

Diagnosing *Zuoyuezi*: Taiwanese Physicians' Perspectives on Chinese Postpartum Practices

by

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ABSTRACT

According to traditional Chinese medicine, the month following childbirth is an important period marked by an imbalance of two opposing forces that together make up one's health and wellbeing. A set of specialized practices called *zuoyuezi* (sitting the month) aid both the woman's recovery and restoration of the balance, and require the help of someone else, usually the woman's mother or mother-in-law. While studies conducted on the practice's psychosocial and physical benefits have produced varied results, *zuoyuezi* continues to persist in Hong Kong, China, and Taiwan. Since the late twentieth century, professional *zuoyuezi* centers have become very popular as a commercial health care business. While the month experiences of Taiwanese and Chinese women have been widely studied, there is little research on physicians' opinions regarding the practice, especially in Western medical settings. Taiwanese physicians, who have been trained in the Western medical tradition, present interesting case studies as both experts in Western medicine and citizens in traditional Taiwanese society. The purpose of this project is to observe how Taiwanese physicians negotiate primarily cultural practices with their professional training, and whether there is a conflict between physicians' beliefs about *zuoyuezi* and physicians' personal experiences with the practice. Twenty-seven semi-structured interviews of Taiwanese physicians were conducted at two sites in Taiwan regarding their perspective and understanding of *zuoyuezi* and their personal experiences with it. Following qualitative analysis, the findings showed that physicians used their Western medical training to explain the traditional worldview that holds *zuoyuezi*. Secondly, physicians acknowledged the benefits of *zuoyuezi* and the influence of culture as two primary factors in its continued existence. Finally, physicians

incorporated *zuoyuezi* into their personal lives while modifying the traditional practices. Overall, Taiwanese physicians did not appear to have direct conflict with the cultural practice, *zuoyuezi*, using their medical expertise to rationalize its existence while becoming active participants and co-creators in the practice.

DEDICATION

I would like to dedicate this thesis to my grandmother. In many respects, she was not familiar with the details of my life—our distant relationship only came into focus during phone calls punctuated by my limited Taiwanese, and rare family vacations back to Taiwan. But without her sacrifices fifty years ago, raising three children with minimal finances and a grade school education, I would never have the opportunity to make my life in the United States; I would not have received a medical school acceptance call two weeks after she passed away. Towards the end of her life, she did not always recognize me. But *ah-ma*, I will always remember you.

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CHAPTER ONE

INTRODUCTION

Traditional Chinese postpartum practices called *zuoyuezi* (sitting the month) are a set of behavioral and dietary practices that women follow, with the help of their families, during the month immediately after they give birth. *Zuoyuezi*, documented in early Chinese history, is still widely practiced in China, Taiwan, and Hong Kong, with increasing numbers of women choosing to attend *zuoyuezi zhongxing* (sitting the month centers) instead of completing the practices in their own homes. The cultural rituals are meant to aid the woman's recovery during the postpartum period, or the first six to eight weeks after a woman gives birth. During that time, the woman adjusts to a new role as caretaker while her body undergoes physiological changes to recover from childbirth and return to its pre-pregnancy state. The cultural practices that constitute *zuoyuezi*, which include indoor confinement and organized family support over a thirty-day period, continue to influence the way that pregnancy, childbirth, and postnatal care are approached in twenty-first century Chinese society.

Pregnancy and childbirth are two life events that hold cultural and biological significance regardless of one's ethnicity or nationality. As part of the perinatal period, which extends from conception to childbirth and the postpartum period, those life events are understood to embody unique emotional, physical, and social changes for a woman and her family. While pregnancy and childbirth are shared experiences across all cultures and throughout history, individual experiences with those events are highly influenced by the social mores, social values, and cultural traditions of the woman and her family (Holroyd, 2011). Despite individual differences, however, the immediate postnatal period

was long regarded as an extremely dangerous time for the woman and the infant. Ancient cultures developed postpartum practices and beliefs to address that vulnerability and danger to the woman's health and her infant's health (Holroyd, 2011). Postpartum practices have been noted in non-Western cultures in Southeast Asia, Latin America, and the Middle East, sharing similarities such as a specified period of rest, dietary adjustments, prohibited activities, and the organized support of family or community members (Dennis *et al.*, 2007).

Regarding postpartum care, those non-Western cultures have also been contrasted to Western cultures as ethnocentric versus technocentric cultures, respectively. The term technocentric is applied to cultures including the US, New Zealand, and the UK, that rely on technology, usually in a hospital setting, to monitor the health of the woman and the infant during the immediate postpartum period (Posmontier and Horowitz, 2004). That means that after the first twenty-four to forty-eight hours of technological monitoring, the woman and her infant can leave the hospital if their vital signs meet certain metrics. In technocentric cultures, postpartum care refers to the brief period of technological monitoring that takes place immediately after giving birth, and the postpartum period is given little attention after the woman and infant return home. However, safely passing through the immediate postpartum period does not negate the social, cultural, and physical problems that the mother and infant can face in the weeks following delivery. In contrast to the technocentric is the term ethnokinship, referring to cultures that employ social support rituals as equally or more important than the use of technology. Compared to the technocentric culture, ethnokinship cultures focus on social support networks, which share racial, national, linguistic, or cultural practices, for a prolonged period of

time after childbirth (Posmontier and Horowitz, 2004). As a result, the approach to postpartum care lasts much more than a few days and at least several weeks.

Cultures that display ethnokinship postpartum care, or traditional postpartum practices, include Korean, Chinese, Japanese, Hmong, Mexican, African, and Arabic cultures (Posmontier and Horowitz, 2004). Despite obvious linguistic and racial differences, ethnokinship cultures each have a specific postpartum period, ranging from three to five weeks, that requires organized social support. During that period, women and their families ascribe to cultural beliefs that influence the promotion or restriction of certain behaviors, the following of a specific diet, and an emphasis on rest and recovery for the woman. Across the various cultures, following the traditional postpartum practices is both curative and preventive, having some sort of protective power over the woman's health in the future (Pillsbury, 1978; Holroyd *et al.*, 2005).

In Chinese society in China, Taiwan, and Hong Kong, the set of postpartum practices known as *zuoyuezi* is widely practiced during the first thirty days after childbirth. While fully translated as “sitting the month,” *zuoyuezi* often appears in English literature as “doing the month,” and will also be presented that way in this paper. The primary goal is to help the woman recover from pregnancy and childbirth, while indirectly helping her adjust to her new role as a caretaker. To accomplish those objectives, *zuoyuezi* stipulates that women stay indoors for thirty days and rest as often as possible. The practices also require external support, either a family member, a hired helper, or professional nurses at professional month centers, who assist the woman in caring for the infant and prepare food that holds special health benefits according to traditional Chinese medicine. Helpers also provide emotional support or educational

support on topics such as breastfeeding. Whereas historically the practice aided the woman's recovery to good health in order to return to work, in the contemporary era, the reasons for high rates of women adhering to *zuoyuezi* and paying for professional *zuoyuezi* services is less clear (Pillsbury, 1978).

Many of the traditional beliefs relating to the postnatal practices link health and illness in ways that conflict with modern Western medical theories of health and illness. Three of those traditional beliefs, which are key to understanding the practices and behaviors of doing the month, are the hot-cold theory, the uncleanness of blood, and the preventative nature of current practices against future illnesses.

Traditional Theories Behind *Zuoyuezi*

The first theory, the hot-cold theory, dictates the postnatal diet and behavior of women doing the month. The hot-cold theory, which ascribes a postpartum woman's state as being too cold and needing more heat, refers to the fundamental principle in traditional Chinese medicine that health is dependent upon a certain balance and that health problems arise from imbalance. The balance between opposite yet interdependent aspects, called *yin* and *yang*, extends to the state of all beings, from the universe and natural elements to foods and the human body (Wang and Bing, 2011). Representing two ends of the spectrum that oppose and complement each other, *yin* refers to cold, femininity, darkness, and wetness, while *yang* represents heat, masculinity, light, and dryness. Within the human body, the *yinyang* principle is responsible for the overall health and proper functioning of organ systems. It is believed that disease or illness results from an imbalance of *yin* and *yang* within the body (Chu, 1996; Wang and Bing,

2011).

During the postnatal period, women, who are already *yin*, or cold in nature, are believed to suffer a serious imbalance due to the loss of blood and *qi*, what is considered a vital life force, during childbirth (Pillsbury, 1978). Thus, the *zuoyuezi* postnatal diet and behaviors followed in the month after delivery promote excess heat and avoiding contact with cold things in order to restore the balance of *yin* and *yang*. Avoiding coldness is both temperature-related and food-related (Chu, 1996). Dietary therapy is common in many non-Western cultures, where certain foods are believed to promote healing while other foods are believed to cause illness (Dennis *et al.*, 2007). In Chinese medicine, food therapy is dictated by the *yinyang* principle, where foods are ascribed hot-cold properties that are intrinsic and unrelated to temperature (Pillsbury, 1978; Holroyd, 2004).

Therefore, taboo foods during the postnatal period are *yin* foods, including certain vegetables and fruits like bitter melon, watermelon, cabbage, pineapple, and coconut juice. Hot foods are *yang* foods, including chicken, pork liver, sesame oil, and are often high-calorie or high-protein.

