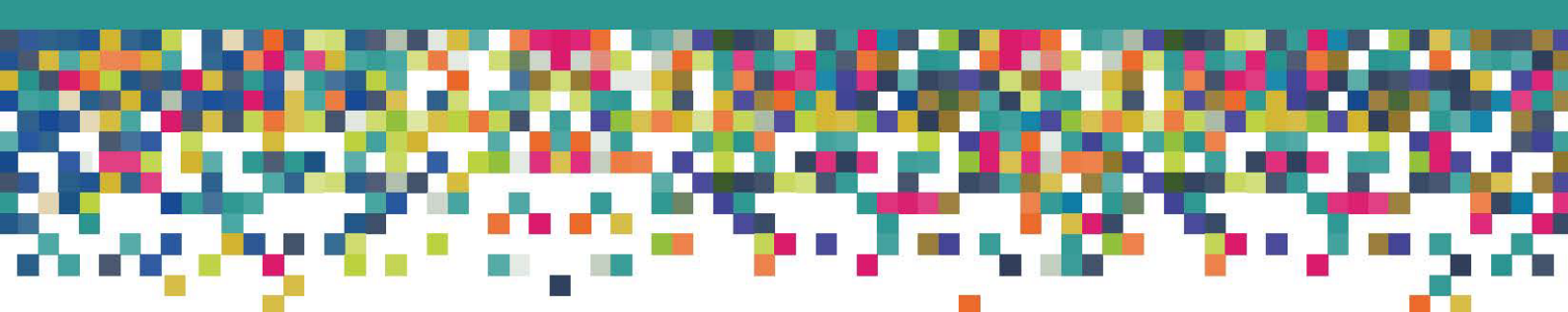




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FROM TRADITION TO TRANSACTION:

Women's Experiences in China's Evolving Postpartum
Care Landscape

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ABSTRACT

This study explores how commercialised postpartum care clinics (PCCs) in China shape maternal experiences and gender dynamics, and how women negotiate with these influences. It focuses on the interplay between empowerment, agency, and commodification of care, alongside the influential role of media. PCCs offer professional care, emotional support, and luxury amenities, which appear to empower new mothers during the postpartum period. However, the findings reveal a nuanced reality where empowerment and dependency coexist, with traditional gender roles subtly reinforced rather than challenged.

Through qualitative analysis, including interviews with new mothers and examination of PCCs' promotional materials, the study finds that while these clinics promote ideals of scientific motherhood and personal autonomy, they also create environments of heightened self-surveillance and pressure to conform. A critical insight of this research reveals how PCCs commodify emotional labor, putting price tags to intimate aspects of postpartum care, which alters family dynamics and reinforces the expectation that caregiving is primarily a woman's responsibility.

Mothers in this study demonstrate a fluid and multifaceted agency by selectively engaging with media and leveraging financial resources to navigate the commercialised ideals of motherhood. Their self-reflections show that agency is not a simple 'empowerment versus constraints' narrative, it is about the ongoing negotiation of roles, expectations, and identities within a commercialised and mediated landscape. This research offers a nuanced understanding of how consumer culture, media influence, and gender norms intersect to shape modern motherhood in China, highlighting the complexity of maternal agency within commercial and societal pressures.

INTRODUCTION

A week after I gave birth to my daughter in the summer of 2020, I found myself lying on a massage bed at a postpartum care clinic in China. A lactation consultant was massaging me to help with my low milk supply. Despite the spa-like setting of the room, I couldn't shake off feelings of embarrassment and inadequacy. It was not just because of the uneasy feeling of paying someone to squeeze my chest, but the contrast between my reality and the image of the capable mother effortlessly managing every aspect of newborn care that I encountered everyday in social media.

Despite being deeply personal, this experience reflects broader societal and cultural pressures that new mothers face in contemporary China. The rise of postpartum care centers (PCCs) and the commercialisation of maternal care are part of a larger trend where commodified services are marketed as solutions to personal and societal challenges. These centers are not just healthcare providers but are also deeply intertwined with commercial and media landscapes. They employ sophisticated marketing strategies that capitalise on narratives of scientific parenting, professional care, and empowerment.

Traditionally, new mothers in China practice 'Zuoyuezi', a confinement period of thirty to forty days. During this period, they rest at home, cared for by family. This practice, literally translated as 'doing the month', involves following strict guidelines to ensure recovery and prevent future health problems, while also taking care of the newborn (Zhou & Wang, 2021). However, modern China has seen a shift towards professional PCCs, which offer a mixture of traditional care and modern amenities. These centers provide food, round-the-clock childcare, doctor visits, and services such as milk pumping and Pilates classes for body management.

After my delivery, the PCC that I booked sent a car to pick us up from the hospital. When we arrived, a nurse was already waiting by the car, guiding me into the center, which had a similar layout to a hospital. My room was fully equipped, with its own feeding chair, bottle sterilizer, and a dedicated nanny for my newborn and me. The nurses immediately took my baby to the communal room, weighed and measured her. For the next 40 days, a team of medical and supporting staff would closely monitored us, controlling our movements and routines through a strictly structured agenda. Despite the comfort and care provided, the constant scrutiny left me feeling inadequate. Over time, I

began to wonder if this monitoring on my milk production volume was helping or undermining my confidence as a mother.

Understanding the intersection of consumer culture, motherhood, and media is particularly relevant in this context. Globally, the discourse on gender equality and women's empowerment makes it timely to examine how these narratives shape ideals of motherhood. In China, the relaxation of the one-child policy, now allowing families to have up to three children, has significant implications for women. The rapid urbanisation and rise of the middle class have led to increased demand for specialised services like PCCs. However, these developments raise critical questions about the commodification of care and its implications for women's mental and emotional well-being.

My motivation for this research stems from my own experiences, but these feelings of inadequacy and embarrassment also provide a lens through which one can explore the broader context of maternal care in contemporary China. This study aims to investigate the role that PCCs play in shaping motherhood and how new mothers navigate this transition. This study employs a qualitative methodology, including in-depth interviews with new mothers who have used PCC services and an analysis of promotional materials from these centers. Through reflexive thematic analysis drawing on feminist theories and media studies, this dissertation seeks to uncover the complex dynamics at the intersection of gender, consumer culture, and media representation in shaping maternal experiences.

Exploring the lived experiences of women is not only academically significant but also socially relevant. Understanding the pressures faced by new mothers is essential for fostering a more supportive and equitable environment for all parents as societal expectations continue to evolve. This research challenges simplistic understandings of institutional structures and resistance emphasising the nuanced and multifaceted nature of women's agency. This approach aims to offer insights that inform future discussions and policies, ensuring that the diverse experiences of new mothers are acknowledged and valued in both academic and societal contexts.

THEORETICAL CHAPTER

In contemporary China, the concept of motherhood is experiencing significant transformations, shaped by traditional practices, socio-economic transitions, and global ideologies. By integrating

perspectives from feminist theories, consumer culture, and communication studies, this chapter aims to understand how Chinese new mothers navigate these intersecting influences to negotiate their maternal identities and practices, particularly in the context of evolving family policies and the expanding market of outsourced services in China.

Motherhood and Postpartum Care Clinics in China

Motherhood is a concept deeply influenced by rich traditions and modern practices in China. Postpartum practices such as ‘doing the month’ have exemplified this complex blend of tradition, gender roles, and family dynamics with a series of restrictions and taboos that are deeply rooted in historical concepts of the female body and its role in society (Ge, 2021). However, because of socio-economic changes such as urbanisation, increased maternal age, and changing family structures due to the one-child policy legacy, these practices have evolved into a more medicalised and commercialised experience (Cai & Feng, 2021), encapsulated by the emergence of PCCs (Zhou & Wang, 2021; Liu & Chen, 2021).

This evolution of postpartum care reflects broader shifts in Chinese maternal health ideologies, where traditional values intersect with modern expectations. The Chinese government’s release of birth control policies and state-led neoliberal modernisation (Su & Ni, 2022) shape motherhood in China, pushing women to adopt ‘scientific’ approaches to postpartum care. This shift is evident in cases like the 2015 heatwave in Shanghai when a woman undergoing traditional confinement died from heatstroke. The incident was widely reported by the media, advocating for more scientific postpartum practices (Bradsher, 2015; CNN, 2023). These changes have affected women’s expectations of themselves and their roles within the family.

Scholarship on PCCs describes these clinics as manifestations of global consumer culture, offering standardised services that promise optimal postpartum recovery and care. These clinics represent a cultural adaptation where the old and the new coexist, within the frameworks of family, health, and economic considerations in contemporary China (Li & Chen, 2018). They have become popular among urban Chinese mothers who paradoxically continue to follow the ancestral practices (Jiang, 2020). This popularity illustrates how they are marketed as spaces that combine luxury and care, catering to the demands of affluent urban families (Bradsher, 2015). Over time, ‘doing the month’ has transitioned from a home-based, family-supported practice to a state-certified industry

(Bradsher, 2015). This transformation includes a rebranded, remodeled, outsourced, and institutionalised form of care, reflecting broader shifts in Chinese society's approach to motherhood and childcare.

