

# Unveiled “intimate choices” in rural and urban China



Gottschang, Suzanne. 2018. *Formulas for motherhood in a Chinese hospital*. Ann Arbor, University of Michigan Press.  
ISBN: 9780472130757, 258 pp., \$79.95

Santos, Gonçalo. 2021. *Chinese village life today: building families in an age of transition*. Seattle, University of Washington Press.  
ISBN: 9780295747385, 320 pp., 33,46€

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Reproductive practices like child-birth cannot be simple and take place only within households and communities when science and technology become solutions to social issues. Science and technology bring not only choices to reproductive consumers but also challenges. However, we know very little about how people actually make decisions when it comes to reproductive matters. Santos' *Chinese village life today* and Gottschang's *Formulas for motherhood in Chinese hospital* generously discuss this issue of reproductive choices and struggles in a context — China — that has been undergoing profound large-scale social and cultural transforma-

tions since the 1980s and 1990s. Santos' monograph is not just about matters of reproduction, but this theme is central to the main argument of the book regarding the increasing role of science and technology in the governance of family and community life. I chose these two books because they speak to each other in the way they approach the increasing medicalization and technologization of reproductive practices (such as family planning, pregnancy, childbirth, and/or postpartum recovery) from the perspective of women and their families. The two books provide a highly detailed and nuanced ethnographic picture of women's reproductive experiences and changing

notions of motherhood in different parts of China, bringing together rural and urban areas, community-based and hospital-centered modalities of maternal and reproductive health management.

Santos carried out his long-term ethnographic fieldwork in the rural township of Yellow Flower in Guangdong province, southern China. He has been visiting a local village since the 1990s, building a close relationship with village families and witnessing longitudinal changes in intimate practices like family planning, marriage, childbirth, and childrearing in a context of agrarian transition and widespread circular labor migration. Gottschang's research is based on long-term fieldwork in the 1990s in a Baby Friendly Hospital Initiative (BFHI) Hospital in urban Beijing, where she had opportunities to work with medical staff in prenatal and maternity wards. The two authors share the same interest in analyzing recent developments in China through the lens of mundane everyday life practices and political subjectivities rather than through the perspective of grand political and economic projects. Gottschang shares the stories and the challenges faced by thirty women achieving motherhood in a BFHI Hospital in Beijing. Her book shows how the implementation of UNICEF and WHO supported public health policies aimed at reorganizing hospitals and re-training health care workers to promote breastfeeding played an important role in influencing how women negotiate and make decisions regarding motherhood, from preg-

nancy to infant feeding. This is not to say that there is only one formula for motherhood; the book highlights the creative strategies of women in the face of larger forces. Santos explores this creative work of individual and collective strategizing in various kinds of reproductive practices in rural contexts that have been subject to larger civilizing forces of technocratic governance pushing for the modernization of how village life should be conducted and managed. He shows that ordinary people are not passive recipients of larger forces of governance; they actively engage with these forces, resisting them, reconfiguring them, and/or adjusting them to local histories and frameworks of meaning.

The two monographs provide insightful ethnographic analyses of the contradictory effects of far-reaching national policies of reproduction and family modernization on the ground, but they also make the case that such national policies — including the Birth Planning Policy (launched in 1979) and the Baby Friendly Hospital Initiative (BFHI, launched in the 1990s) — cannot be separated from larger global agendas supported by powerful organizations like the World Health Organization and the United Nations. China's engagement with such global agendas was not just motivated by a desire to open to the outside world and modernize society; there was also the desire to benefit from international funding to undertake reforms and upgrade resources. Santos shows that the implementation of the Birth Planning Policy in

rural areas did not follow the one-child model applied to most urban areas, but was more flexible, allowing some room for negotiation and for the occurrence of “frictions” of various kinds. The Birth Planning Policy clashed with long-standing local patriarchal reproductive values and aspirations (for example, in terms of number of children and their gender), and this opened the way for some resistance to the Birth Planning Policy, especially during the 1990s and the 2000s. Strategies of resistance included bribing officials, not reporting the birth of a child, and practicing IUD device withdrawal, and the aggregate effect of these strategies was a more flexible policy model that tolerated two to three children per woman, sometimes even more (chapter 2). At the same time, these negotiations did not prevent the rise of technocratic modernity (Santos, 2021: 68) as the loosening of birth quotas was accompanied by the routine application of IUDs and sterilization procedures on women’s bodies. In other words, villagers gradually normalized the use of medical technologies and health science in their reproductive life.