The second theory relates to blood, which is considered unclean in traditional Chinese medicine and folk medicine. Not only do women lose blood during delivery, but they continue to experience postpartum discharge called lochia, which includes blood and uterine tissue, for four to six weeks. Lochia, in particular, is viewed as bad blood that must be removed from the body. The emphasis on expelling lochia and the perception of blood as unclean both influence the *zuoyuezi* diet, which emphasizes foods and herbs that quicken the removal of lochia, and behavioral restrictions for the woman, including abstaining from sexual activity. However, in the modern era the prohibition of sexual

activity may have less to do with traditional beliefs, and more to do with the woman's needed recovery from pregnancy and childbirth.

The third traditional belief relating to *zuoyuezi* is the theory that certain health practices can protect an individual's body from future illnesses. Because *zuoyuezi* relates to the female reproductive system, the practices are believed to hold curative and preventative powers for the woman's reproductive organs and menstrual flow, meaning that the practices quicken the woman's recovery while protecting or strengthening her body (Pillsbury, 1978; Andrews, 2013). For example, if a woman suffers from irregular and painful menstrual flow before her pregnancy, according to Chinese medical theory, she can correct those problems by properly doing the month, which is believed to essentially restart her reproductive system. Another area that is particularly vulnerable during the postnatal period are the woman's joints. Traditional belief holds that the woman's joints are open, or vulnerable, to "catching wind" during childbirth and the postpartum period. By not properly protecting herself from wind or cold air, the woman may incur problems that manifest in joint pain years later. Generally, being *qi* and blood deficient is believed to affect the woman's immune system and make her more vulnerable to ill health (Andrews, 2013).

Taken together, the practices of *zuoyuezi* emphasize exposure to heat, restrict exposure to cold, and prioritize rest and the removal of lochia in order to aid the woman's recovery from pregnancy and also invest in her future health. Over a thirty-day convalescence period, women stay indoors and follow certain dietary and behavioral restrictions that adhere with the aforementioned theories. However, the specific rituals vary widely depending on individual upbringing, as numerous rules and folk medicine

have been passed down and informally adapted throughout *zuoyuezi*'s prolonged history. The following section will include a more in-depth discussion of the primary rules, proscriptions, and common practices associated with *zuoyuezi*.

Common Rules of *Zuoyuezi*

Firstly, the *zuoyuezi* period is associated with confinement and rest indoors, with separation from outdoors being the first major protection for the postpartum women. While indoors, a secondary line of defense is against cold water and cold temperatures. Women are encouraged to avoid bathing and washing their hair, and to limit contact with cold water in general. That extends to performing household chores, such as mopping the floors and washing the dishes, since those chores relate to water use. Additionally, the woman should dress warmly, wear socks or shoes to avoid contact with cold floors, and minimize exposure to cold air via air conditioning or fans.

There are also restricted activities that relate to physical activity more generally. For example, postpartum women should not use stairs, exercise, or engage in sexual activity. During the immediate postpartum period, the women's body is considered to be in a state of recovery, similar to an individual recovering from a major surgical procedure. Thus the woman is encouraged to spend as much time as possible resting and lying down, with more strict interpretations being complete bedrest. Traditionally, postpartum women also used abdominal binding via compression bandages to slim the waist, prevent organ prolapse, and promote uterine recovery (Andrews, 2013). However, because Chinese medical theory utilizes a holistic, whole-body approach to health, all areas of the body, not just the reproductive organs, are considered extremely vulnerable during the month.

A common rule is for women to avoid using their eyes too much during the *zuoyuezi* period, such as watching too much television or reading too many books, because it may cause future problems with their eyesight (Pillsbury, 1978).

In addition to behavioral restrictions that protect the women from further illness, the *zuoyuezi* period also includes dietary practices. During the immediate postpartum period, when women are considered vulnerable and more *yin* in nature, they are encouraged to avoid cold, or *yin*-natured food, and increase their intake of hot, or *yang*-natured food (Chu, 1996; Holroyd, 2004). Specifically, the dietary adjustments are thought to help quicken the discharge of lochia while replenishing the woman's blood loss, and therefore shorten the period of time that the women experiences postpartum bleeding. While there are many foods that are considered hot, several key ingredients are more commonly used during the month. Those items are chicken, fish, black sesame oil, rice wine, dates, and certain herbs including *dang quai* (Chinese Angelica root) and ginger. *Dang quai* and ginger are key components in an herbal soup, *sheng hua tang* (birth and dissolve soup), believed to dissolve blood clots and replenish blood and *qi* (Chu, 1996).

Some of the encouraged foods are also limited to certain times during the first month after delivery. For example, the soup *sheng hua tang* is believed to aid the woman's postpartum bleeding and is therefore eaten immediately after she gives birth. However, because *sheng hua tang* is thought to stimulate the bleeding, ingesting too much can lead to blood loss that is harmful to the woman, so that the soup is only prescribed for the first week of the *zuoyuezi* month. Other ingredients, such as sesame oil, are not used until later in the month due to the belief that they are too hot and can be

harmful to the woman during the first few days after giving birth (Dennis *et al.*, 2007).

Because of the cultural significance of doing the month as well as the belief in the preventive and protective powers of the *zuoyuezi* rituals, it is uncommon for women to altogether avoid doing the month. Even if a woman does not consider the postpartum practices to be useful, she may choose to do the month because of its status as a cultural norm and to avoid criticism from her elders and community members (Liu *et al.*, 2015). Especially because improper postpartum care is believed to cause later occurrences of headaches, joint pain, and arthritis, a woman who inappropriately does the month may face censure during the postpartum period as well as anytime that she becomes sick in the future.

History

Historical sources reveal that Chinese antenatal and postnatal practices have a long-standing history, no doubt due to the dangers of childbirth that are also well-documented in early Chinese history. Recommendations for postpartum care appear in Chinese medical literature from the early Tang Dynasty (618–907).¹ The term for postpartum, *chanhou*, applied to varying lengths of time, from three days, seven days, thirty days, to one hundred days, and a whole year (Lee, 2005). Additionally, the literature refers to *chanhou* as a significant period in the woman’s life that requires specialized care to prevent *chanhoubing* (postpartum disorders), referring to any problems that arise after delivery, as well as future illnesses. The hot-cold theory, the

¹ Sun Simiao (581–682) of the Tang Dynasty is most known for his 30-volume work in 652 AD: Prescriptions for Emergencies Worth a Thousand Gold (*Beiji Qianjin Yaofang*), a treatise on medical knowledge leading up to that time. See Jen-der Lee, “Gender and Medicine” and Jen-der Lee, “Childbirth in Imperial China.”

reference to blood as unclean, and the preventative nature of postpartum care are all present in early Chinese literature regarding *chanhoubing*.

Roughly a thousand years ago, in the Song (960–1279) and Yuan (1279–1368) Dynasty, medical specializations like *fu k'o* (medicine for women) and *erh k'o* (medicine for children) became standardized while literature on reproductive medicine expanded in response to high infant and maternal mortality rates (Furth, 1987). An emphasis on reproductive medicine is evident in the Ch'ing dynasty (1644–1911) several hundred years later. During that dynasty, popular medical texts such as *Yu yu chi ch'eng* (Compendium for the proper care of infants) and *Ta sheng p'ien* (On successful childbirth) were published in the early 1700s and have been reprinted into the late 1900s. Popular childbirth texts from that era mention the “first month” ceremony, which celebrated the mother and infant after a month-long seclusion period following delivery. However, according to historian Charlotte Furth, the traditional month seclusion was so taken for granted that it was not included in popular handbooks from the time (Furth, 1987). Thus the different theories surrounding the reproductive health of women and the significance of postpartum care, which relate to *zuoyuezi*, have existed for over two thousand years. Forms of the practice have also influenced nearby countries such that Thailand, Malaysia, Singapore, Korea, and Japan all have similar postnatal confinement practices.

In the twenty-first century, globalization poses a challenge to the continued existence of such practices as families immigrate and transplant their cultural beliefs into a new culture. In Taiwan, Hong Kong, and China, increased Westernization, industrialization, and urbanization in the last half-century has resulted in rapid social

change (Pillsbury, 1978; Chu, 1996). In recent decades, traditional gender roles have fluctuated and household size has decreased, transitioning from extended families living together or in the same area to smaller households consisting of the parents and their children (Holroyd, 2011). As gender roles change so that more women pursue careers while raising children, similarly, the practice and perspectives of *zuoyuezi* have undergone modifications to keep up with the women's changing lifestyles.

Literature Review

In order to understand how the practices have been modified, how individual opinions have changed, and why the practices continue to exist, anthropologists and healthcare professionals in the late twentieth and early twenty-first century have examined the prevalence of such practices.

In 1975, anthropologist Barbara L.K. Pillsbury at San Diego State University was the first researcher to conduct a comprehensive study with civilians and physicians about *zuoyuezi*. After conducting over eighty interviews with laypersons, herbalists, and physicians from Taiwan and China, Pillsbury presented an updated perspective of the *zuoyuezi* custom, including the rules, concepts, and rationale that her participants had highlighted. Additionally, Pillsbury analyzed the data through three medical systems: folk medicine, Chinese medicine, and Western medicine, providing a contextual understanding of the cultural custom from three different perspectives.

Pillsbury found that *zuoyuezi* rules, taken together, constituted a beneficial month-long practice, while recognizing the ineffectiveness or outdated nature of some rules. Restrictions against bathing or washing one's hair, for example, were no longer necessary

with proper insulation and sanitation. During her interviews, Pillsbury reaffirmed that the hot-cold theory, uncleanliness of blood, and power of preventive medicine were still three themes that shaped the *zuoyuezi* practice. Pillsbury concluded the study by highlighting that all of her informants, totaling over a hundred Chinese and Chinese-Americans, considered the *zuoyuezi* practice to be beneficial for physical health, social relations, mental health, or some combination of the three.