Choosing postpartum care in modern China is not only about physical recovery from childbirth, but also involves how new mothers navigate their roles within a rapidly changing socio-economic landscape. The commercialised nature of postpartum care raises important questions related to gender, class, and health, particularly in how access to such care can reinforce social inequalities. Bouvier & Chen (2021) argue that while PCCs offer a chance of empowerment, they also perpetuate a model of motherhood that is deeply tied to consumer culture and neoliberal values, requiring further critical examination of their long-term social and cultural impacts. Ge (2021) discusses how Chinese middle-class women reclaim postpartum care as an expression of agency within social and familial constraints. These perspectives highlight the complex ways in which women negotiate their identities and responsibilities within a commercialised framework.

Expansion of Capitalist Ideals into Intimate Life

The growing popularity of PCCs can be seen as part of broader transformation in Chinese society, where traditional practices are being reinterpreted within a capitalist framework (Karl, 2017). These clinics redefine the narrative of postpartum care, subtly embedding a neoliberal agenda that values efficiency and consumer choice over communal and familial caregiving traditions (Ge, 2021). This commercialisation of intimate life is a global trend, as noted by critical scholars such as Arlie Russell Hochschild (2003, 2012) and Nancy Fraser (2013, 2022), whose analysis of capitalism, neoliberalism and their impact on intimate life provides a conceptual foundation for this dissertation.

Fraser (2022) argues that to sustain capitalism, a state-managed regime has emerged to promote productivity and profitability by cultivating a healthy and educated workforce. As neoliberalism evolves, especially in the United States, this regime celebrates diversity and meritocracy while dismantling social protections, redefining emancipation in market terms. This shift has marginalised vulnerable populations and re-externalised social reproduction, a term that refers to activities and relationships necessary for maintaining people both daily and intergenerationally, including care work such as raising children, caring for the elderly, and household labour (Bhattacharya, 2017). These tasks, often unpaid and predominantly performed by women, are now increasingly

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commodified. By shifting care work from the family to the market, PCCs transform essential, traditionally unpaid labor into paid services, thereby reinforcing the neoliberal focus on market solutions for personal and social needs (Bhattacharya, 2017; Fraser, 2022).

Hochschild (2003, 2012) explores how the neoliberalism permeates the intimate realms of personal life, transforming traditional caregiving roles into marketable services. Her observations highlight how modern advice books encourage women to apply capitalist self-discipline to their personal lives, blending feminism with a commercial spirit, and transforming family functions, especially those performed by mothers, into monetising opportunities. This commodification of intimate life represents a cultural shift where the market promotes specialised, technology-based services, and urges individuals to think in market terms (Bauman, 2007). The fantasy of a perfect relationship or well-raised children, sold through services like childcare centres, underscores the market's promise to eliminate ambivalence and provide idealised outcomes (Hochschild, 2012), thus becoming a necessity for middle and upper-class families. Postpartum care services reflect these market driven values, where motherhood and care become a site of investment that can bring economic and social returns (Ehrenreich and Hochschild, 2003).

The emphasis on efficiency and consumer choice often overlooks the emotional and relational aspects of caregiving, reducing it to a series of transactions. As Hochschild (2003, 2012) highlights, this commodification of care can create a dependency on paid services. While it provides temporary relief, it does not address the underlying need for genuine support and connection. Fraser (2022) argues that the commodified care excludes those who cannot afford these services from the support system with a financial barrier. Additionally, the reliance on market-based solutions also undermines traditional community-based forms of support, eroding the social fabric that once provided a safety net for families. Thus the neoliberal focus on individual responsibility and market solutions, instead of empowering, exacerbates social inequalities.

In recent decades, neoliberal ideas have spread around the world through the growth of globalised markets. In Western contexts, neoliberalism is typically associated with open markets, deregulation, individual entrepreneurship and reduction of social welfare programs (Harvey, 2005). These principles often shape individuals' choices by viewing citizens as self-enterprising consumers who focus on optimising their lives (Dean, 2010; Rose, 1992).

China has embraced neoliberal principles through economic reforms and global market integration but has done so combining with strict political control (Karl, 2017). The term 'neo/non-liberal China' (Wallis & Shen, 2018) reflects this blend, where the state encourages consumption and self-styling at paths to personal fulfillment while maintaining authoritarianism and censorship. This unique modernisation process in China (Ong & Zhang, 2008) has led to rapid economic growth and urbanisation while intensifying social inequalities and pressures on family structures (Su & Ni, 2022). Traditional family roles are increasingly outsourced to the market, encouraging women to adopt market-based solutions, aligning them more with consumer behavior models than as caretakers (Hochschild, 2012) or as citizens (Johnston, 2007).

Postfeminism and Consumer Culture with Chinese Characteristics

Understanding how women navigate these dynamics requires exploring the intersection of postfeminism and consumer culture. This perspective provides insights on how empowerment is marketed to new mothers through PCCs. Consumer culture scholarship illustrates how goods and services carrying symbolic meanings beyond their functional use (Bourdieu, 1984) and how consumption shapes social experiences and identities (Belk, 1988; Arnould & Thompson, 2005). In the context of PCCs, the services extend beyond their practical benefits, influencing how women perceive and perform their roles as mothers.

Postfeminism is a key term in feminist critical vocabulary, signifying a complex cultural sensibility. It simultaneously promotes neoliberal ethos emphasising individualism, choice and agency while incorporating feminist ideas of equality and empowerment (Gill, 2007a; McRobbie, 2009). This rhetoric often aligns with consumer culture, shifting focus from structural inequalities to individual success and self-improvement, which can undermine collective feminist goals. It also possibly reinforces traditional gender norms through the beauty-industrial complex and surveillance of women's bodies (Gill, 2007; McRobbie, 2009; Elias, Gill & Scharff, 2016).

Rosalind Gill (2016) argues that postfeminism is more a critical framework rather than merely as a phase of feminism, a media or a cultural trend. She highlights its role in shaping gender identities and social practices. This perspective has significant implications for analysing its impact in various contexts, including China.

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The proliferation of postfeminist sensibilities in China creates a unique landscape because of its direct relationship with the market-state complex (Liao, 2019). The Chinese state blends traditional cultural values with modern economic strategies, aiming to create a society that is both culturally cohesive and economically dynamic (Wang, 2005). This creates a unique landscape where women are expected to be both traditional caregivers and active market participants. On one hand, family planning policies have put great emphasis on women's reproductive responsibilities. The state also invests in cultural campaigns that glorify traditional virtues such as filial piety. On the other hand, initiatives like 'Women's Development Plans' promote women's contributions to family and also nation-building, entrepreneurship and workforce participation (Singh & Zhou, 2023; Su, 2021; Wang, 2023).

Iskra (2023) suggests that the state-led traditional cultural mobilisation, which retraditionalises gender roles under the discourse of challenging Western modernity, aligns with postfeminist discourse. It encourages women to internalise societal norms and self-regulate their behavior to provide a form of self-soothing and a navigational strategy for women who face the dual pressures of career and family life. This reflects Sandra Bartky's (1990) concept of disciplinary practices, where women's conformity to idealised standards of femininity becomes a form of self-surveillance and self-discipline.

Additionally, the state's retreat from providing social services has intensified pressures on women to balance their dual roles, embedding values of self-reliance and individual responsibility within a market-driven framework (Hong Fincher, 2018). This trend reflects a broader pattern where state responsibilities shift to individuals, particularly women, under the guise of empowerment and modernisation (Ong, 2006).

There is a critical tension between perceived empowerment through market participation and the underlying pressures and inequalities perpetuated by this consumer-driven model. In the context of motherhood, this is evident in how postfeminism and consumer culture commodify maternal care through services and products tailored for new mothers. Cairns (2015) highlights how health choices become consumer choices, embedding the practices of motherhood within a market logic that emphasises the 'best' products and services for child-rearing. Mothers are expected to consume wisely for their children and themselves. PCCs exemplify this phenomenon by marketing themselves as premium solutions for modern, informed mothers (Holroyd et al., 1997; Keyser-Verreault, 2022; Lee, 2020).

Promotional Discourse, Media Representation, and Agency in Negotiation

Promotional discourse and media representation play critical roles in shaping consumer-driven ideals of motherhood and care. Advertising and promotional culture are not merely about selling products, they actively construct social meanings and norms. Raymond Williams (1980) described advertising as a 'magic system,' where material goods carry social and personal meanings beyond their functional use (Wernick, 1991; Aronczyk, 2017). This system is crucial in understanding how PCCs market their services to new mothers, associating them within the desirable social traits like empowerment, modernity, and knowledge.

The promotional strategies of PCCs significantly intersect with media representation, influencing contemporary understandings of motherhood. Media channels often perpetuate idealised images aligned with consumer culture and postfeminist ideologies, setting unrealistic standards for mothers and creating new forms of gendered labour. PCCs are frequently promoted as offering optimal recovery and a return to pre-pregnancy form and health, appealing to new mothers' desires and insecurities (Gill, 2017; Gram et al., 2017; McRobbie, 2013). Women are expected to manage physical and emotional labour while also engaging in "aesthetic labour" to maintain an appearance that aligns with societal expectations of femininity and motherhood (Keyser-Verreault, 2022).

