothering could be further elaborated through research on and efforts to purchase many other “safe” or foreign products, including imported diapers, imported baby wipes, foreign-branded toys, and organic or “green” food products (sometimes purchased for the baby only). There was, in effect, a neat dove-tailing of intensive efforts at breastfeeding and the intensive efforts that later developed in securing safe infant formula and other baby products through carefully planned consumer strategies (Hanser and Li 2015).

Conclusion

Above, we have documented not only the great effort our interview subjects devoted to breastfeeding their babies but also the range of meanings they attributed to those efforts. Breastfeeding could be deeply meaningful—understood as not just food, but an expression of commitment and feeling to one’s baby, a role worth struggling for and often relinquished with guilt and regret. Numerous women spoke of guilt over failing to breastfeed their babies or over weaning their infants, and some described experiences with postpartum depression that were clearly linked to breastfeeding difficulties. Women often reflected on these experiences through the prism of cultural ideas about mothering and about the significance of caring—and feeding—one’s baby to the best of one’s ability.

The challenges associated not only with breastfeeding but also formula feeding led many women to use language of “enduring” (*jianchi*) and “hardship” (*xinku*) to describe both breastfeeding and motherhood. The physical sacrifice involved in breastfeeding was part of this, but the logistical and financial burdens of raising a baby with all the appropriate products (safe food, safe diapers, safe formula, etc.) were also understood in terms of hard work and sacrifice. These burdens were often described as willingly taken on but bounded by one’s *tiaojian*, the economic, cultural, and social resources one had access to.

In fact, despite the enormous efforts, many of our interview subjects made to breastfeed their infants, and despite the links they clearly drew between motherhood and breastfeeding, they were strikingly reluctant to apply this motherhood “norm” universally or to take a broadly moralizing stance regarding the superiority of breast milk. Although women we interviewed who had breastfed their infants, and especially those who had overcome great challenges, were uniformly proud of this commitment and accomplishment, at the same time, they did not equate breastfeeding (or breast milk) with good mothering in any easy or direct way, and they readily recognized the many valid reasons a woman might not breastfeed her baby, including personal choice. In this way, these middle-class Chinese mothers have adopted a very pragmatic orientation towards the moral demands of “intensive motherhood,” even as this cultural discourse exerts a disciplining force upon them, often through their own families and social networks. These women’s reluctance to judge other mothers’ feeding choices may stem from a variety of factors, including a general readiness to acknowledge constraints (economic, social, political) on individuals in China as well as their own encounters with the very real challenges and uncertainties of breastfeeding itself. Many women described feeding choices that fell short of the ideal—their own, or those of others—with the phrase, *Mei banfa*: there is no (other) way.

The notion of culture as a “toolkit” that shapes both how people act and how they understand their experiences seems well suited to making sense of the pragmatic orientation towards motherhood and breastfeeding adopted by the women we interviewed. As we have sought to show, ideas about motherhood represent part of the cultural toolkit that women and their family members draw upon as they navigate the early days, weeks, and months of caring for their new babies. Cultural ideas about being a good mother through breastfeeding may undergird a commitment to breastfeeding despite physical challenges, may produce feelings of guilt and depression when breastfeeding fails or weaning begins, and may lead family members to advocate for breast milk and breast pumps or, alternatively, for infant formula. Ideas about mothering, and about what mothers owe their babies, lead women to see their feeding labor as a sacrifice, but one they willingly accept. At the same time, the ideal of the self-sacrificing, breastfeeding-and-breast-pump-toting mother can run up against the hard edge of unaccommodating workplaces, the vagaries of a women’s milk supply, or a women’s desire for more physical independence from her baby. Ideas about the importance of breastfeeding are powerful but by no means so “settled” to be accepted as self-evident or easily integrated into modern lives, and women reacted to a mismatch between the cultural ideal and their own circumstances in many different ways, in some cases, adjusting their ideas about what defines good mothering, and in other cases, adapting their lives to better reflect the ideal.