Numerous other studies describe the modification and adaptation of *zuoyuezi* in the early twenty-first century. Nurse Eleanor Holroyd and her colleagues (1997) interviewed women in Hong Kong to establish personal variations to the cultural practices, while Cheung (1997) interviewed Chinese women living in Scotland to examine how *zuoyuezi* was practiced in a different cultural setting. Holroyd also examined the differences in *zuoyuezi* practices among two generations of Chinese women in Hong Kong, finding that the younger generation employed a much more flexible, individualized approach to the traditional practices (Holroyd *et al.*, 2011). Others focused on *zuoyuezi* in rural or urban settings in China and Taiwan, as well as the difference between practicing *zuoyuezi* at home and at professional doing the month centers (Liu *et al.*, 2006; Wang *et al.*, 2009; Yeh *et al.*, 2014). Finally, Callister and her colleagues (2011) interviewed women who gave birth in China, Taiwan, or the US, and compared their experiences of doing the month.

In addition to ethnographic studies addressing the modern existence of these traditional postpartum practices, other researchers have explored the potential benefits. Many focus on the link between social support required by *zuoyuezi* and the occurrence of postpartum depression and stress. Heh *et al.* (2004) and Chien *et al.* (2006)

hypothesized that increased rates of social support were linked to lower rates of depression in women who followed *zuoyuezi*. Though Heh and her colleagues found that Taiwanese women with more social support displayed less postpartum depressive symptoms, other studies have been less conclusive. Restrictions associated with the extensive practice also appear to be associated with higher levels of stress for postpartum mothers (Leung *et al.*, 2005; Liu *et al.*, 2014; Ho *et al.*, 2015). Huang and Mathers (2001) reported similar levels of postnatal depression between comparative groups in Taiwan and the UK, although the group of women in the UK did not utilize postpartum practices. Liu *et al.* (2014) concluded in their study that adherence to the practices was positively correlated with higher rates of postpartum depression, even suggesting that a more aggressive plan for assessment and treatment of postpartum depression was needed for women doing the month. In 2004, after interviewing women who had done the month within the last five to eleven years, Wang *et al.* (2009) found that postpartum practices did not necessarily protect those women from experiencing chronic pain, which is a primary reason for following the practices.

Despite varying conclusions as to the benefits or harms of *zuoyuezi*, numerous studies similarly report that the practices remain heavily integrated in Chinese culture, even when Chinese women immigrate to other countries (Brathwaite and Williams, 2004; Callister *et al.*, 2011; Liu *et al.*, 2014). English guides to Chinese-influenced postpartum recovery are now available to a broader audience, and postpartum meal delivery services and professional month centers have cropped up in New York City, New York, and Los Angeles, California (Andrews, 2014; Ou *et al.*, 2016).

The actual benefits of *zuoyuezi* may play less of a role in a modern woman's

decision to do the month, compared to social and cultural factors such as promoting family relationships and adhering to traditional beliefs regarding the protective powers of *zuoyuezi*. Given the persistence of the practice, many suggest that research-based evidence be used to identify which parts of the *zuoyuezi* practice are harmful and to incorporate new knowledge into public health education (Tung, 2010; Liu *et al.*, 2015). A majority of the studies' authors, as nurses, highlight the importance of these practices in the provision of culturally competent perinatal care in both Western and Asian cultures.

Among current scholarship that addresses the significance of traditional postpartum practices in contemporary Western healthcare, the majority of studies focus on the perspectives of the women and their families, laypeople in Chinese society who are patients in the world of healthcare. A missing perspective, however, is that of Taiwanese physicians practicing Western medicine in Taiwan. In Western cultures such as the US or UK, physicians who observe these postpartum practices for the first time are expected to recognize their patients' cultural beliefs in the name of cultural competency. In Taiwan, however, physicians are first equal participants in Chinese society before obtaining the medical training that separates them to a specific, highly educated profession.

Both men and women from a young age are exposed to basic traditional Chinese medical theories, and learn about *zuoyuezi* from their female relatives. A variety of factors, including their upbringing in the city or rural areas and ethnicity determine the range of traditional concepts and *zuoyuezi* rules that they learn. As a result, concepts of health, healing, and disease are much more fluid, influenced not just by the dominant Western medical system, but the instructions of one's relatives and the herbal pharmacist

down the street. Those concepts, including *zuoyuezi*, represent deeply entrenched cultural beliefs that are very much a part of Taiwanese identity. At the same time, it is representative of different rituals and is very individualized, taking on different meaning and significance depending on the informal education received in each family.

Zuoyuezi presents a window into a bigger phenomena: how do Taiwanese physicians respond to the wide-ranging traditional beliefs which are a daily part of their world? How do they negotiate the conflicts that may arise between their personal upbringing and their chosen profession? Hypothesizing that the majority, if not all, Taiwanese physicians also participate in doing the month, I assume that their professional training significantly influences their views of *zuoyuezi*, as well as their reasons for doing it. In investigating their perspectives and personal experiences with *zuoyuezi*, I hope to elucidate how Taiwanese physicians view themselves in a society that balances ancient traditions with a modern, Westernized lifestyle, whether or not they negotiate this dual identity, and the methods they employ to do it.

CHAPTER TWO

METHODOLOGY

In December 2015, I spent a month volunteering at Mennonite Christian Hospital in Hualien, Taiwan. As a Taiwanese-American graduate student whose definitions of health and disease reflected both Western and Chinese influences, I was personally interested in the opinions of Taiwanese physicians towards traditional Chinese medicine. In one conversation with an obstetrician, I was surprised to hear his emphatic disapproval of traditional Chinese medicine and its dangers to Taiwanese society. That led me to ask the same obstetrician about *zuoyuezi*, cultural postpartum practices that I knew were widely practiced in Taiwan. I anticipated that because of his specialty, it would be difficult to personally and dramatically oppose a set of practices that were significant to the majority of his patients. However, the obstetrician's responses to my questions about *zuoyuezi* contradicted my expectations, leading me to consider two questions: do Taiwanese physicians generally disagree with the *zuoyuezi* practice, and as practicing physicians, how do they handle that disagreement or conflict?

The purpose of my research project was to observe the perspective and opinions of Taiwanese physicians towards Chinese cultural practices. That objective narrowed the target audience to physicians practicing medicine in Taiwan. In order to gain an in-depth, systematic understanding of physicians' practices in one particular culture, I chose a sample size of twenty participants, a number that allowed me to obtain theoretical saturation (Guest *et al.*, 2006). In July and August 2016, I travelled to two cities in Taiwan, conducting semi-structured interviews with community physicians in Tainan, Taiwan, and physicians at Mennonite Christian Hospital in Hualien, Taiwan. My research

was funded by two sources: ASU's Center for Biology and Society's Unusual Project Award and a research grant provided through the ASU Graduate Research Support Program, administered by the Graduate and Professional Student Association and Graduate Education.

Participants were recruited through personal connections and snowball sampling in both cities. In Tainan, a family member's physician distributed an information letter regarding the purpose of the study to fellow colleagues, both within hospitals and private clinics. In Hualien, due to my previous volunteer experience at Mennonite Christian Hospital, I established connections with physicians and utilized those connections to recruit participants. The objective was not to focus on physicians working in obstetrics and gynecology, but to obtain a broader range of perspectives from many specialties. Prior to contacting potential participants, I applied and received approval for the study through ASU's Institutional Review Board, as well as the Institutional Review Board at Mennonite Christian Hospital. The information letter stated in Mandarin Chinese that the researcher was interested in observing how Taiwanese physicians negotiate primarily cultural practices with professional training, in the case of *zuoyuezi*, even for physicians who did not regularly encounter *zuoyuezi* with their patients. In the letter, I also included the contact information of the researcher and overseeing advisor at Arizona State University.

A total of twenty-seven participants expressed interest in the study, nineteen in Tainan and eight in Hualien, thus exceeding my original estimate of twenty participants. Half-hour appointments were made with each physician at their workplace, either in hospital settings or private clinics. With the permission of the participant, the interviews

were audio recorded for translation and transcription purposes. After obtaining informed consent, in the interview, I followed a semi-structured interview format, asking a series of pre-determined questions but allowing the conversation to proceed in other directions depending on the participants' responses.

Because *zuoyuezi* is a longstanding practice in Taiwan with heavy sociocultural and economic influences, the topic is deeply imbedded in the lives of all Taiwanese citizens, including physicians. I anticipated that physicians would not have a structured definition or developed perspective of *zuoyuezi*, but would need ample time and space to ask their own questions and elaborate on their thoughts. Therefore, a semi-structured interview format represented the optimal method to obtain responses that were not hindered by rigid survey questions, and would allow the interviewer to adjust and respond to the participants' questions. (Please see the interview protocol in the Appendix for a list of questions.)

The interview questions reflected my research interests for this study, namely, how Taiwanese physicians defined *zuoyuezi* and how they had personally followed *zuoyuezi*. Because the postpartum practices involve many rules, rituals, and behavioral restrictions, individual adherence to the practices varies, as well as individual knowledge of the details of the practices. I hypothesized that physicians may have similar levels of adherence and similar perspectives of the practice, so the questions were formatted to potentially highlight those similarities.