Moreover, media platforms promote a culture of post-critique, where the complexities of motherhood are simplified into glossy narratives of empowerment and success (Lazar, 2009). Simidele Dosekun (2015) notes how these narratives frequently use the language of choice and empowerment to market services that purportedly enhance women's autonomy and fulfillment. In the case of PCCs, they reinforce the notion that quality mothering is tied to the ability to consume high-end healthcare services, normalising the use of paid services (Hochschild, 2012).

However, women are not merely passive recipients of these messages. They actively engage with media content, interpreting it through the lens of their own experiences and social contexts. Stuart Hall's encoding-decoding model (1980) provides a theoretical framework for understanding this interaction, where media messages are encoded with intended meanings but are subject to varied interpretations by audiences. This dynamic allows for dominant, negotiated, and oppositional readings as Sonia Livingstone (1998) emphasises, highlighting the importance of social context in media consumption. Additionally, Zhu (2010) emphasises that women selectively engage with media

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content that resonates with their personal beliefs or challenges the norms they face. This signifies a critical aspect of agency, where women actively choose how to define their roles as mothers within the available cultural narratives.

Understanding how women decode media messages is part of a larger discourse on how individuals navigate and resist cultural and societal expectations, particularly those related to gender roles and motherhood. Feminist scholars have built extensively on Michel Foucault's (1980) foundational theories of power and resistance, which examine how power operates through societal institutions, discourses, and practices. While highlighting the pervasive and often constraining aspects of power, Foucault also argues that power is not merely repressive but also productive, and that resistance is an inherent part of these power relations.

Expanding on these insights, Fraser (1989) emphasises that resistance is embedded in everyday life, showing how gender inequality is perpetuated through both economic structures and cultural norms. Bartky (1990) adds another layer by highlighting the importance of critical self-reflection in recognising and challenging internalised societal norms. This perspective underscores the individual agency to enact change. However, Iris Marion Young (1990) argues that individual resistance must be connected to broader social movements to effectively challenge oppressive structures.

Judith Butler's theory of performativity (1990) further explores how gender identity is an ongoing performance within a regulatory framework. This concept is instrumental in explaining how mothers can both conform to and resist the expectations imposed by PCCs. Lois McNay (2000) introduces the idea of 'complex agency', which individuals navigate their roles through a dialectical process of conformity and resistance, influenced by their socio-cultural contexts. Together, these scholars provide a comprehensive framework for understanding how women engage with, negotiate, and resist the constraints of both traditional and neoliberal ideologies. This framework is particularly relevant in analysing the complex and ambivalent nature of agency within the context of commercialised postpartum care environment in China.

CONCEPTUAL FRAMEWORK & RESEARCH QUESTION

This dissertation integrates feminist theories, consumer culture, and communication studies to explore the dynamics of motherhood in contemporary China, particularly within the context of PCCs.

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The foundation of this framework is social reproduction theory, which highlights how care is a social necessity and a site of inequality. Building on this, discussions on the commodification of care illustrate how intimate aspects of life, such as postpartum care, are increasingly transformed into market-driven transactions. This shift reshapes personal relationships, turning what was once a familial or communal responsibility into services outsourced to commercial entities like PCCs.

Postfeminism critiques how neoliberal values of individualism and choice are marketed as empowerment, often masking deeper social pressures. This perspective underscores the tension between perceived empowerment and the commodification of care. Consumer culture theories extend this analysis by examining how market values influence maternal identities, pushing individuals to evaluate their roles and relationships through a market lens.

To understand how women navigate these complex dynamic, this study incorporates feminist theories with the encoding-decoding model. This approach allows for examining how mothers interpret, negotiate and sometimes resist the media messages that reinforce commodified expectations of motherhood. Collectively, these theories provide a comprehensive framework that captures the nuanced interplay between cultural expectations, market forces, personal choices, and the commodification of care.

The emergence of PCCs in China as modernised versions of traditional postpartum practices provides a concrete context for these theories. These clinics, catering to affluent urban families, reflect broader societal shifts toward market-driven services. However, despite the rich theoretical foundation laid by existing scholarship, there is limited empirical research that directly engages with the lived experiences of Chinese new mothers in this context. This dissertation aims to address this inattention by conducting qualitative interviews to gain a nuanced understanding how women navigate media and market narratives. It grounds concepts in the concrete practices of new mothers within the context of commercialised postpartum care.

Building on the theoretical and conceptual framework, this dissertation seeks to answer the following **research question:**

How do the ideals of motherhood and care promoted by commercialised postpartum care clinics in China influence urban Chinese new mothers, and how do they negotiate these ideals in practice?

By addressing this question, this research seeks to enhance our understanding of the complex dynamics in the context of commercialisation of maternal care in China. It aims to provide insights into how neoliberal and consumerist ideologies intersect with traditional values to shape women's experiences and identities. Ultimately, this study aims to illustrate how personal decisions and actions intersect with broader dynamics of power and resistance, highlighting the fluid and complex nature of women's negotiation. Through this, this research aims to enrich theoretical understanding with empirical evidence and to inform policies and practices that support women's autonomy and well-being in the rapidly evolving landscape of motherhood in contemporary China.

RESEARCH DESIGN AND METHODOLOGY

Research Strategy

The research adopts a constructivist and qualitative approach, grounded with the assumption that social phenomena are constructed through the discourses of different actors (Guba & Lincoln, 1994; Hay, 2008). The selected research tools align with this strategy and the theoretical framework: in-depth interviews, analysis of promotional material as contextualising text, and reflexive thematic analysis (RTA). The methodology is also informed by feminist principles, incorporating the researcher's reflexivity, particularly acknowledging my own experience with in-clinic postpartum care, which positions me as an insider in this research.

In-Depth Interviews

The primary data collection method is semi-structured interviews with urban Chinese new mothers who have utilised postpartum care clinics in the last three years. The time frame was selected to capture experiences during the most intensive caregiving period (Rizzo et al., 2013; Chen, 2018) and to ensure relevance to current practices. Semi-structured interviews allow participants to freely share their experiences, and the interviewer to ask clarifying questions (Braun and Clarke, 2006). They are particularly suited for exploring nuanced understandings of women's experiences, providing flexibility to discuss complex and sensitive topics.

This approach is consistent with feminist research goals, which prioritise understanding lived experiences and amplifying the voices of those often marginalised in traditional research paradigms

(Doucet & Mauthner, 2012; Linabary & Corple, 2017). By exploring the varied experiences of women, this method helps to challenge dominant narratives and assumptions about gender roles and norms (Harding, 1987; Hesse-Biber, 2012).

Promotional Material

To complement and contextualise the analysis, promotional materials from the official websites of three clinics frequently mentioned by interviewees were collected and analysed. This approach aligns with qualitative research principles that emphasise the importance of situating data within the lived experiences of participants (Flick, 2018). Analysing these materials provides a broader understanding of how women's experiences are influenced by the socio-cultural and commercial environment (van Dijk, 1993) in which these clinics operate.

Reflexive Thematic Analysis (RTA)

RTA was chosen for its flexibility and capacity to integrate various theoretical perspectives and methodological strategies, making it adaptable to different research contexts (Braun & Clarke, 2006). This method involves identifying and analysing patterns (themes) within qualitative data, providing detailed thematic maps, facilitating the structuring and depiction of themes (Attride-Stirling, 2001; Braun & Clarke, 2006), therefore allowing for rich, nuanced interpretations of data, including both explicit content and underlying meanings. RTA's adaptability is particularly beneficial in feminist research, where the researcher's reflexivity and subjectivity are acknowledged as integral to the analysis process (Braun & Clarke, 2019; Braun et al., 2019).

In this study, RTA is employed to effectively manage complex qualitative data (Braun & Clarke, 2006). It can accommodate the exploration of both participants' lived experiences and the cultural and social constructs that shape these experiences. The method facilitates the identification of themes that reflect how urban Chinese new mothers understand and negotiate their identities within the context of commercialised postpartum care. By analysing promotional materials alongside interview data, the study achieves a deeper and more nuanced understanding of the research question (Braun & Clarke, 2006; 2019).

RTA was chosen after evaluating it against Discourse Analysis (DA). DA typically focuses on how language constructs social reality and power relations through detailed linguistic analysis (van Dijk,

1993). However, given the study's focus on broader thematic exploration rather than purely linguistic elements, RTA was considered more suitable (Braun & Clarke, 2019).

Methods and Procedures

Sampling

Recruiting participants presented some challenges. Initially, I tried posting recruitment on social media, which received no responses. Due to the limited time frame of the project, I turned to personal networks. Fourteen participants were ultimately recruited using a combination of snowballing and purposive sampling. Purposive sampling is ideal for exploring specific phenomena in depth, targeting participants who meet relevant criteria (Palinkas et al., 2015). While the sample size may not be statistically representative, it provides valuable insights for exploratory research where depth is prioritised over breadth (Robinson, 2014).

The participants varied significantly in demographic features, including age (24 to 40), locations (urban areas like Beijing, Shenzhen, Changsha, Guangzhou), number of children (1 to 4), occupations (media professionals, professors, business owners, stay-at-home mothers), and familial annual income (120,000 to 1.5 million RMB, approximately 16,000 to 200,000 USD). This diversity enriches the study by offering a comprehensive perspective on the experiences of urban Chinese new mothers (See Appendix 1).