At the same time, new ideas about early motherhood, and the importance of breastfeeding, clearly operated as a disciplining force in these women’s lives. For despite the fact that many women commented that “formula is fine,” these very same women often seemed to have imposed upon themselves a different set of values that deemed only breast milk as acceptable—for as long as possible. And once they moved on from breastfeeding, a new, intensive task presented itself, that of securing safe infant formula. The expectations about what *kind* of infant formula was suitable (foreign) and *how* one would secure it (only through trusted, secure channels) meant that formula feeding could be as demanding emotionally, financially, and in terms of time as breastfeeding. However these middle-class women fed their babies, their practices and commitments demonstrate the enormous importance of knowledge, technique, social networks, and economic resources as well as the intensive emotional and time commitments modern Chinese motherhood can demand.

Endnotes

¹All interview subject names are pseudonyms to protect confidentiality.

²<http://www.nhfpc.gov.cn/mohwsbwstjxxzx/s8211/201009/49165.shtml>

³<http://data.unicef.org/nutrition/iycf.html>

⁴<http://www.moh.gov.cn/mohwsbwstjxxzx/s8211/201610/9f109ff40e9346fca76dd82cecf419ce.shtml>

⁵http://blog.sina.com.cn/s/blog_474d1a7b0100kvwc.html

⁶Shanghai Statistical Yearbook, <http://www.stats-sh.gov.cn/tjnj/nj14.htm?d1=2014tjnj/C1005.htm>, 2013年1-4季度城市居民家庭人均收支情况

⁷For example, *interviewee 8a*, who had pumped instead of directly breastfeeding but transitioned to formula before returning to work, described herself as a member of “*bei*

nai zu,” a reference to her commitment to breastfeeding through use of a breast pump and not the actual practice of pumping at work or the outright avoidance of formula.

⁸This family was actually quite divided on the importance of breastfeeding, a divide that fell along gendered lines: The interviewee’s mother and mother-in-law were both strong advocates, whereas her husband felt that there was no need to suffer the discomfort of pumping, and her father expressed concern about the impact of breastfeeding on her figure (specifically, the shape of her breasts). The interviewee herself said she felt formula was fine, though she persisted in pumping breast milk for her baby for roughly 6 months.

⁹Li Qiao’s use of the term “*pingfan*” (rehabilitate) is a word with deeply political connotations in China and refers to the rehabilitation of a person’s public reputation after having been labeled negatively by the Chinese Communist Party, especially during political campaigns like the Anti-Rightist or 100 Flowers Campaigns or the Cultural Revolution. It is a striking term to use in reference to one’s mothering and ability to breastfeed.

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References

- Afflerback, Sara, Shannon K. Carter, Amanda Koontz Anthony, and Liz Grauerholz. 2013. Infant-feeding consumerism in the age of intensive mothering and risk society. *Journal of Consumer Culture* 13 (1): 387–405.
- Binah-Pollak, Avital. 2014. Discourses and practices of child-rearing in China: the bio-power of parenting in Beijing. *China Information* 28 (1): 27–45.
- Blair-Loy, Mary. 2003. *Competing devotions: career and family among women executives*. Cambridge: Harvard University Press.
- Blum, Linda. 1999. *At the breast: ideologies of breastfeeding and motherhood in the contemporary United States*. Boston: Beacon Press.
- Brainer, Amy. 2015. Mothering gender and sexually nonconforming children in Taiwan. *Journal of Family Issues*, OnlineFirst <https://doi.org/10.1177/0192513X15598549>.
- Bray, Francesca Bray. 1997. *Technology and gender: fabric of power in late imperial China*. Berkeley: University of California Press.
- Cairns, Kate, Josee Johnston, and Norah MacKendrick. 2013. Feeding the ‘organic child’: mothering through ethical consumption. *Journal of Consumer Culture* 13 (2): 97–118.
- Chen, Yingfang. 2015. Suspended motherhood. *Dushu* 10: 45–53 [in Chinese].
- Cook, Daniel Thomas. 2013. Introduction: specifying mothers/motherhoods. *Journal of Consumer Culture* 13 (2): 75–78.
- Correll, Shelley J., and Stephen Benard. 2007. Getting a job: is there a motherhood penalty? *American Journal of Sociology* 112 (5): 1297–1338.
- Evans, Harriet. 2008. *The subject of gender: daughters and mothers in urban China*. Lanham, MD: Rowman & Littlefield.
- Faircloth, Charlotte, and Marjorie Murray. 2015. Parenting: kinship, expertise, and anxiety. *Journal of Family Issues* 36 (9): 1115–1129.
- Fong, Vanessa L. 2004. *Only hope: coming of age under China’s one-child policy*. Stanford: Stanford University Press.
- Goh, Esther C.L., and Leon Kuczynski. 2010. ‘Only children’ and their coalition of parents: considering grandparents and parents as joint caregivers in urban Xianmen, China. *Asian Journal of Social Psychology* 13: 221–231.
- Gottschang, Suzanne. 2007. Maternal bodies, breastfeeding, and consumer desire in urban China. *Medical Anthropology Quarterly* 21 (1): 64–80.