The interview protocol consisted of three main sections. The first section focused on the physicians' personal experience. Anticipating that the respondents had not previously thought about *zuoyuezi* this way, I considered the first question an important

“first impression” that determined the rest of the responses. Therefore, my first question was as open-ended as possible, asking physicians to share their immediate associations with the phrase “*zuoyuezi*.” The following questions were more personal, asking about their own experience with the month and whether they wished their family members to do the month. The second section focused on the physicians’ understanding or justification of the existence of *zuoyuezi*. That section included questions related to their medical career and education, as well as questions about the history and significance of *zuoyuezi* in Chinese society. The third and final section of the interview focused on the physicians’ interactions with their patients. The questions contrasted discussion of *zuoyuezi* with the physicians’ patients with discussion of *zuoyuezi* with the physicians’ friends and family. Lastly, I asked the physicians to describe examples of conflict with their patients, regardless of the relation to *zuoyuezi*.

At the end of each interview, the participant was also given a short, close-ended paper survey that asked about their birthplace, birth year, education, workplace, and number of children. My purpose was to look for connections and explanations for the physicians’ explanations—whether or not similar answers could be linked to certain geographic locations or specific medical schools. However, the data was not informative and no connections were found within the recruited participants. (Please see the Appendix for a table of the survey results.)

During data collection, two of the participants elected not to be audio recorded. Their interview responses were noted by hand. After returning to the US in August 2016, I translated and transcribed the audio recordings. Because my data analysis relied on the content, or information provided by the physicians, and not discourse analysis, such as

the way they presented their information, I conducted a partial transcription and did not translate paraspeech, “ums,” “ahs,” or pauses. Following transcription, I used content analysis to interpret the data, seeking to find common themes across the various responses regarding how physicians perceived *zuoyuezi*. That consisted of “coding” the data, or highlighting excerpts from the interview that pertained to a specific theme.

The major themes in my research proposal shaped the general interview questions, and the interview questions formed the first set of initial codes that I developed. I chose to label the main themes as “Professional Perspective,” “Rationalizing,” and “Personal Experience,” and each theme contained multiple codes, or categories. For example, under the “Professional Perspective” theme, I initially constructed three codes, “Traditional Chinese medicine,” “Western medicine,” and “Variation.”

If the respondent’s definition of *zuoyuezi* was understandable to a non-Taiwanese individual, or someone from a Western society, I considered those responses “Western medicine.” For example, terms like “rest,” “recovery,” and “postpartum rehabilitation,” could adequately explain *zuoyuezi* to an individual unfamiliar with Taiwanese traditions. However, if the respondent’s definition of *zuoyuezi* included phrases that needed further explanation to a non-Taiwanese individual, I considered those responses “Traditional Chinese medicine.” For instance, the concept of food therapy is strongly related to traditional Chinese medical theories of the healing and harming qualities of food.

Additionally, the concept of *bu* (replenishing) is tied to the traditional belief that health is a balance in the body, and sickness or weakness is an imbalance that requires additional support. If a respondent referred to “supplementing the body” or “support through food,” ideas that only a native Taiwanese person would understand, then I coded

those responses as “traditional Chinese medicine.” If a physician used both traditional Chinese medical terminology and Western medical terminology to define *zuoyuezi*, then I labeled the quotation under the code, “Variation.” The objective was to observe the frequency of these excerpts and create a narrative to understand how physicians think of *zuoyuezi*.

During the interview process and data collection, I began to refine those initial codes based on the responses I was receiving, noticing the emergence of interesting patterns and turning those emergent patterns into additional codes. For example, the physicians often referred to *zuoyuezi* in language related to change. Whether they were asked to define *zuoyuezi*, rationalize its existence, or explain personal experience, the physicians added phrases such as “but this is less and less common” or “we modified the practice.” Because of this pattern, I added the code, “Modification.”

Additionally, I noticed that the participants’ immediate associations with *zuoyuezi*, which was the focus of the first question, often differed from later responses in which they explicitly stated, “I think *zuoyuezi* is...” That confirmed one finding, that *zuoyuezi* is a far-reaching phenomenon that is not easily defined and takes on different meaning in different situations, even by medical experts. That also revealed a second finding, that the later responses were more accurate representations of the physicians’ personal opinions. Therefore, the delineated sections with corresponding themes were not as useful as I previously thought. Instead, it was necessary to examine the entire interview when looking for the codes I had initially placed in the first section.

Following data collection, I excluded two interviews from the analysis. One interview was excluded because the physician’s wife, who was present, joined the

conversation and gave her own responses. The other interview was an unscheduled meeting with a nurse who worked in a hospital-run month center. Either due to her position as a nurse or her proximity to the center, she had very different perspectives of *zuoyuezi*. As a result, only twenty-five of the twenty-seven interviews were used in content analysis. The participating physicians came from a variety of specialties, including obstetrics and gynecology, radiology, internal medicine, pediatrics, neurosurgery, and gastroenterology. None of the recruited physicians worked at professional month centers. In the results, I chose to identify the respondents by their specialty and site in order to maintain confidentiality.

In order to assess the consistency of my codes, I tested for inter-rater reliability prior to completing the thematic analysis. That meant first coding a small sample of the data, having a second reader also code the same sample of data, and comparing the similarities and differences in our codes. The goal was to obtain a high percentage of agreement to demonstrate that another analyst would similarly code the data and produce similar results. After analyzing three interviews, I found that disagreements often occurred because the codes were too broadly defined. After addressing the problem codes and narrowing the definitions, the second reader and I continued to discuss the disagreements until we reached consensus for a majority of the codes.

CHAPTER THREE

RESULTS

Based on personal conversations with Taiwanese physicians and laypeople, and my own knowledge of *zuoyuezi*, I expected that this study would highlight the personal conflict that physicians face in the case of traditional postpartum practices. Additionally, I wanted to observe whether the physicians, trained to systematically process and analyze information in a certain way, would process and analyze *zuoyuezi* similarly to each other. Throughout the data collection and analysis, additional themes emerged. Those included the prevalence and perspective of professional month centers as businesses, the vast range of modifications and different reasons for modifications, and the changing physician-patient relationship in a society that is both modernized yet very traditional. For the sake of completing a master's thesis, I chose to focus on my initial research interests: how physicians perceive *zuoyuezi*, how they balance the influence of culture in their professional practice, and how they balance the influence of culture in their personal lives. I arbitrarily titled those themes "Professional Perspective," "Rationalizing," and "Personal Experience," respectively.

In the following chapter, I will present the results of the thematic analysis that arose from "Professional Perspective," "Rationalizing," and "Personal Experience," in connection to the overarching question: Do Taiwanese physicians face conflict in the case of *zuoyuezi*?

Finding #1: Physicians in Taiwan use their professional training to justify and explain a traditional worldview.

One of my primary objectives in this study was to reveal how physicians perceive and define *zuoyuezi*. The first question regarding associations with the word *zuoyuezi* often yielded answers related to traditional Chinese medicine, but the participants later presented an opposing description of *zuoyuezi* as their own opinion. At that point, overwhelmingly, the participants defined *zuoyuezi* as related to rest and recovery, which I highlighted with the code “Western medicine.” Twenty participants (80%) stated that the most important aspect of *zuoyuezi* was the period of rest and recovery for the postpartum woman. Two participants (8%) defined it solely in traditional Chinese medicine terminology, while three participants (12%) defined it with terminology related to both Western medicine and Chinese medicine.

Initially, I relied on the first question to reveal the physicians’ perspectives of *zuoyuezi* because I considered the “Professional Perspective” questions to be more practical and explicatory in nature. However, their responses to the “Personal Experience” questions were more revealing. When asked to think of the value of *zuoyuezi* to their own family members, the respondents indicated how they followed *zuoyuezi* and how they would recommend the practice to their own children. For example, this ENT physician in Tainan, responded to the first question:

“After giving birth, using food to supplement.”

However, when asked about his own daughter, he responded:

“I would want her to rest after giving birth, we could call this ‘doing the month.’”

Therefore, I considered those statements as more representative of the physician’s true

opinions and did not code every response that included any definition of *zuoyuezi*.

Despite referring to various rules and rituals of *zuoyuezi*, the majority of physicians ultimately defined the practice by its emphasis on rest, simplifying the traditional practices into concrete concepts, rest and recovery. They did this instead of using phrases that refer to the preventive powers of *zuoyuezi*, including *tiao zhen* (adjustment) and *bu* (replenish), where *bu* refers to the belief that the woman is imbalanced after childbirth and needs excess support. According to traditional Chinese medicine, the human body can be protected from future illnesses by present practices, meaning that *zuoyuezi* is important not only for the woman's present recovery, but for her future health as well. Areas of the body that are considered vulnerable during the postpartum period include the woman's joints, her head, and her reproductive organs. Common belief holds that a woman who does not complete the month will be more susceptible to joint pain and chronic headaches in the future. Moreover, if a woman suffers from irregular menstrual flow prior to her pregnancy, she has an opportunity to “reset” her menstruation during the postpartum period by taking proper care of herself and following the *zuoyuezi* practices well. Significantly, the majority of physicians did not use words related to traditional beliefs in applying the month to their personal experiences, thus distancing themselves from the aspects that differed from their Western training. For example, this pediatrician at a Tainan hospital emphasized the importance of *zuoyuezi* for the postpartum woman's recovery from pregnancy:

“I think doing the month is a must, in regards to the mother's body. Because if she doesn't adequately rest and recover, her body condition, her bones—there are studies of this in Western medicine—her bones, her body, don't fully recover well.

I think it's a must.”

And this radiologist in Hualien focused on how *zuoyuezi* could contribute to his wife's well-being:

“We easterners often think, when it comes to the month, of not doing this and not doing that. But I don't think of these at all. Like when my own two daughters were born, I didn't think of these at all. It was just health, recovery, psychological state, wanting it to quickly balance out.”