Promotional materials were collected using a purposive sampling strategy, selecting three clinics frequently mentioned by interviewees (Palinkas et al., 2015). These clinics were chosen to represent a range of options available to urban Chinese new mothers. Clinic A is a high-end, luxury PCC. Clinic B is affiliated with a hospital and offers postpartum care within a medicalised setting. Clinic C is a large and well-regarded local provider. This selection allows for a comprehensive understanding of how different types of clinics market their services and construct ideals of motherhood and care.

Design of Research Tools

The interview guide (See Appendix 2) was developed based on the literature review and research question. It included eleven open-ended questions designed to elicit detailed narratives about participants' experiences in clinics, their perceptions of motherhood, and their navigation of multiple

roles. These questions were crafted to encourage participants to share their life stories and express their thoughts and feelings in their own terms (Orgad, 2019). Follow-up questions were included to delve deeper into participants' responses and explore their perspectives critically.

Interviews were conducted online in Mandarin, lasting between 35 to 90 minutes. Each interview was audio or video-recorded with the participants' consent, and later transcribed using Tencent Meeting application. To ensure accuracy, transcriptions were manually adjusted. Conducting online interviews offered flexibility in terms of geographic recruitment and scheduling, which was particularly important given the new mothers' limited availability. Additionally, conducting the interviews in the comfort of the participants' home environment, with the option to turn on or off the camera, likely contributed to more candid and in-depth responses (Seitz, 2016). The physical distance and the mediation of online interactions can sometimes lead to greater openness and self-disclosure compared to traditional in-person settings (Zeavin, 2021).

Analytical Techniques

The analysis followed Braun and Clarke's (2006, 2019) six-phase approach to RTA: familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing up the analysis. To ensure consistency and depth, careful analytical steps were taken to combine the analysis of two different types of text: informal interviews transcripts and formal marketing materials.

The analysis began with an inductive approach, immersing myself in the data by reading the transcripts and promotional materials multiple times to understand their content and context. Open coding was then applied, with significant statements marked and then organised into preliminary codes, with the intention to capture both the nuanced and spontaneous responses of interview participants and the recurring themes and strategies in promotional materials.

The initial codes were grouped into themes based on patterns and commonalities observed in the data (Braun and Clarke, 2006). To respect the nature and context of each type of text, themes from both data sets were developed independently and then compared and contrasted. Initially, 47 potential themes were identified within the interview data, and 20 additional themes were noted in the promotional materials. After reviewing both the codes that made up each theme and the interrelationship between themes regarding the research question, these were refined to four themes

and nine sub-themes, which were grouped into several clusters of related themes to reflect their complexity and interconnectedness (Braun & Clarke, 2006) (See Appendix 4).

All data were collected and analysed in Chinese, but presented in English. Careful attention was given to the translation process to maintain the meaning and nuances of participants' narratives, ensuring that findings remained true to the participants' experiences.

Ethics and Reflexivity

Ethical considerations were paramount throughout the study. The research ethics form application was reviewed and approved by the department, ensuring that the study adhered to institutional guidelines and ethical standards. Informed consent was obtained from all participants, emphasising confidentiality and the voluntary nature of their participation. Data were anonymised, and all recordings and transcripts were securely stored. The privacy settings of Tencent Meeting application were carefully reviewed to ensure compliance with ethical standards and participants' agreements.

Reflexivity was integral to the research process, acknowledging the researcher's influence on both the process and outcomes (Lincoln et al., 2011; Braun & Clarke, 2019). My personal experience as a mother who has undergone postpartum care facilitated rapport with participants but also required careful management to ensure that interpretations remained grounded in participants' narratives rather than my own experiences. I maintained transparency about my background during the interviews and focused on eliciting participants' perspectives.

During the interviews, I emphasised critical respect and empathetic listening to foster a supportive and equitable researcher-participant relationship (Gill, 2007b). Probing questions were used to encourage participants to elaborate on their responses and reflect on their experiences, ensuring a nuanced and authentic portrayal of their perspectives.

For example, when interviewing Huimin, a participant who owned a PCC, I considered whether her descriptions of her center's benefits were genuine or overly promotional. To critically engage without being confrontational, I asked, 'It sounds like your center offers a lot of valuable services. Can you share a specific example of how these services have positively impacted a mother's postpartum experience?' This type of questions encouraged her to provide concrete examples, which helped to access the authenticity of her claims and prompting her to reflect on real-life impacts.

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Throughout the analysis, I engaged in constant process of reflection to balance empathy with critical analysis, ensuring that the participants' voices were authentically represented. This reflective process, however, presented significant challenges. As I repeatedly read through the transcriptions, there were moments when it felt as though I was in dialogue with myself. Even when my own feelings or beliefs differed from those of the participants, I was able to understand why they held their perspectives. Whether I resonated with their experiences or not, this understanding required me to engage critically not just with their narratives, but also with my own reactions and biases.

It was crucial to ensure that my analysis remained grounded in theory and not overly influenced by personal reflection. Being both empathetic and critical was essential in maintaining the integrity of the analysis. It allowed me to appreciate the complexity of the participants' experiences while also examining the underlying dynamics that shaped their perspectives. By continually reflecting on my positionality and its impact on the research, I could navigate these challenges and ensure that the participants' voices were represented with both authenticity and critical insight.

By integrating reflections on both participants' experiences and my own, this study employs a robust and nuanced methodological framework to comprehensively explore new mothers' experiences within the commercialised postpartum care landscape. The combination of in-depth interviews and promotional material analysis, supported by RTA and a strong ethical and reflexive stance, ensures that the research captures the complexity and diversity of these experiences. This methodological approach not only enhances the depth and credibility of the findings but also underscores the importance of feminist principles in giving voice to the lived realities of urban Chinese new mothers.

DISCUSSIONS AND FINDINGS

The increasing commercialisation of maternal care in China, particularly through the rise of PCCs, has introduced complex dynamics for new mothers. These centers offer a combination of luxury, professional medical care, and traditional practices, promising to empower mothers during the critical postpartum period. However, this empowerment is deeply intertwined with societal expectations, commercial pressures, and entrenched gender roles. This analysis unravels these complexities by examining the interconnected themes of empowerment, commodification, negotiation, and gender dynamics.

To effectively explore the research question, the analysis is structured around several key themes, each contributing to a nuanced understanding of motherhood in the context of PCCs in China. The thematic map (Figure 1) visually presents these themes and their relationships, serving as a structural guide for the discussion.

At the center is the 'Empowered Mother'. This theme captures the ideal of mother benefiting from the expert guidance, independent decision-making, and emotional support offered by PCCs. However, this empowerment is not without challenges. The 'Commercialised Mother' theme reflects the pressures these women face, including unrealistic standards, limited access to care, and the commodification of care. In response to these pressures, the 'Negotiating Mother' theme emerges, representing how mothers actively engage with media, reclaim their maternal identity, and critically reflect on their roles. Lastly, the 'Invisible Father' theme highlights the gender dynamics that often marginalise fathers in the postpartum period, leaving the primary responsibilities to mothers.

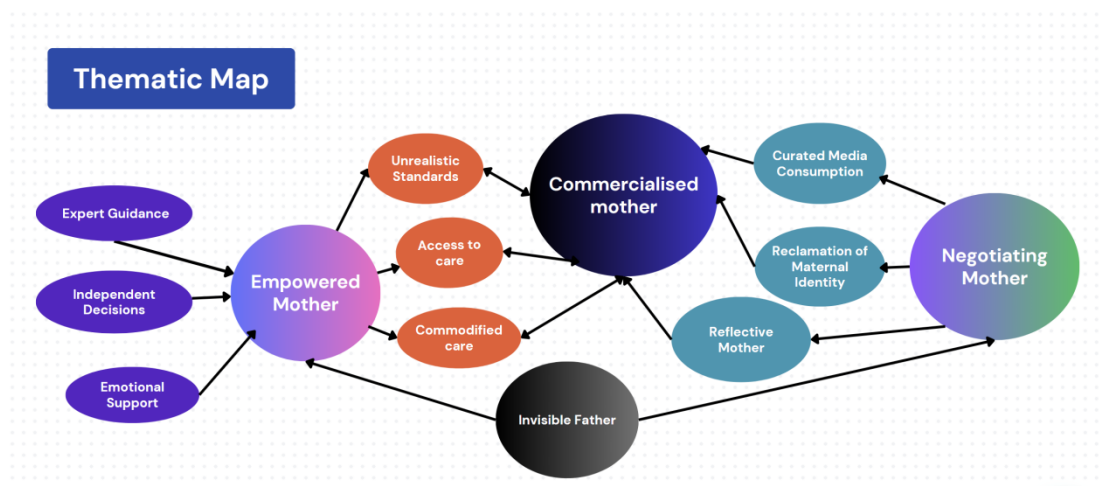


Figure 1: The Thematic Map

Unpacking Maternal Care in China: Empowerment or Commodification?

Empowerment is a central promise marketed by PCCs, positioning themselves as providers of knowledge, autonomy, and support for new mothers. However, the experiences of these mothers reveal that this empowerment is multifaceted and contradictory. While the professional services offered by PCCs provide a sense of security and autonomy, they also foster dependency and self-surveillance, reinforcing societal expectations rather than liberating women from them.