This increasing engagement with the scientification and technologization of reproduction also had an impact on women’s childbirth practices, especially the younger generation (chapter 4). In accounting for the generational tensions shaping local women’s techno-moral views on the routine use of cesarean deliveries, Santos finds that the older generations tend to discourage cesarean section

because they experienced low-tech childbirth practices conducted by practical knowledge of local midwives. For them, the C-section is a lifesaving method, and it should not be used as a routine practice. This view is less marked amongst the younger generations. Some young mothers agree that vaginal birth is better than cesarean birth, but they insist that the safety of the mother and the infant should take priority and that cesarean sections should be practiced whenever there is a medical indication. Some young mothers go as far as claiming that cesarean section can be used as a pain relief method or as a path to avoid side effects from vaginal birth. The central government is worried about the negative impact of excessive medicalization on the well-being of pregnant women and is trying to curb rising cesarean rates. Some hospitals have implemented a cesarean quota system to reduce C-section rates, but this system dismisses women’s rights to demand a C-section, and the author presents a tragic story to illustrate this point in chapter 4. Santos proposes that the childbirth experiences of the older generation matter in the process of childbirth medicalization because these experiences highlight the value of low-tech practical knowledge and benefits women with qualitative care.

In urban areas, the launching of the Birth Planning Policy took the form of a One-child Policy, and this policy together with other state initiatives like the BFHI committed to promoting breastfeeding for the sake of the well-being of infants

only contributed to making the only child precious. Gottschang shows that urban women as mothers are caught in transnational consumerist networks under the discourse of BFHI, but there is a more. BFHI discourses on how to be a good mother of the “only child” place women under new cultural pressures, family responsibilities, state policies, and global public health agendas. Gottschang draws on the idea of “potentiality”, which means “a future for the state, the family, and the child (Zhu, 2013 in Gottschang, 2018)”, as it is an essential principle for mothers to navigate. Moreover, it is a primary framework for state policy and medical staff to react and internalize the global health agenda. Yet, Gottschang draws attention to the existence of a blurred line between “nature” and “science” in the second chapter. An interesting example of this blurred line is that women receive “natural” breastfeeding classes in the BFHI Hospital where she developed fieldwork, but “scientific” and healthy formula milk is also promoted in the same BFHI Hospital as part of an initiative that involves state actors, hospital authorities, and private companies.

The contradictory realities of the hospital between nature and science provide flexible room for individual women to choose and negotiate. Motivated by the moral duty to protect “the future of the child” Chinese women follow a tradition of postpartum confinement called “sitting the month” (chapter 4). Some women are able to tolerate exhausting physical conditions while insisting on natural

breastfeeding. Yet, some women choose a postpartum recovery center where both infants and women could receive good and scientific care. The center also frees women from generational conflicts with mothers/mothers-in-law, allowing young mothers to skip “traditional” rules like not brushing the teeth during the “sitting-the-month” period. At the same time, the center places young mothers under a new form of “maternal governance” mediated not just by state policies and global political agendas but also by market forces, consumerism, and the authority of medical expertise (Gottschang, 2018: 4). For instance, infant formula embodies a complex process of coproduction between international stakeholders, local hospitals, medical science and technology, and the Chinese state. Technological and scientific governance over women is even more apparent in Santos’ account of changing childbirth practices in rural areas.

It is enjoyable to read the two books. I highly recommend them to audiences interested in China studies, women’s studies, studies of family and reproduction, science and technology studies, and more generally to anyone who want to learn about ordinary people’s lives in contemporary China. The two authors describe and discuss with great detail the struggles and subjectivities of everyday life in specific contexts. Students can find creative frameworks and theoretical approaches to analyzing daily life experiences. *Formulas for motherhood in a Chinese hospital* provides a comprehensive analysis of wom-

en struggles and strategies as they strive to follow the path of becoming a morally good mother. Readers would benefit more if the author shed light on how medical staff conduct childbirth classes in the BFHI Hospital. Even though Gottschang explains the absence of childbirth in her book, readers are left with curiosity. Readers can explore more aspects of daily life in *Chinese village life today*, such as how to deal with questions of personal hygiene and human excrement management under technocratic governance. It would further the audience's curiosity about the relation between village life and technocratic governance if the author used the word "technocracy" in the book title.

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## Referências bibliográficas

Zhu, J. 2013. Projecting potentiality: understanding maternal serum screening in contemporary China. *Current Anthropology*, 54 (S7): S36–S44.

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