Some physicians gave detailed, scientific explanations for how *zuoyuezi* affected the woman's body, like this physician from a private clinic in Tainan:

“It's giving the postpartum mother enough time to rest and supplement nutrition, because during the process of birth, your hormones, metabolism, endocrine system are all greatly affected so she needs a period of time... According to Western teaching, what's most important is to supplement needed nutrition, like protein, trace elements, various vitamins, especially emphasize calcium and foods that help the uterus to contract and clean out lochia. If there's breastfeeding, then you emphasize the nutrition of the infant, enough protein and nutrients is important... Does this count as doing the month? I would say that if you rest, you do the month. This is more scientific.”

Overall physicians used their medical training to interpret *zuoyuezi* as a period of rest for the postpartum woman. Although the terms “rest” and “recovery” are not exclusive to physicians and could be used by Taiwanese laypeople in describing the

month, the majority of physicians used those terms while emphasizing their profession. The pediatrician in the first example referred to studies in Western medicine, while the radiologist in the second example distanced himself from other “easterners.” Finally, the physician in the last example gave an explanation that revealed his extensive knowledge of human anatomy and health.

Finding #2: Taiwanese physicians acknowledged both the benefits and influence of culture as reasons for the existence of longstanding cultural postpartum practices.

The second objective of my study was to observe how physicians navigate the non-medical factors, namely the influence of culture, in Taiwanese Western medicine. In recent decades, public health and global health organizations have focused on the intersection between culture and health in removing health disparities, studying the factors that influence health-related behaviors. In this project, I worked under the assumption that Taiwanese physicians experience this reality on a daily basis, on account of living and working in a society that employs two different medical systems. Moreover, Western medicine is significantly younger than ancient medical systems such as traditional Chinese medicine, meaning that traditional concepts and theories of health are deeply embedded in the thinking of Taiwanese citizens and intertwined into their daily lives. Similarly, the ancient tradition of *zuoyuezi* extends past the history of Western medicine in Chinese society.

In that regard, I questioned whether the physicians, trained in one medical system, would justify the existence of *zuoyuezi* from the perspective of that medical system or another. In the interview, I asked the participants to explain why *zuoyuezi* existed and

why it continues to exist. Three themes emerged: *zuoyuezi* was necessary in the past, *zuoyuezi* has become a part of Chinese culture, and *zuoyuezi*, which may not be necessary anymore, still presents benefits to postpartum women and their families.

Twenty participants (80%) stated that the postpartum practices were needed in the past in the absence of modern medical technology and improved public health. This pediatrician at a Tainan hospital pointed to poor plumbing and heating that forced women to stay indoors:

“Water temperature, water quality, and outside weather could not be controlled. So she had to stay in an isolated place where she wasn’t exposed to the outside environment, so I think they needed to do the month then.”

This OB/GYN in Hualien reasoned that women needed these practices without advanced medicine:

“Because people in the previous eras needed it, giving birth was very difficult, and there were no doctors to help with blood loss and infection, so people needed rest and to supplement nutrition. At the time there were people who really had this need.”

Conversely, this OB/GYN in Tainan pointed to factors unique to Chinese people in that time period:

“Because Chinese people traditionally have been poorer, have more malnutrition. So after giving birth, their health really was deficient compared to foreigners. Also, their medicine was not advanced, many complications. So they needed more

time to recover. The biggest reason was malnutrition. So women doing the month ate better than people who weren't pregnant, ate higher caloric foods. In reality Chinese people had very little protein back then.”

Considering that maternal and infant mortality rates have dropped and that childbirth is much safer in the current era, twenty-two participants (88%) cited the influence of culture and tradition for the continued existence of *zuoyuezi*. One gastroenterologist at a Tainan hospital likened it to other social practices in Chinese society:

“It's like under a frame, Chinese people have the habit of doing the month. Just like setting fireworks at Chinese New Year, there are stories, so one generation after another you'll have it... So if you don't do the month in this society, it's really weird. People think that your mom doesn't love you or your husband doesn't care for you.”

A pediatrician at a Tainan hospital highlighted more personal influences:

“Doing the month in Taiwan is due to the influence of tradition, of grandmothers. Because modern medicine is only from the last twenty years, these things can't change, especially to grandmas. We can't imagine what life was like sixty to seventy years ago. It was a very big difference. So we still follow traditional methods, thinking, and concepts.”

Among the physicians who emphasized the significance of tradition, another sub-

theme emerged. The respondents seemed to resolve any potential conflict with *zuoyuezi* by placing the practice out of their area of expertise. Interestingly, the respondents also acknowledged that cultural traditions might have merit based on their history, despite the lack of scientific evidence. At first glance, a gastroenterologist at a Tainan hospital seemed to oppose cultural practices based on his medical background:

“To us, it’s very difficult for us to accept because we’ve accepted Western medicine training, we consider it completely opposite and conflicting.”

However, when later asked about the longevity of *zuoyuezi* and whether it should continue in modern society, he answered:

“It’s like this. Traditional Chinese medicine, some things we can’t accept because it doesn’t have the scientific data to support its theories, but we already have over two thousand years of history. So just because many things aren’t backed up by evidence doesn’t mean that it’s not true. After it goes in, there’s no harm, I think it’s okay so I can accept it.”

A physician at a private clinic in Tainan highlighted the growing commercial importance of *zuoyuezi*:

“The question is not whether or not it should persist, even if you disagree it’ll still continue. You don’t have control over it. Doing the month is not related to medicine directly, it’s para-medical, related to a lot of things connected together. Month centers now are a competition of who has more money. 200,000 versus

300,000 represents better care.² Recently month centers have become very extreme and over the top. Month centers are not solely medical or even postpartum care, it's also para-medical and has to do with relationship between mother-in-law and daughter.”

A neurologist at a Hualien hospital specifically looked for scientific evidence, saying:

“In Taiwan, it would be very hard to reject it... If today you chose not to do the month, then after it if there were any problems, everyone would blame it on not doing the month well. But this sort of thing doesn't have any scientific evidence. So it should be culture.”

Therefore, it seemed that the respondents used their training in one medical system to separate the *zuoyuezi* phenomenon, while using their Chinese cultural identity to justify it. Some physicians were hopeful that the gap could be closed in the future, like this pediatrician at a Tainan hospital:

“No, I think the most important is, because we accept current thinking, to make the month into evidence-based medicine. There are a lot of aspects to it, so questions like if the practices actually help the woman, I think we need to start over and research this, and reinstitute the month.”

At the same time, others did not have any issue with its separation from medicine, like this ENT physician in Tainan:

² 1 USD = approx. 31 NT; so 200,000 NT to 300,000 NT would be approximately 6,440 USD to 9,661 USD

“From the time you leave the hospital, it no longer has to do with medical treatment. If you leave the hospital, it means your OB/GYN thinks your condition is okay. After that is just the restoration of your physical strength.”

However, a high number of participants still acknowledged that *zuoyuezi* presented some positive outcomes. Twenty-two participants (88%) pointed to a variety of benefits from doing the month, such as protecting family and social relationships, investing in the next generation, and the improving the postpartum woman’s physical and mental health. Several physicians cited more practical reasons for doing the month, such as having social support and increased opportunity for rest, like this neurologist from Hualien:

“I think an important part of this process is that the mother, after giving birth, if she breastfeeds, she needs a lot of calories and food. If she still needs to expend her energy to produce milk, to cook, then she really will be very tired. And when the infant has just been born, because its need for milk will continue to increase, under these circumstances over a month, for the mom to have someone to help care for her eating and living, I think it allows her to care for the infant without using so much energy.”

One physician from an internal medicine clinic in Tainan highlighted the low fertility rate in Taiwan:

“Also because the fertility rate has fallen, many think that if they’re only going to have one child, then they should take proper care—now month centers aren’t just

mother care but it's also infant care. So both the mother and infant get good care and they think since it's just once in their life, they should spend the money to do it."

A radiologist at a hospital in Hualien found the silver lining in practices that could be otherwise be over-bearing:

"So nutrition and rest...but those are usually over-rest. Over-rest is actually good because in Taiwan the daughter-in-law has to complete a lot of duties, especially like I'm the oldest son, the daughter-in-law is expected to do a lot at home. And at this time actually the parents let you or even force you to rest, even if it's too much rest. Too much rest is at least better than no rest. So traditional doing the month provides rest and nutrition, because you just lie there eating and not having to cook."

Other physicians pointed to the social benefits of doing the month, between the mother and infant, and the mother and her family members. One family medicine physician in Hualien spoke positively, even though his own wife did not complete the month when they lived in the US:

"Of course in the midst of this there's something else I think of, because you need to breastfeed and after giving birth your life faces huge changes, so my thinking is that this one month of rest can strengthen the relationship you have with this new person, and to strengthen your ability to mold and adjust to your new life."

Even this OB/GYN physician in Hualien, who called the entire *zuoyuezi* practice unnecessary, stated:

“The only benefit is that it changes the mother-in-law and daughter-in-law relationship.”

A neurosurgeon in Hualien summarized the social benefits and cultural relevance of *zuoyuezi* with a positive, personal endorsement:

“The fact that it’s been passed down like this is not just tradition, but I think it has a lot of evidence that surpasses, or not necessarily surpasses but it doesn’t just pertain to medicine. I think the strengthening of relationships, whether it’s between the mother and child, or those who are helping...meaning connections between family members during that time who seem to have gone through a serious event, where everyone comes together to help her. I think this sort of relationship is what provokes it to be continually passed down. So I think it’s worth it. There’s no specific conflict here or harm.”