Professional Expertise: Reassurance or Anxiety?

PCCs emphasise scientific and professional expertise in achieving optimal maternal and child health. This is evident in their structured approach to care and the reassurance provided by professional care teams. For example, Clinic A highlights 24/7 professional nursing and 1v1 expert consultations as key features of their service (Figure 2). Clinic B aligns its breastfeeding support with global best practices (Figure 3), while Clinic C promotes its team of young, certified nurses with extensive hospital experience (Figure 4).



Figure 2: Clinic A (n.d.)

Why UFH PPR?

A scientific concept of postpartum care

Keep your baby healthy and safe: When your baby is most vulnerable, the United Family Healthcare medical team with 20 years of experience is always on call in the event that you need to be transferred in case of any medical emergency.

Scientific understanding of breastfeeding: Mothers need not worry about insufficient breastmilk or suffer any pain during breastfeeding initiation. The United Family Healthcare medical team will show you how to breastfeed your baby using the best methods according to international standards.

Back to fitness with all-round care: We offer a postpartum diet developed jointly by professional nutritionists and Traditional Chinese Medicine practitioners, and the rehabilitation team will tailor training plans for each mother to help them manage their weight and solve common postpartum problems.

Figure 3: Clinic B (n.d.)



Figure 4: Clinic C (n.d.)

The professionalisation of postpartum care, in contrast to traditional caregiving methods, is highly valued by mothers. Participants like Xujing, Yulan, and Huimin expressed significant reassurance from the comprehensive, medically informed services provided by PCCs.

There were doctors and nurses around, forming a complete team, so I felt relaxed, knowing nothing would go wrong. (Xujing)

They sent me an excel document including all the details of my 28 days stay. Everything was planned — postnatal rehabilitation programs, room cleaning and disinfection schedule, even daily menus. I don't have to worry about the details. (Yulan)

Although PCCs are not medical institutions, they really need to be managed by people who understand medicine to do a good job. If the postpartum recovery is done well, it's like being reborn; your body will become very healthy. (Huimin)

This preference for professional care reflects a broader societal shift towards scientifically informed motherhood (Su & Ni, 2022). As several interviewees noted, younger professionals are preferred not only for their physical capabilities but also for their up-to-date knowledge, enabling them to challenge traditional beliefs held by the older generation. Since the practices are backed by institutions, they

provide mothers with a rationale for prioritising their own well-being over traditional familial advice, without feeling guilty or judged.

Nurses sound more professional than traditional nannies to me. Many nurses in the center are in their early twenties, unmarried, but experienced in caring for babies, and very energetic. I used to think that kids are raised just by letting them cry, but I realised that with professional care, the baby doesn't cry that much. Traditional caregivers would just shake the baby, but professionals have methods to address the baby's needs. This is the big difference. (Jingyi)

My parents followed my postpartum practices and changed their methods of child-rearing. They saw the more advanced parenting techniques in the center and stopped forcing me to drink soup for milk production or follow outdated practices. (Gaolan)

However, these professional services are intertwined with a postfeminist, neoliberal framework that promotes self-surveillance and consumerism. The expertise offered by PCCs not only provides care but also reinforces specific ideals of femininity and motherhood. Promotional materials from PCCs, like those from Clinic A, emphasise this scientific and professional approach to postpartum recovery, promising not just health but also beauty, as seen in the focus on achieving 'golden body proportions' (Figure 5).



Figure 5: Clinic A (n.d.)

Experiences from participants like Zhixuan and Jiaxin illustrate how these services subtly encourage women to internalise societal expectations about their bodies post-pregnancy.

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The food at the PCC was quite good, light and flavorful. They even had some low-calorie desserts that didn't make you gain weight. Before I was pregnant, I weighed 57 kilograms, and when I finished my postpartum care, I was around 59, which is basically very close to my pre-pregnancy weight. (Zhixuan)

I even paid extra for the postpartum recovery program. Even though my tummy hasn't completely gone back to 'normal'. The program included abdominal shaping, hip shaping, and relaxation for the lower back, waist, and shoulders. They used electrode pads on specific acupuncture points, and electric currents for treatment. It was branded as a specialty of their services. (Jiaxin)

These experiences show how women perceive PCCs as essential providers of not just care, but also peace of mind, by blending professional medical expertise with personalised attention. Women are encouraged to 'invest' in their physical appearance as part of their recovery, within a framework that disciplines women's bodies and behaviors (Bartky, 1990). This aligns with McRobbie's (2009) and Gill's (2007) critiques of how media platforms and cultural narratives promote a new kind of labour—focused on the body, health, and personal success—as a form of empowerment. Yet, this empowerment is controversially tied to consumption and the internalisation of specific gender norms.

Women's reflections also illustrate the influence of PCCs in redefining traditional caregiving norms, positioning modern, evidence-based practices as a better standard.

My mother learned everything about newborn care in the center, like the correct water temperature for bathing and that infants should not be overdressed, also modern ideas of postpartum recovery, such as postpartum women can use air conditioning and eat cold foods. (Meijuan)

However, this shift also shows how clinics actively shape and define 'proper' recovery and parenting through their authoritative knowledge, often leaving little room for alternative practices, aligning with the neoliberal agenda that prioritises efficiency and expertise over communal and familial caregiving traditions (Fraser, 2022). While these services are marketed as empowering, they often place mothers in a position where their sense of competence and agency is paradoxically eroded, as they become increasingly reliant on external validation and expert advice.

I worried if I was raising my children correctly. Am I feeding him properly? Why does he have a rash here? What about the other things—what he eats, how he poops, how he sleeps? Why does my child seem a bit dark? Is his jaundice not going away? These are all sorts of small anxieties, and they are not something you necessarily notice yourself, they often came from offhand comments, making me feel self-blame. (Zhixuan)

Even though I had read many books and attended numerous classes organised by the clinic on how to change diapers and other tasks, I found that in practice, it was completely different. I felt completely incapable. Every night I cried because I couldn't do anything right and felt like a total failure. I wondered how my life turned out like this. (Xujing)

These examples reflect the dual-edged nature of professional guidance in PCCs. While it provides critical support, it also reinforces a culture of self-surveillance and unattainable standards. This creates a vacuum that is perfect for commercial solutions, where the focus on specialised, seemingly advanced techniques services reinforces the perception that their recovery is something to be managed by experts, justifying the outsourcing of care as a way to meet these expectations more effectively.

Thus, while the professionalisation of postpartum care through PCCs offers mothers with a sense of security and aligns with societal expectations, it also introduces significant challenges. The reliance on expert guidance often leads to increased self-surveillance and dependence on expert guidance, subtly shifting the focus from personal agency to compliance with prescribed norms. This shift is indicative of a broader trend where the idea of empowerment becomes entangled with consumerism, which raises important questions about how true empowerment is defined and experiences in the context of modern maternal care.

Choices and Support: Autonomy for Sale

While mothers are granted a degree of empowerment in the commercialised postpartum context, this autonomy is often framed within a consumerist paradigm, where the ability to make choices is linked to financial capacity. Within the unique cultural and economic landscape of China, this dynamic becomes even more pronounced.

A common theme among the participants is the struggle with breastfeeding and the lack of support from public hospitals and family members. PCCs, in contrast, offer not only practical help but also emotional reassurance, which is often marketed as a key benefit of their services. Fangting and Lihua's experiences reflect this contrast.

The hospital in Beijing didn't let us bring any formula. I had very little milk and we had to secretly buy formula and sneaking it in to feed the baby a sip. It was insane. When I arrived at the clinic, they prescribed me traditional

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Chinese medicine to stimulate lactation, but they also comforted me that it was alright to stop breastfeeding if I didn't want to. My child started on formula very early. (Fangting)

I had very little milk initially, and I couldn't help but cry. The nurses would come to comfort me and talk to me and they would always encourage me. The head nurse would also come to help me with the lactation. (Lihua)

These experiences illustrate how PCCs commodify emotional labour. Mothers are not only paying for physical care and expertise but also for the emotional support that comes with it. As a result, the intimate aspects of postpartum care, which are deeply personal and emotional, are transformed into transactional interactions (Hochschild, 2012).

This shift underscores a critical aspect of the commodification of care: the idea that women must solve their own problems through financial means, reinforcing neoliberal ideals and individual responsibility. By paying for emotional labour, women may feel empowered in the short term, but this model potentially diverts attention from the structural inequalities that underpin the need for such services in the first place. Instead of addressing the societal pressures and systemic issues that limit support within the family or community, the burden is shifted onto women to 'purchase' their empowerment, further entrenching the notion that care and emotional support are commodities rather than inherent familial or communal responsibilities.

In China, mothers increasingly navigate this complex landscape where their sense of agency is intertwined with the commodification of care. By leveraging their purchasing power, they exercise control over their postpartum experiences, accessing high-quality care and managing the overwhelming demands placed upon them.