- Greenhalgh, Susan, and Edwin A. Winckler. 2005. *Governing China's population: from leninist to neoliberal biopolitics*. Stanford: Stanford University Press.
- Hanser, Amy, and Jialin Camille Li. 2015. Opting out? Gated consumption, infant formula and China's affluent urban consumers. *The China Journal* 74 (1): 110–128.
- Hays, Sharon. 1996. *The cultural contradictions of motherhood*. New Haven: Yale University Press.
- Hershatter, Gail. 2011. *The gender of memory: rural women and China's collective past*. Berkeley: University of California Press.
- Jacka, Tamara. 2009. Cultivating citizens: Suzhi (quality) discourse in the PRC. *positions* 17 (3): 523–535.
- Jiang, Hong, Mu Li, Dongling Yang, Li Ming Wen, Cynthia Hunter, Gengsheng He, and Qian Xu. 2012. Awareness, intention, and needs regarding breastfeeding: findings from first-time mothers in Shanghai, China. *Breastfeeding Medicine* 7 (6): 526–534.
- Jin, Yihon, and Di Yang. 2015. Coming into the times of 'competing mothers in educational field': the popularity of parentocracy and reconstruction of motherhood. *Nanjing Journal of Social Sciences* 2: 61–67 [in Chinese].
- Jung, Courtney. 2015. *Lactivism: how feminists and fundamentalists, hippies and yuppies, and physicians and politicians made breastfeeding big business and bad policy*. New York: Basic Books.
- Kipnis, Andrew. 2006. Suzhi: a keyword approach. *The China Quarterly* 186(June):295–313.
- Kuan, Teresa. 2015. *Love's uncertainty: the politics and ethics of child rearing in contemporary China*. Stanford: Stanford University Press.
- Lan, Pei-Chia. 2014. Compressed modernity and glocal entanglement: the contested transformation of parenting discourses in postwar Taiwan. *Current Sociology* 62 (4): 531–549.
- Lareau, Annette. 2011. *Unequal childhoods: class, race and family life*. Berkeley: University of California Press.
- Lin, Xiaoshan. 2011. The image of motherhood: prenatal examination, body experience, and subjectivity of urban women. *Society* 5 (31): 133–157 Chinese.
- Liu, Aihua, Yaohua Dai, Xiaohua Xie, and Li Chen. 2014. Implementation of international code of marketing breast-milk substitutes in China. *Breastfeeding Medicine* 9 (9): 467–472.
- Liu, Kiki. 2015. Health authority calls for more steps to boost breastfeeding. www.womenofchina.cn (All-China Women's Federation website), <http://www.womenofchina.cn/womenofchina/html1/features/spotlight/1508/219-1.htm>.
- Lizardo, Omar, and Michael Strand. 2010. Skills, toolkits, contexts and institutions: clarifying the relationship between different approaches to cognition in cultural sociology. *Poetics* 38: 204–227.
- Mackendrick, Norah. 2010. Media framing of body burdens: precautionary consumption and the individualization of risk. *Sociological Inquiry* 80 (1): 126–149.
- Mackendrick, Norah. 2014. More work for mother: chemical body burdens as a maternal responsibility. *Gender and Society* 28 (5): 705–728.
- Mao, Zhuo-yan, et al. 2012. Thoughts on the right of women workers to breastfeeding in China. *Collection of Women's Studies* 109: 27–32 Chinese.
- Minter, Adam. 2015. China's growing breastfeeding problem. *Bloomberg View*, <https://www.bloomberg.com/view/articles/2015-04-22/china-s-growing-breastfeeding-problem>.