Finally, some physicians recognized the physical benefits that the month-long period of rest provided for the women. A physician from a private clinic in Tainan stated:

“After a very stressful event, you need enough time for the woman to have adjustments for physiology, metabolism, endocrine and immune system.”

Another internal medicine physician at a Tainan hospital specifically mentioned postpartum depression:

“Also the physical changes are very great, including postpartum depression, so she needs time to adjust. Not just physically, but also mentally, so she feels like she’s being cared for. From another perspective, this is good.”

Finding #3: Taiwanese physicians and their family members incorporate the cultural practice into their personal lives.

My third objective in this study was to observe how Taiwanese physicians experienced *zuoyuezi* personally. Because of the prevalence and significance of *zuoyuezi* in Chinese society, I assumed that the majority of Taiwanese physicians had experienced the traditional postpartum practice. To that end, I devoted a portion of the interview to asking physicians if they had done the month, how and why they had done it, and whether they would recommend it to their children. Specifically, I asked male physicians if their wives had done the month and female physicians if they themselves had done the month. Twenty-two participants (88%) completed *zuoyuezi*. Of the three who replied “no” to that question, one was unmarried. One respondent cited his family’s location abroad at the time as the reason why his wife could not complete *zuoyuezi*, despite her desires to do so.

When asked about the ways in which their families had done the month, the respondents presented a wide range of adaptations. More of the younger respondents went to professional month centers, though the actual duration of their stay ranged from one week to a full month, while older respondents did the month at their own home. Most of the respondents modified the practice according to what they felt was beneficial, while also considering their family’s requests. Some incorporated the dietary aspect of *zuoyuezi*,

using herbal soups like *sheng hua tang* and high-protein meats. Others did not alter their diet but followed common *zuoyuezi* rules such as avoiding contact with cold water and avoiding as much physical movement as possible. In their decision-making process, the respondents balanced their personal opinions with the requests of their elders. Because those two factors varied with each individual, the modifications also varied between individuals.

Generally, I did not observe a link between the respondents' professions and the specific ways that the respondents followed *zuoyuezi*. The clearest finding was that Taiwanese physicians do incorporate *zuoyuezi* into their personal lives, despite differences in the way that they incorporate it. Like Taiwanese laypeople interviewed in other studies, the physicians were not exempt from following the practice simply to appease their elders, like in the case of this pediatrician at a hospital in Tainan, Taiwan:

“There were some things that I thought wasn't necessary but I was still very obedient. Since my mom wanted it, I complied. [Like not washing your hair?] At first, I didn't immediately wash my hair. I forget. Maybe a week or a couple days, then I washed. Of course you're careful about hot water and not getting a cold, and a shower. But it's more convenient now, staying warm, blow-drying your hair. At the time I lived upstairs and my mom didn't want me to go down a lot so I pretty much stayed and lived on that floor. I didn't go down often.”

This physician from an internal medicine clinic in Tainan pointed to the influence of his elders:

“[Family experience?] My wife did it, especially because she was older. She went

back to her own home to do it. [Why?] Tradition. Family believed that if you don't do it, in the future you'll get a host of weird conditions like arthritis, back pain, headaches. [Did she follow any specific rules?] Can't remember anything. I just remember not washing her hair, anything relating to water, couldn't touch cold water."

A radiologist from Hualien acknowledged his family's wishes but did not follow them:

"Like my own wife doing the month twice, my own mother and her family all wanted her to follow it traditionally, or else they warn you, 'If you wash your hair now and get headaches, don't blame us...' I also think rest is important because traditional thinking is that you should lie on the bed and not get up. I think in the immediate period, first two weeks after giving birth, this is necessary... But that type of care should be enough within one to two weeks, you don't need to be bedridden for that long... Yes, they both wanted more tradition. But I didn't follow. Also in our household I am more dominant so I could do this and my wife was more fortunate."

A physician in family medicine at a hospital in Tainan shared two interesting accounts:

"One time she gave birth and she did a full month for it. In my perspective doing the month is just letting her rest. We don't really stick to the traditional postpartum practices."

Later on in the interview:

"Both times, my wife and I visited a traditional Chinese medicine doctor to

prescribe the replenishing supplements such as *shi chuan ta pu tang* (ten complete replenishing herbs soup), things like that. My wife cooked some chicken, fish, and we did all this. I personally thought that this has some benefit.”

Despite discrepancies between the parts of *zuoyuezi* that respondents chose to follow, the majority of respondents did follow *zuoyuezi*. Anticipating that tradition played a large role in some respondents’ decisions to do so, I also asked the respondents about their wishes regarding their own children’s postpartum care in the future. Eighteen participants (72%) expressed that they wanted their children to do the month. Two participants (8%) stated that their daughters did not need to do the month, while five participants (20%) did not directly answer the question. Of the eighteen participants who answered positively, half of them made sure to define the month as a period of rest, not a series of behavioral rituals and rules, like this pediatrician in Tainan:

“Not necessarily to do the month, but rest is essential. I would let her do the month but the content, as long as it was reasonable, would be okay.”

A neurologist in Hualien stated:

“Probably neutral. No comment. See what she thinks at the time. But if it’s similar to my thinking that the mother should rest, then I think we need some sort of setting, whether at home or somewhere else. I think letting the mom have adequate rest is necessary.”

Summary

Overall, the physicians' responses showed that they incorporated the *zuoyuezi* practice into their own lives, and the majority of respondents valued the practice enough to implement some form of it for their own children. However, a common theme among the physicians' experiences and their children's future experiences was modification. As much as possible, many of the respondents individually adapted the practices according to their evaluation of what was helpful and what was not. In their responses, they often referred to *zuoyuezi* as a subject outside the boundaries of Western medicine and outside their identity of a physician. Instead, they seemed to view *zuoyuezi* as part of their cultural identity, their personal identity, and their role as consumers in Taiwanese society.

CHAPTER FOUR

DISCUSSION

Just as increasing globalization and urbanization have produced a more diverse patient population in the US, contemporary physicians themselves will come from more diverse backgrounds, with their own sets of cultural beliefs. For many parts of the world, those beliefs may not only conflict with Western medicine, but also predate its existence, like in the case of ancient Chinese and Ayurvedic medical systems. What does that mean for the physicians who practice in one system yet live in a culture that embraces another?

The *zuoyuezi* phenomenon in Taiwan presented an opportunity to observe how physicians view themselves in a culture that, in many aspects, opposes their training and knowledge. Having rapidly transformed from an agricultural society to an industrialized economy in the last seventy years, Taiwan is a unique fusion of traditional Chinese medicine, Chinese folk medicine, aboriginal rituals, and superstitious, religious beliefs co-existing within a universal healthcare system (Chu, 1996). In that setting, how do physicians perceive traditional postpartum practices? Do they define it according to a certain system? What does their perception of *zuoyuezi* show about how they negotiate the influence of culture in their professional practice? And does that align with how they balance the influence of culture in their personal lives?

Based on the way that Taiwanese physicians define, defend, and incorporate *zuoyuezi* into their private lives, the results of this project showed that overall, Taiwanese physicians do not experience direct conflict in their professional and personal perspectives of traditional postpartum practices.

Balancing two identities and “diagnosing” zuoyuezi

In acknowledging both the cultural significance of *zuoyuezi* and its benefits, the physicians drew from their medical training as well as their personal experiences as Taiwanese citizens. The responses were more personal when referring to *zuoyuezi* in its cultural context, ranging from positive approval of the continuation of tradition, to discontentment with the heavy-handed influence of Chinese custom, and finally, resigned ambivalence. Regardless, the physicians each recognized that the cultural impact of *zuoyuezi* played a significant role in its continued existence, in ways that the physicians themselves were unable to control. In that way, the respondents seemed to view themselves as either willing or accepting participants in these cultural health-related practices, despite their status as health experts in society. One neurologist summed it up perfectly: “Because this isn’t in Western medicine’s content, but it is something that our culture has.”

However, a surprising finding was that the physicians did not attribute the existence of *zuoyuezi* solely to cultural influence. Instead, many recognized implicit and explicit benefits of the practice, including improved familial relationships, lower rates of postpartum depression, and healthier infants and postpartum women. Not only did the majority of physicians mention some sort of positive contribution to the woman’s health or life, but several gave detailed explanations regarding the postpartum woman’s medical condition. They cited the delivery wound, high blood loss, fatigue and hormonal fluctuations as reasons for needing excess rest, social support, and nutritional support, connecting *zuoyuezi* practices to Western biomedicine despite its foundation in traditional medical theories.

The respondents interpreted the practice via their experiences in Western medicine by defining *zuoyuezi* as a period of rest and recovery, and secondly, by relating the traditional practices to their Western medical knowledge of pregnancy and delivery. Overall, the physicians uniquely utilized their medical expertise and cultural identity to define and determine the borders of the *zuoyuezi* phenomenon. This was especially clear in the case of those who felt that the practice's longstanding history was itself an indicator of its usefulness. For those physicians, an ancient culture and Western medicine could be reconciled, even when those cultural practices predated the existence of Western medicine. A neurosurgeon in Hualien stated it well: "The fact that it's been passed down like this is not just tradition, but I think it has a lot of evidence that surpasses, or not necessarily surpasses but it doesn't just pertain to medicine."

Blurred lines

While the majority of respondents ultimately simplified the traditional practices into its basic components—rest and recovery—many defined the practice differently at first. The first question, which asked the participants to name their immediate associations with the phrase *zuoyuezi*, often produced answers related to rituals and rules, such as prohibitions against cold water and prescribed herbal soups. The physicians were well aware of the *zuoyuezi* practice within Chinese culture and perhaps interpreted the month according to traditional Chinese medical theories. However, when considering their own experiences and the future experiences of their children, the physicians were required to bring the broad *zuoyuezi* subject into their own lives and their own terms. At that point their descriptions and definitions differed significantly.