I think PCC is something that can be solved with money, so I chose one with a great view of the Pearl River. The scenery made a big difference. It allowed me to feel relaxed and rejuvenated everyday. (Minru)

If I stay at home, family members would constantly tell you to eat more for milk production or that you're too thin. At the center, I had the freedom to manage my schedule and diet without interference. (Ruifang)

However, this sense of empowerment is both facilitated and constrained by the consumerist framework within which these choices are made. Many mothers acknowledge that the empowerment they feel is directly linked to their financial ability. The costs of PCCs that the participants stayed at ranged from 30,000 to 300,000 RMB (approximately 4,400 to 44,000 USD, see Appendix X), compared

to the 2023 urban per capita disposable income of 51,821 RMB (approximately \$7,640 USD) in China (NBS, 2024), making them a luxury for many. Mothers justify the high cost of PCCs by emphasising the value and benefits they receive in return, which makes the financial burden more acceptable.

The postpartum care center gave me a strong sense of security, especially psychological security. Whether it was the care they provide, their humanistic approach, or the care for the child, I was very satisfied. I didn't feel like the money was wasted at all; it was very well spent. If I had to do it again, I would stay for three months before leaving. (Xujing)

In Shenzhen, it's a bit expensive, but when I was making plans, I had already budgeted for this expense. (Jingyi)

By placing the burden of care on individual financial capabilities rather than providing universal access (Fraser, 2022), the market-driven approach to postpartum care makes high-quality care a privilege rather than a right, exacerbating inequalities (Fraser, 2022; McRobbie, 2009). Moreover, this approach can foster a mindset where all aspects of care are evaluated in terms of financial investment (Bauman, 2007), significantly influencing mothers' perceptions of their roles and responsibilities.

A Multi-dimensional Change: The Reimagining of Family Roles

This dynamic is particularly intriguing within the Chinese context, where Confucian values emphasise familial duty, filial piety, and collective well-being (Ikels, 2004; Park & Chesla, 2007). Traditionally, these values promoted non-market forms of care and responsibility within the family, where caregiving was a shared responsibility in familial and communal relationships. However, the rise of market logic, influenced by neoliberal ideologies, has transformed these practices into financial transactions, where support is often equated with monetary contributions rather than direct caregiving (Ong, 2006).

On one hand, the decision to use PCCs reflects a desire of mother to reduce the emotional burdens of dealing with family dynamics, particularly when they wish to avoid interactions with in-laws or other relatives. In this sense, commodification serves as a tool for women to navigate and manage the emotional complexities of family life. Yulan shared her experiences:

Relatives would think it's natural to visit you, but it's a formal matter to visit if you're staying in a PCC. Neither my parents nor in-laws dared to visit me during my stay because I chose one far away from them and I preferred to handle everything myself. (Yulan)

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On the other hand, this commodification reinforces traditional gender roles by positioning women as the primary recipients and managers of this outsourced care. This reinforces the societal expectation that caregiving is inherently a woman's responsibility. The act of outsourcing care to professionals does not challenge this expectation; instead, it allows for a continuation of these roles within a commercial framework. This is evident in the experiences of mothers like Meijuan and Qingwen, who highlight the growing interplay of postpartum care services and traditional familial roles and expectations.

My mother-in-law, who isn't in good health and can't help me much with the baby, gave me a reward of 100,000 RMB for giving birth and also booked the PCC for me. Nowadays, the elders either spend money or participate in helping the child-rearing. (Meijuan)

My husband's thinking was very practical, 'Since you're doing the postpartum period, let's do it properly at a PCC so that you won't have any grudges for the rest of your life.' He believes that spending money can prevent future problems, adopting the mindset of 'spending money to avoid disaster' . (Lihua)

This trend reflects a broader societal pattern where women's labour, particularly within the household, is often undervalued until it is outsourced. By placing a price tag on caregiving, the commodification process paradoxically both highlights the importance of this labour and reinforces the gendered expectation that such work remains primarily a woman's responsibility.

In the Chinese context, the market-driven approach to postpartum care introduces a new layer of meaning to traditional roles, where financial transactions are now part of how families fulfill their obligations. This shift complicates the notion of empowerment, as mothers are both liberated from some burdens of care and constrained by the gendered expectations that continue to shape their roles within the family.

This dual process, where empowerment and constraint coexist, not only affects the mothers but also influences the roles of other family members, particularly fathers. The focus on mothers as primary caregivers in PCCs further marginalises fathers, reinforcing traditional gender divisions in the family structure.

The Invisible Father: Reinforcing Gender Roles through Care Commodification

Xujing remembered that she initially booked a basic package with a PCC in Beijing with one bedroom and one living room, but her husband upgraded the package to avoid disturbances during his sleep.

The nurses and the baby stayed in the living room and the nurses would bring my daughter in for feeding at night. After a few days, my husband felt it was disturbing his sleep, so he upgraded to a two-bedroom apartment, with him sleeping in the other room. I could hardly tell who was actually 'doing the month' . (Xujing)

As postpartum care services in China become increasingly commodified, traditional gender roles are further entrenched, particularly marginalising fathers from active participation in postpartum period and child-rearing. The expectation that men contribute financially while women handle direct caregiving is reinforced. The decision made by Xujing's husband underscores his detachment from the caregiving process and reinforces the notion that child-rearing is primarily the mother's responsibility.

Promotional materials from PCCs also contribute to this dynamic by predominantly featuring mothers and babies, further reinforcing fathers' peripheral role (Figures 6 and 7). When families are mentioned (Figure 8), the focus is on the convenience provided by the clinic, appealing to husbands who support their wives without direct involvement in caregiving.

24H 1V1 ROUND THE CLOCK CARE
24小时1v1全天候照护

持证护士+资深母婴护理师专属一对一护理

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提供专业乳房护理
每日乳房健康评估
乳房日常护理及宣导
个性化母乳喂养方案
正确母乳喂养姿势指导
IBCLC国际认证泌乳顾问服务

「成为母亲」系列讲座
Becoming a Mother Lecture Series

早早教课堂
亲子互动课程
新生儿常见护理问题

母乳喂养课程
月子常见问题

Figure 6 : Clinic A (n.d.)

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2019年4月24日，中国妇幼保健协会正式授予北京和睦家康复医院“产后康复培训基地”的称号。作为和睦家设立的第一个产后康复中心，北京和睦家康复医院有着严格的质量安全体系，确保医院的质量安全。全面呵护母婴健康，助力中国妇幼保健事业的发展。随着二胎政策全面放开，新生人口及高龄产妇增加，加上中国家庭消费升级，女性对生育及产后高品质服务的需求也在持续增加。



以2018年为例，有超过一半的在院患者为产后康复人群。根据出院患者在院天数统计显示，产后康复占比超1/2，显示出产后康复患者对医疗服务的高认可度，也从侧面印证了中国妈妈在产后康复方面持续增长的医疗需求。科学的产后康复需要正确的康复理念和医疗手段的介入。和睦家医疗致力于为中国妈妈提供符合国际标准的高质量、安全的产前、产中、产后连续性医疗服务。

患者如何受益

和睦家医疗专注临床改进，产后康复与传统坐月子关注的重点不同，致力于从根本上改善女性盆腔分离、耻骨联合分离、盆底肌功能障碍、产后疼痛等问题，而且针对产后抑郁、乳腺不畅（乳腺炎）、脂肪堆积、产后便秘等其他常见问题，也提供专业的产前、产中、产后连续性医疗服务。



和睦家产后康复项目即将走入第五年，我们将一如既往地提供符合国际标准高质量康复医疗服务，通过多学科协作的康复服务模式，助力每一位妈妈新生绽放，带给中国产后妈妈更多的爱。

Figure 7: Clinic B (n.d.)



BEST LOVE FOR NEWBORNS

定制你的奢享月子生活

满足不同家庭所需



康复套餐
满足月子休养刚需
舒适享受月子假期



专业套餐
专业护理 呵宠加乘
气血调养 美丽出宫



特级套餐
宝宝专护团队
24小时1V1护理
体质调养 气质出宫



尊享套餐
豪华环境 尊享设施
尊享定制调养计划
陪产到返家一站式尊享服务

Figure 8: Clinic C (n.d.)

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The minimal involvement of fathers, coupled with the commodification of care, underscores systemic inequalities that place the burden of caregiving primarily on women. In China, where Confucian values and state-led cultural mobilisation reinforce traditional gender roles, this burden is exacerbated. Lihua's experience illustrates the emotional and physical toll these dual responsibilities impose on women.

My husband is very busy with work and is basically absent, especially during the newborn stage. I handle all the feeding, diaper changing, and sleeping. I'm also a working mom, and I take care of the baby at night. It's hard; my emotions are unstable due to lack of sleep and loneliness. My mom and husband often say, 'We've always followed your instructions, why are you still complaining?' They don't know only asking is tiresome.
(Lihua)

Lihua's experience highlights the deep-seated expectation that women are the primary caregivers, even when they are also working mothers. Bartky's (1990) theory of internalised societal norms is crucial for understanding why women like Lihua might continue to bear such a heavy burden. Societal expectations are internalised by women, leading them to conform to traditional caregiving roles, even at the expense of their own well-being.

Jingyi's perspective adds another layer to this discussion by highlighting how societal norms can influence conscious decisions.