- Murphy, Rachel. 2004. Turning peasants into modern Chinese citizens: 'population quality' discourse, demographic transition and primary education. *The China Quarterly* 177(March):1–20.
- Pugh, Allison J. 2013. What good are interviews for thinking about culture? Demystifying interpretive analysis. *American Journal of Cultural Sociology* 1 (1): 42–68.
- Rofel, Lisa. 1999. *Other modernities: gendered yearnings in China after socialism*. Berkeley: University of California Press.
- Shen, Yifei. 2015. Super-hot moms: motherhood and women's rights in the individualization era. *Nanjing Journal of Social Sciences* 2: 69–76 [in Chinese].
- Swidler, Ann. 1986. Culture in action: symbols and strategies. *American Sociological Review* 51 (2): 273–286.
- Swidler, Ann. 2001. *Talk of love*. Chicago: University of Chicago Press.
- Tang, Didi. 2013. China battles breastfeeding rates among the world's lowest amid tainted formula scares. *The Toronto Star*, https://www.thestar.com/life/parent/2013/08/09/china_battles_breastfeeding_rates_among_the_worlds_lowest_amid_tainted_formula_scares.html.
- Thomas, C.F. 2015. China wants mothers to breast-feed, but they keep choosing formula. *The Washington Post*, https://www.washingtonpost.com/world/asia_pacific/china-wants-mothers-to-breast-feed-but-they-keep-choosing-formula/2015/07/04/65114200-201d-11e5-aeb9-a411a84c9d55_story.html?utm_term=.37a830055208.
- Tsai, Tzu-I, Shu-Her Huang, and Shouu-Yih D. Lee. 2015. Maternal and hospital factors associated with first-time mothers' breastfeeding practice: a prospective study. *Breastfeeding Medicine* 10 (6): 334–340.
- Wall, Glenda. 2001. Moral constructions of motherhood in breastfeeding discourse. *Gender and Society* 15 (4): 592–610.
- Weiss, Robert S. 1994. *Learning from Strangers: The Art and Method of Qualitative Interview Studies*. New York: Free Press.
- Wolf, Joan. 2011. *Is breast best? Taking on the breastfeeding experts and the new high stakes of motherhood*. New York: New York University Press.
- Woronov, Terry. 2008. Raising quality, fostering 'creativity': ideologies and practices of education reform in Beijing. *Anthropology & Education Quarterly* 39 (4): 401–422.
- Woronov, Terry. 2009. Governing China's children: governmentality and 'education for quality'. *positions* 17 (3): 567–589.
- Xu, Fenglian, Liqian Qiu, Colin W. Binns, and Xiaoxian Liu. 2009. Breastfeeding in China: a review. *International Breastfeeding* 4 (6): 1–15.
- Yan, Yunxiang. 2003. *Private life under socialism: love, intimacy and family change in a Chinese village, 1949–1999*. Stanford: Stanford University Press.
- Yan, Yunxiang. 2012. Food safety and social risk in contemporary China. *The Journal of Asian Studies* 71 (3): 705–729.
- Yavorsky, Jill E., Claire M. Kamp Dush, and Sarah J. Schoppe-Sullivan. 2015. The production of inequality: the gender division of labor across the transition to parenthood. *Journal of Marriage and Family* 77 (3): 662–679.
- Zhu, Jianfeng. 2010. Mothering expectant mothers: consumption, production, and two motherhoods in contemporary China. *Ethos* 38 (4): 406–421.