Additionally, many physicians discussed *zuoyuezi* centers, equating the centers' growing popularity in Chinese society with a more standardized form of *zuoyuezi* and therefore, even less opportunity for conflict. Further, the centers presented another intersection, not between culture and medicine, but between self-care and healthcare. Women who attended the professional month centers were not patients, but consumers, and the families who sent them were equally interested in their daughters' welfare and bragging rights. The centers were described as spas and hotels, with the more elite offering more attractive packages, complete with 24/7 infant care, personal massages and treatments, and meal delivery. In contemporary Taiwan, *zuoyuezi* is not only a blurred phenomenon to physicians, but within the society and among its general members as well.

That discovery leads to the question: is it possible to redefine the ancient *zuoyuezi* tradition in contemporary times, and if so, who should be responsible for restructuring the practice? Several physicians were hopeful that the postpartum practices could be brought into evidence-based medicine, while others firmly placed it "para-medical." Regardless, other similarly Westernized cultures may also have ancient traditions that need to be redefined in a modern context.

Relating culture and health in their own home

My primary interest was in the physicians' personal experiences with *zuoyuezi*, which would really illuminate the various roles or identities that Taiwanese physicians rely on, and whether or not there is conflict between those roles. I hypothesized that in cases of true conflict, the physicians would abstain from doing the month in their families and have strong objections to the practice for their children. In cases of unclear conflict,

the physicians might have done the month in their own families, but object to passing the practice onto their children.

Of the twenty-five physicians interviewed, twenty-two had done the month; two physicians had not done the month because they were not able to, and the last one did not answer the question clearly. In this regard there was no direct conflict between the physicians' role as Western medical professionals and their role as Taiwanese citizens. In asking for their reasons for doing the month, however, it became clear that many had considered it their cultural duty to participate in the practice, and not a medical necessity. In participating, they still modified the practice according to what they felt was reasonable. Related to the first finding, many felt that *zuoyuezi* provided an acceptable period of rest and recovery for their wives, or in the female physicians' cases, themselves. And related to the second finding, the majority of physicians mentioned benefits that the month had provided for their families. Thus their adaptation revealed an interesting intersection of cultural understanding and medical expertise, culminating in the fact that over half of the respondents wished their daughters to do the month in the future.

Still, several participants responded that their children would not need to follow *zuoyuezi* because of their optimum health and nutrition. There were also negative responses towards the traditional practices and their usefulness, so it seems that certain physicians identified negatively with the cultural practice and with the influence of culture. The surprising finding was the high agreement that *zuoyuezi* was beneficial. Contrary to my initial hypothesis, the interviewed physicians did not consider *zuoyuezi* to directly conflict with their work. This was partially due to the fact that they did not generally discuss *zuoyuezi* with their patients in a professional capacity, as I had

anticipated. More commonly, they admitted to discussing *zuoyuezi* and *zuoyuezi* centers with their patients as part of personal conversation, similar to making small talk about one's family.

But in the absence of professional diagnoses and conversations about the month, the majority of physicians still “diagnosed” the traditional postpartum practices as not harmful, acceptable, and useful. The results showed that physicians from a specific culture may be more likely to understand the significance of culture-related health practices and more importantly, by virtue of their personal experience, more easily recognize the positive attributes of such health practices. In the greater context of the physician-patient relationship, the interviewed physicians seemed especially adept at handling the cultural beliefs that Taiwanese patients hold to. Many physicians alluded to relying on their abilities to “read the situation,” including the type of patient and the patient's family members, to determine their responses in appointments.

Despite mixed feelings about the influence of Chinese culture on their ability to practice Western medicine, the participants used their superior education and training to understand more thoroughly the fundamental principles behind *zuoyuezi*. Their training in the Western medical tradition, despite outwardly separating them from traditional practices, still allowed the physicians to critically examine the ways in which *zuoyuezi* developed in early Chinese society and the ways it contributed to current society. Although the many rules and rituals of *zuoyuezi* have not been rigorously tested according to evidence-based medicine, by electing to pass the tradition onto future generations, the physicians confirmed that *zuoyuezi* is a deeply embedded and valued set of practices. More significantly, although physicians did not equate their medical

expertise with being able to control cultural health-related practices, they showed themselves to be active participants and co-creators in adapting traditional childbirth practices.

Limitations

There were several limitations to this study. A practical limitation was the language barrier. If the interviews were conducted in English, I could easily direct the conversation and ask probing questions in response to certain points that the physicians made. However, without total mastery of Mandarin Chinese and Taiwanese, I was more bound to the interview “script,” at times prevented from drawing out perspectives and opinions that would have been compelling. At the same time, this limitation also provided an advantage. As an American graduate student, my position as a foreigner allowed the physicians to speak frankly and more descriptively about *zuoyuezi*. They were more likely to over-explain *zuoyuezi* and include information that they might otherwise assume was part of “common knowledge.” This was particularly useful for my work of extracting a subject from its social, cultural, and historical layers through perspectives that are still imbedded in those social, cultural, and historical layers.

Secondly, the results in this study were drawn from interviews conducted in two sites, and may not be representative of all Taiwanese physicians. And while I attempted to obtain a broad range of medical specialties, twenty-five interviews were not enough to understand whether certain specialties perceive *zuoyuezi* in a certain way, or if *zuoyuezi* presents the same issues regardless of the physician’s expertise.

Finally, while many qualitative studies face the issue of gathering results from a

small, homogenous population, this study also faced the opposite problem. Given the vast changes that Taiwanese society has undergone in the last seventy years, physicians who followed *zuoyuezi* in the mid to late-1900s experienced a strikingly different landscape than those who completed the month in the last twenty years. In order to draw conclusions about the ways contemporary physicians negotiate culture and tradition, it would be helpful to interview more physicians, perhaps controlling for different generations, choosing certain specialties, or traveling to other sites to observe potential regional differences.

Future directions

This study showed that traditional postpartum practices are still exceedingly relevant in contemporary Taiwanese society and present a source of tension, even if they do not cause direct conflict for the interviewed physicians. However, in order to better understand and address *zuoyuezi* practices in the twenty-first century, it is also necessary to understand the perspectives of other participants, including nurses, traditional Chinese medical doctors, *zuoyuezi* center owners, and laypeople. Future research studies would focus on the different partakers in traditional postpartum practices, and consider the varying perspectives of different generations.

Why does this matter? Traditional postpartum practices exist in many other cultures aside from China and Taiwan, all of which existed before the arrival of Western medicine and Westernization. Currently, the US, UK, and similar technocratic cultures devote much more attention to the antepartum and intrapartum period than the postpartum period. Understanding the existence of traditional postpartum practices in

contemporary times is closely linked to this question: should a standardized form of postpartum care be agreed upon and implemented in the Western cultures that currently lack specific postpartum care? If so, physicians, public health organizations, and maternal health advocates should look to the longstanding traditions of these ancient cultures, adapting and coordinating such traditions with modern medicine.

CHAPTER FIVE

CONCLUSION

In recent decades, a driving question regarding the practice of medicine has arisen: how can the global, twenty-first century physician better understand the multicultural patient population? As the daughter of Taiwanese immigrants, as a patient, and as a medical student, I am deeply invested in answering this question for my own edification and for the increasingly diverse patient population whose background and experiences will reflect those of my parents.

Recent emphasis on the physician-patient relationship has shed light on the complex factors that influence and affect that relationship. One of the implications of this study is that physicians, in spite of their technical expertise, very much utilize their cultural background and personal experience in their perspectives of health and disease. Trained in a medical system that promotes objectivity, standardization, and quantifiable data, Western physicians in Taiwan rely on intuition and past experiences to “diagnose” practices and situations that are not taught in textbooks. That finding is especially prevalent regarding cultural health-related practices. Since the early 2000s, Chinese postpartum care centers and meal delivery services have appeared in Los Angeles, California, and New York City, New York. Surrounding the centers, which often operate out of homes, are issues like maternity tourism and anchor babies, which is the growing trend of giving birth in the US to obtain US citizenship for the infants. Regardless, in areas with large Chinese immigrant communities, physicians will interact with patients who appreciate the modern technological benefits of Western medicine, yet bring their own set of traditional beliefs to the patient room. Physicians treating those women, as

well as women from other cultures with similar postpartum practices, are part of this system, whether they know it or not. It is not only a finding that this sort of dual existence is becoming more and more relevant in the US, but it is also a reality of the twenty-first century healthcare system.

While it is understood that patients' perspectives and medical compliance are influenced by various factors, the physicians in this study clearly employ multiple identities and roles in the society in which they live. Further, the results show that those physicians, by recognizing the sociocultural factors that affect their personal and professional lives, may be better able to navigate their traditional, yet modern, society. Such physicians may be better equipped to navigate the multicultural societies that have become and will continue to be the norm.

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APPENDIX A
INTERVIEW PROTOCOL

Information Letter

Taiwanese Physicians' Perspectives of Chinese Postpartum Practices

Dear potential participant,

I am a graduate student in the School of Life Sciences at Arizona State University in the United States. I am conducting a survey of Taiwanese physicians at Mennonite Christian Hospital in Hualien, Taiwan to learn about their perspectives on Chinese postpartum practices. You have been selected because of your position at Mennonite Christian Hospital.