Someone has to sacrifice and stay home. I naturally feel it should be me. It's not that I subjectively think women should take on this role, but because I don't want a dynamic where the woman is strong and the man is weak. I can accept families where the man is the main caregiver and the woman works outside; but I know this model won't work for us. (Jingyi)

Jingyi's statement reveals the complexities of agency within a constrained environment. Her decision is influenced by the societal framework that equates male economic productivity with strength and female caregiving with weakness. Fraser (2022) argues that the systemic discrimination towards reproduction is rooted in a societal philosophy that values economic productivity over caregiving. This ideology systematically excludes men from active child-rearing, reinforcing traditional gender roles within both familial and institutional contexts.

Further complicating this picture are the reflections of Huimin, which not only showcase how the societal discrimination around reproductive roles impacts women, but also highlight the challenges

posed by a neoliberal feminist discourse that equates empowerment with individual achievement and market participation (Gill, 2007).

I'm the type of person who can't be a full-time housewife. Since giving birth to my third child and finishing my postpartum period, I started working, managing the centre, and I've been busy ever since. But I'm fulfilled, although tired, very fulfilled, and internally strong. (Huimin)

Lihua further critiques this systemic discrimination, emphasising the societal gap in understanding and supporting the dual roles of mothers.

I think Chinese women are quite miserable. Many people think being a mom is what women should do, or something like that. Actually, society's understanding of this aspect is still insufficient, including fathers. My husband used to think that as a man, he should work outside and as a woman, I should take care of the child. But that's not the case. Self-fulfillment and parenting are very conflicting. This isn't just for women, it's the same for men and women. (Lihua)

Her insights echo Fraser's (1997, 2022) argument that true empowerment requires both the redistribution of resources and the recognition of care work as equally valuable. However, the commodification of care in China often reinforces traditional gender roles rather than challenging them. This system continues to place the emotional and physical burden primarily on women, reflecting broader societal dynamics deeply rooted in capitalist and Confucian ideologies and state-led strategies, which continue to shape family structures and gender expectations in contemporary China.

However, as we have explored, women navigate these challenges in complex ways, negotiating their sense of empowerment within the constraints of societal expectations. The key question that emerges is how do women negotiate these ideals in practice?

Negotiating Mothers: Perceptions of Agency and Empowerment

In navigating the commercialised postpartum care environment, mothers demonstrate a nuanced agency. They selectively engage with media, reflect on traditional gender roles, and strive to reconcile their experiences with societal expectations. However, this sense of empowerment is multifaceted, as it involves both moments of agency and underlying tensions, even when they can afford premium care.

Selective Media Engagement: Crafting a Postpartum Narrative

Mothers exhibit agency by critically engaging with media and advertisements related to postpartum care. Their selective interaction with these messages reflects a desire to control their postpartum experience while managing the pressures from commercial and cultural narratives.

For instance, Ruifang and Meijuan actively avoid certain advertisements, resisting the manipulative tactics they perceive in commodified endorsements.

I don't like hard sell, or making you anxious just for selling you something. (Ruifang)

Honestly, I didn't pay much attention to their advertisements; the stuff on Xiaohongshu (a popular Chinese social media platform) isn't very credible. Someone I know was paid to promote a clinic even though she didn't stay in it at all. (Meijuan)

Others, like Xujing, navigate these media messages more strategically, turning to trusted sources such as peer groups.

I was attracted by Clinic A because of their branded service as luxury. However, after visiting, I realised their idea was too vanguard for me. So, I turned to the WeChat chat group created by the hospital where I delivered. The mothers in the group, having had second or third children, offered very constructive advice. (Xujing)

Yet, the anxiety from needing to make the 'right' decisions in the middle of external advice, societal expectations, and commercial pressures reveals that the process of negotiating their roles is not entirely empowering and comes with its own emotional burdens.

Do you ever feel like our parents and in-laws urge us to read parenting books? I resist it; I don't want to read those books. I also avoid Xiaohongshu because its recommendations make me anxious. (Jiaxin)

The more I browse, the more anxious I get. Sometimes I just stop browsing, I also dislike joining some mom chat groups. I feel anxious once I read the conversation, like how much weight my child gained today or something. I just don't want to know those numbers. (Qingwen)

For Yulan, media-induced anxiety is paradoxically both a source of stress and a motivator.

Creating anxiety, indeed. But I don't think it's entirely negative... It instills ideas in you while creating problems. Without solving these problems, it would be hard to gain a sense of accomplishment from the process.

Am I being contradictory myself? (Yulan) anxiety, that's true. But if it doesn't create this anxiety, you wouldn't be motivated to solve these

This understanding aligns with the notion that media messages are actively interpreted by audiences based on their unique contexts (Hall, 1990; Livingstone, 1998). However, in Yulan's case, she negotiates her agency within the frameworks set by societal expectations rather than against them. Her sense of accomplishment is deeply intertwined with the same media-induced pressures she seeks to manage, suggesting that this agency is shaped and constrained by these external forces.

Navigating Dual Identities: Consumer Choices as Subtle Resistance

In this complex interplay, mothers in China balance dual roles of consumers and citizens. While their actions often align with neoliberal ideals, they can also reflect a subtle resistance or an effort to protect their well-being within a system that frequently prioritises state-driven narratives over individual needs.

By choosing high-quality postpartum care services, mothers are not merely embracing consumerism but are also asserting their need for recognition and better treatment. Lihua's contrasts her traumatic public hospitals experience with the care she received in a PCC:

I spent 80,000 RMB (approximately 12000 USD) in the PCC. In Beijing, the cost isn't considered high; it's generally around a hundred thousand RMB. And if you give birth in a private hospital, another hundred thousand. Otherwise, you go to a public hospital. But public hospitals, you know, the trauma I experienced during childbirth, I will never get over it in my life. I went in to give birth alone. After giving birth, I didn't see my family, not until I was discharged. It was extremely inhumane. In a PCC, for example, they are very attentive and treat you like a customer who is a god. They are very meticulous and considerate, which makes you feel cared for, and that is very important. (Lihua)

Similarly, Jiaxin and Zhixuan reflect on how PCCs address emotional needs that are often overlooked.

They have a slogan, 'Who isn't a baby as well?' It seems to suggest that even though a woman's identity changes to that of a mother after giving birth, deep down, she might still feel like she's a baby herself, someone who needs to be cared for. (Jiaxin)

I feel that what they provided was more of an emotional comfort. It's like they help you step back and take care of yourself, so you don't feel like a withered flower, like a broken body. Here, it feels like someone is taking care of you, nurturing you. (Zhixuan)

Zhixuan's self-perception as 'a withered flower' likely stems from the societal pressure to maintain physical appearance and vitality, even after childbirth. Jiaxin's identification with the idea of still being "a baby" after becoming a mother underscores the infantilisation of women in society, reflecting a possible loss of agency, where she feels overwhelmed and in need of care, mirroring the dependency society often imposes on women.

The decisions of mothers like Jiaxin, Zhixuan, and Lihua to invest in PCCs reveal a nuanced form of agency deeply intertwined with the societal expectations they navigate daily. Butler's theory of performativity (1990) provides a critical lens for understanding this complexity. The mothers' decisions to invest in PCCs can be seen as performances that align with societal expectations of femininity and motherhood, participating in the enactment of the idealised roles society prescribes for them. However, by choosing to prioritise their own needs, these women quietly subvert the expectation that mothers should be entirely self-sacrificing and solely focused on their child's needs (Hays, 1998).

The agency these mothers exhibit is thus performative in nature: it is both a response to and a negotiation with the societal norms that surround them. Their choices to invest in PCCs are acts that both reinforce and reconfigure the expectations placed upon them as mothers. In Butler's terms, their identities as mothers are not fixed but are continuously constituted through these performances, which are informed by but not entirely constrained by societal norms.

Critical Self-reflection: Challenging Norms from Within

Motherhood often brings heightened awareness of the societal norms that shape women's lives. Feminist theories emphasise the importance of critical self-reflection in recognising and challenging the constraints on women's agency (Bartky, 1990). This reflection allows women to not only understand their roles within the existing power structures but also to question and resist these roles. However, this process of self-reflection often reveals the complex interplay between individual agency and the broader systemic forces that perpetuate gender inequality.

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Shiyu's recognition that the exploitation of women's labor is a systemic issue reflects a critical understanding of the broader structures at play. However, her actions, which are primarily focused on negotiating a more equitable distribution of labor within her immediate environment, also reveal the limitations of individual agency in achieving broader societal change.

After becoming a mother, I realised the societal debt towards women is enormous. My perspective on gender equality changed dramatically. It's not just about financial equality; it's about recognising the disproportionate burden on women. The exploitation women face cannot be smoothed over by simple monetary or emotional value. I feel my husband owes me for the physical toll and sleepless nights. So I can only first to make my husband aware that we are not equal, that I am doing more, and second to get him more involved in childcare. (Shiyu)

Meijuan and Lihua add complexity to this narrative by highlighting the role of external social structures, such as workplaces, family expectations, and public support systems, in perpetuating gender inequalities. These women recognise that their struggles are not just personal but are deeply embedded in a societal framework.

Although I enjoy a relaxed job and a happy family, I know that the workplace is still not friendly to women. There's a wage gap, and men are often paid more for the same work. (Meijuan)

In China, due to the lack of social functions, you have to rely on the entire family to maintain the operation of the family. Because of the absence of social services, social functions, and public facilities, for instance, your parents and parents-in-law have to step in to fill the gap. Many aspects of this are actually quite unhealthy (Lihua).

These reflections underscore the limitations of critical self-reflection when it is not coupled with broader, systemic change. While questioning and resisting societal norms is crucial, it must be accompanied by collective efforts to address the structural forces that continue to reinforce gender inequality. The insights provided by these women reveal that while personal agency is vital, it alone is insufficient to dismantle the deep-rooted societal structures that shape their lives.

CONCLUSION

This study explores how PCCs in China influence maternal experiences and gender dynamics, focusing on themes of empowerment, agency, and the commodification of care. The findings reveal

a complex landscape where empowerment and dependency coexist, showing how mothers navigate the evolving dynamics of commercialised care environment, with their agency often constrained by societal pressures.

PCCs, rooted in a neoliberal framework, offer a mix of empowerment and constraint. They offer security, professional guidance, and autonomy, yet also perpetuate high standards, continuous self-surveillance, and dependency on external expertise. This highlights the conditional nature of empowerment in a commercialised context, where it is closely tied to economic capacity.

These clinics commodify not just physical care but also emotional labor, transforming intimate aspects of postpartum care into transactions. This commodification alters traditional family dynamics, outsourcing emotional support and caregiving to professionals. While this can alleviate immediate burdens, it also reinforces the idea that caregiving is a service to be bought and is primarily a women's responsibility.

The study also underscores how PCCs reinforce traditional gender roles by marginalising fathers in caregiving responsibilities. By focusing on mothers as the primary caregivers and minimising fathers' involvement, these clinics contribute to the persistence of gendered labor divisions within the family. This dynamic aligns with feminist critiques that market-based solutions often reinforce existing societal inequalities rather than challenge them.

Urban Chinese new mothers navigate this landscape with fluid and multifaceted agency. They engage selectively with media, leverage their financial resources, and critically reflect on their roles, constantly negotiating between conformity and resistance. However, this negotiation often occurs within the confines of systemic and structural constraints, highlighting the limits of personal agency without broader societal change.

As a researcher and a mother, I see my struggles reflected in the experiences of the women throughout this study. Many of us, raised as only children, were encouraged to develop our own identities and think independently, believing we could challenge traditional gender roles. But motherhood brings these traditional concepts and societal expectations to the forefront, making us realise how deeply ingrained they are. As Jingyi noted, these once distant ideas suddenly become personal and overwhelming after having a child.

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Especially after having a child, I began to be bound by some inexplicable traditional concepts. It's not that someone suddenly started talking in your ear, but those traditional concepts you've heard for over 30 years, which were said about others, suddenly all... the arrows all turned to you and attacked you madly. (Jingyi)

Despite achieving what we thought was empowerment by outsourcing care, many of us still feel confused. This realisation underscores that without social consensus and institutional reform, empowerment will always be limited. As Xujing put it,

I am fortunate, but not happy. (Xujing)

The challenges facing women in China today are unprecedented: intensive motherhood, balancing of careers and family life under the three-child policy, and the declining birthrate. Together, they reflect a broader societal crisis. The pressure on women to bear the burden of these issues often leads to cultural conflicts between generations, masking deeper structural problems. It is easy to blame women for choosing not to have children or for prioritising their careers, but this obscures the real societal issues at play. Without addressing these structural factors, empowerment will remain superficial, and commercial solutions will prove inadequate.

The insights from this study point to several key areas for future research. To better understand the long-term implications of commodified care, it is essential to explore how these practices influence family dynamics and gender roles over time, particularly as children grow and as societal expectations evolve. Additionally, examining the experiences of fathers within this commercialised care environment is also important. Investigating how their marginalisation impacts both their roles and the broader family structure will provide a more comprehensive understanding of the gender dynamics at play.

Finally, given the limitations of personal agency within a commercial context, it is crucial to explore how systemic changes, such as policy reforms and societal shifts in gender norms, could better support true empowerment for women and all parents through engaging with the lived experiences of a broader demographic. Addressing these questions is key to creating sustainable and equitable solutions for modern parenthood in China.

In conclusion, while PCCs provide new mothers with immediate relief and a sense of empowerment, these benefits are intertwined with a commercial framework that can reinforce existing inequalities.

The commodification of care and emotional labor, coupled with the reinforcement of traditional gender roles, suggests that true empowerment requires systemic change that goes beyond individual agency and highlights the need for collective efforts to address the structural forces that shape maternal experiences and gender dynamics in contemporary China.

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APPENDICE

Appendix A: Demographic Features of Participants

Participant	Age	Occupation	City	Age of Child(ren)	Familial Annual Income	Spending in PCCs
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Lihua	35	Media	Beijing	3 years	700,000 RMB	120,000 RMB
Fangting	36	Media	Beijing	1 year	700,000 RMB	84,000 RMB
Yulan	36	Stay-at-home	Beijing	1 year	1.5 million RMB	150,000 RMB
Jingyi	36	Self-employed	Shenzhen	2 years	600,000 RMB	70,000 RMB
Qingwen	31	Academic Supporting Staff	Changsha	5 years, Newborn	250,000 RMB	40,000 RMB
Zhixuan	37	Professor	Beijing	6 months (Twins)	400,000 - 500,000 RMB	100,000 RMB
Minru	37	Legal Representative	Guangzhou	2.5 years	120,000 RMB	30,000 RMB
Ruifang	35	Professor	Zhanjiang	4 years, 6 months	450,000 RMB	30,000 RMB
Jiixin	27	Stay-at-home	Hefei	1 month	600,000/400,000 RMB	50,000 RMB
Shiyu	28	Insurance Broker	Changsha	2.8 years	250,000 RMB	55,000 RMB
Huimin	40	Business Owner	Changsha	10, 4.5, 3, 1.5 years		
Meijuan	24	Marketing department, Listed Company	Changsha	11 months	200,000 RMB	30,000 RMB
Gaolan	37	Company CEO	Beijing	7 years, 2 years	<1/10 of income	300,000/250,000 RMB
Xujing	34	Stay-at-home	Beijing	3 years	Unknown	300,000 RMB

Appendix B: Interview Guide

Introduction

Early Motherhood Experiences

Can you tell me a bit about your journey to becoming a mother? Did you want a baby? Why?

What is your story of delivering? How can you describe your experience of childbirth?

What are the best aspects of the labour and birth from your point of view? And the worst?

How much do you think you knew about looking for babies before you gave birth?

Experiences of postpartum recovery

How did you make up your mind to choose to stay in a centre? Why the centre you stayed not other choices? What has influenced your decision?

Describe a day in the centre, what is the most satisfactory part and least one? Would you recommend it to other mother-to-be? Why?

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Overall, how would you say this experience and choice impact your thoughts and feelings about motherhood?

Conceptualizing "Good Mothering" during the early motherhood

In your own words, what does "good mothering" mean to you?

Can you describe a time when you felt like you were doing a great job as a mother? What made you feel that way?

Conversely, have you ever felt like you weren't meeting your own expectations of motherhood? Can you tell me about that?

How much difference do you think having a baby has made to your life?

Since you became a mother, have your views about the position of women changed at all?

Appendix C: Thematic Analysis Grid

Themes	Sub-Themes	Description	Extracts Example
Empowered Mother	Expert Guidance	The trust and reliance on professional medical care in postpartum clinics.	Although PCCs are not medical institutions, they need to be managed by people who understand medicine. (Huimin)
	Independent Decisions	Making informed choices based on personal needs and preferences without external pressure.	I was attracted by Clinic A for its luxury services, but I realized it was too avant-garde for me. (Xujing)
	Emotional Support	Seeking and receiving emotional and mental support to navigate the postpartum period.	The center provided a strong sense of psychological security. (Xujing)
Commercialised Mother	Unrealistic Standards	High and often unattainable expectations placed on mothers regarding their roles and responsibilities.	Social media makes me feel inadequate as a mother when I see others seemingly perfect postpartum experiences. (Shiyu)
	Access to Care	The ability to afford premium postpartum care services, reflecting socioeconomic disparities.	In Beijing, the cost isn't considered high; it's generally around a hundred thousand RMB. (Lihua)
	Commodified Care	Utilizing purchasing power to manage and	I paid extra for the postpartum recovery program. (Jiixin)

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		<i>improve postpartum experiences, highlighting economic inequalities.</i>	
<i>Negotiating Mother</i>	<i>Curated Media Consumption</i>	<i>Selectively engaging with media to avoid anxiety and make informed decisions.</i>	<i>I didn't pay much attention to advertisements; Xiaohongshu isn't very credible. (Meijuan)</i>
	<i>Reclaiming Maternal Identity</i>	<i>Using financial and social resources to exert control over their postpartum experiences.</i>	<i>Choosing high-quality services is about asserting the need for recognition and better treatment. (Ruifang)</i>
	<i>Reflective Mother</i>	<i>Reflecting on motherhood and gender inequality, recognizing limitations and seeking to redefine their roles.</i>	<i>Parenting and self-fulfillment often conflict, not just for women but for men as well. (Lihua)</i>
<i>Invisible Father</i>		<i>Highlighting the minimal participation of fathers in postpartum care and child-rearing.</i>	<i>My husband felt it was disturbing his sleep, so he upgraded to a two-bedroom apartment. (Xujing)</i>