The purpose of this study is to observe how Taiwanese physicians negotiate primarily cultural practices with their professional training, and whether there is a conflict between what physicians believe about doing the month, and what they discuss with their patients, family, and friends. I am interested in your opinion on doing the month (*zuoyuezi*), even if you do not encounter it regularly it with your patients.

I will follow up with you in early July to make an appointment with you in the two weeks between July 25 and August 5, between 9 AM and 5 PM. The interview will be recorded, and will take about thirty minutes. During the interview, I will ask questions about your educational and career path in medicine, and questions about your experiences with *zuoyuezi*, both personal and professional.

I understand that your time is valuable and I hope you will agree to participate in the research study. If you have any questions or concerns about the research, please contact me by email (Cecilia.chou@asu.edu). Thank you in advance for your participation.

Sincerely,

Cecilia Chou

Information letter

台灣醫師對中式傳統產後調理（坐月子）之觀點

親愛的(潛在)研究參與者您好,

我是美國亞歷桑納州立大學生命科學院的研究生，我正對台灣醫師進行一項調查，以了解醫師們對於中式產後調理（坐月子）的看法。您可自願選擇是否要參與受訪。

這份研究的主旨在於觀察台灣的醫師，如何協調、平衡醫學專業訓練以及傳統的坐月子習俗，以及醫師們對坐月子的看法，並探究醫師與病人、家人、朋友討論時是否存在衝突。即便您與您的病人不常談論坐月子的話題，您個人對坐月子所抱持的看法，也是我的研究所感興趣的。

訪談時間將會排於七月二十五日至七月三十日之間任一日，九點到五點的時段內。訪問時間大約三十分鐘，並錄音記錄。在訪談時，我將詢問您的教育背景、您在醫學領域的職業規劃，以及您個人、還有專業上對於坐月子的經歷或看法。

我了解您的時間非常寶貴，我誠摯希望您能同意參與這項研究。若您對這份研究有任何問題，請您連絡我 Cecilia.Chou@asu.edu、或是 Monica Gaughan 博士 Monica.Gaughan@asu.edu。

Cecilia Chou
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QUESTIONS

In this study, I am interested in understanding Taiwanese physicians' perspectives and opinions of Chinese postpartum practices known as "doing the month." Your perspectives are still valuable even if you do not regularly encounter these practices with your patients, and comprise an important part of my study.

1. Regarding Chinese postpartum practices, what comes to your mind first?
2. **Personal:** What is your personal experience with doing the month?
(Female) Have you personally done the month?
(Male) Have your family members or friends done the month?
For what reasons did you or your family do the month?
Have you heard examples of someone electing not to do the month?
3. **Objective:** Why do you think the practice existed? Why does it still exist? Do you think it should continue to be practiced?
4. **Education:** Have you learned about doing the month in an educational setting?
(Medical education or other formal curriculum settings?)
5. **With patients:** Has the topic of doing the month come up in any conversations with your patients (not necessarily a pregnant patient)? Under what situations? Did you express your own opinions?
6. **With family and friends:** Has the topic of doing the month come up in conversations with your family members or friends? Do you rely on your medical expertise to give them recommendations regarding traditional postpartum practices?

The following questions apply to more than just doing the month:

7. **Ethics:** Have you experienced situations where you disagree with what your patients believe? If so, how do you feel about it? What do you think is the responsibility of physicians to give patients their full opinion?

The last part of this interview involves short questions about you. No identifying information will be used.

8. Place of birth
9. Date of birth?
10. How many children do you have?
11. How long have you lived in this city?
12. How long have you worked at your current place of work?
13. Can you list your different levels of education? (College? Grad school? Medical

school?)

14. Where did you complete your residency?

15. Have you completed any fellowships/ additional training?

台灣醫師對中式傳統產後調理（坐月子）之觀點

在本研究中，我對台灣醫師們對中式傳統產後調理（坐月子）的看法深感興趣。即便您與您的病人不常談論坐月子的話題，您個人對坐月子所抱持的看法，也是我的研究所感興趣的我將會問您以下有關坐月子的系列問題。

1. **Regarding Chinese postpartum practices, what comes to your mind first?**
提到產後調理（坐月子），您首先會想到什麼？您對坐月子的了解為何？您對坐月子有什麼想法？
2. **Personal:** What is your personal experience with doing the month?
(女) 你有沒有坐過月子的經驗？
(男) 你有沒有家人坐過月子 (或朋友坐過月子)？
什麼原因讓您或您的家人想坐月子？
您有沒有聽說過有人不坐月子, 包括您的家人或朋友？
3. **Objective:** Why do you think the practice existed?
您認為, 為什麼會有坐月子的□□？為什麼這個□□延續到今天？
您認為它應該被延續下去嗎？
4. **Education:** Have you learned about doing the month in an educational setting?
您曾經在正式的教學場合中學習、或聽聞坐月子的觀念嗎？（任何醫學院、或是專業認證訓練課程）
5. **With patients:** Has the topic of doing the month come up in any conversations with your patients?
坐月子的話題曾經出現在您與病人的對話中嗎？（不一定要從孕婦口中說出）
是在什麼樣的場合？您曾經表達您的意見嗎？
6. **With family and friends:** Has the topic of doing the month come up in conversations with your family members or friends?
坐月子的話題曾經出現在您與家人、或朋友間的對話嗎？
您是否曾用你的醫學專業給予他們任何坐月子的建議呢？

以下問題不限於坐月子的主題:

7. Ethics: Have you experienced situations where you disagree with what your patients believe?

您有經歷過病人意見與您的專業看法不一致的情況嗎？（若有不一致的情況，您的感受為何？）

對於醫師是否有責任要給病人充分的意見，您的看法為何（是什麼呢）？

最後一部分為簡短、關於您的背景資訊問題，任何敏感的個資不會被採用。

8. Place of birth

您在台灣出生嗎？

9. Date of birth?

您那一年出生？

10. How many children do you have?

您有幾個孩子？

11. How long have you lived in this city?

您住在現在的城市多久了？

12. How long have you worked at your current place of work?

您在現在的工作任職多久了？

13. Can you list your different levels of education? (College? Grad school? Med school?)

您在哪裡完成大學學位？研究所學位？醫學學位？

14. Where did you complete your residency?

您在哪裡擔任住院醫師？

15. Have you completed any fellowships/ additional training?

您曾經接受任何其他的訓練嗎？

APPENDIX B
CLOSE-ENDED SURVEY RESULTS

Site	Medical Specialty	Gender	Birthplace	Birth year	# of kids	Years in current city	Years at current work	Education	Residency
Tainan	ENT	M	Chiayi, Taiwan	1982	0	14	7	National Chen-Kung University	Chimei Medical Center
Tainan	Internal med	M	Taiwan	1951	2	20	20	Taipei Medical University	Tainan Municipal Hospital
Tainan	Family med	M	Taiwan	1973	1	40	10	National Chen-Kung University	National Chen-Kung University
Tainan	Internal med	M	Taiwan	1973	2	N/A	12	National Chen-Kung University	National Chen-Kung University
Tainan	OB/GYN	M	Tainan, Taiwan	1962	3	25	30	Taipei Medical University	Taoyuan Chang-Gung Memorial Hospital
Tainan	Family med	M	Tainan, Taiwan	1954	3	60	30	National Chen-Kung University	National Chen-Kung University
Tainan	Family med	M	Yilan, Taiwan	1954	1	27	14	National Chen-Kung University	National Chen-Kung University
Tainan	TCM	M	Chiayi, Taiwan	1959	1	20	20	China Medical University	Tainan Municipal Hospital
Tainan	OB/GYN	M	Taiwan	1954	2	30	21	Taipei Medical University	Mackay Memorial Hospital
Tainan	ENT	M	N/A	N/A	N/A	20	20	National Chen-Kung University	N/A
Tainan	Family med	M	Taiwan	1946	3	70	40	Taipei Medical University	Tainan
Tainan	Pediatrics	F	Taiwan	1972	2	18	13	National Yang-Ming University	National Chen-Kung University
Tainan	Gastroenterology	M	Malaysia	1965	2	N/A	2	China Medical University	Chiayi Christian hospital
Tainan	Gastroenterology	M	Taiwan	1954	3	28	28	China Medical University	Taipei Chang Kung Memorial Hospital
Tainan	OB/GYN	M	Taiwan	1969	4	20	20	China Medical University	Tainan Municipal Hospital
Tainan	ENT	M	Taiwan	1961	2	24	22	National Taiwan University	National Taiwan University
Tainan	Family med	M	Taiwan	1956	2	50	30	China Medical University	Kaoshiung Medical University, Kaoshiung Municipal Ta-Tung Hospital, Chimei Medical Center
Hualien	Neurology	M	Taiwan	1975	3	10	10	Chang Gung University	Chang Gung University
Hualien	Neurology	F	Taiwan	1975	3	10	N/A	Taipei Medical University	Linkou Chang Gung Memorial Hospital
Hualien	Family med	M	Malaysia	1967	1	16	16	Taipei Medical University	Mennonite Christian Hospital
Hualien	Nuclear med	M	Taiwan	1958	2	4	28	Kaoshiung Medical University	Linkou Chang Gung Memorial Hospital
Hualien	OB/GYN	M	Taiwan	1950	2	3	3	Taipei Medical University	Mennonite Christian Hospital
Hualien	Neurosurgery	M	Taiwan	1965	3	20	20	Taipei Medical University	Hualien Tzu Chi hospital

Hualien	Physical med & rehab	M	Taiwan	1976	2	11	11	Kaoshiung Medical University	Changhua Christian University
Hualien	Physical med & rehab	F	Taiwan	1967	1	12	12	China Medical University	Changhua Christian University