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### "Doing the Month": Exploring Chinese Culture

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### Abstract

Cultural values and practices significantly affect patient care and education. Every effort must be made on the healthcare works part, especially nurses, to understand and integrate cultural customs into their interventions and teachings. The majority of Chinese women practice a tradition called "doing the month" after childbirth. They spend a month on best-rest, isolated in their homes from the public, and are expected to perform ancestral rituals such as diet restrictions and abstaining from bathing. This paper reviews three articles on the topic, including a classic article, and determined that social and industrial advances have changed the manner in which the rituals are performed. However, the rationales behind the cultural practice have for the most part remained the same. Therefore, cultural competency must be achieved by nurses in order to facilitate improved communication and interventions with Chinese women in their early postpartum period.

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### Abstract

Cultural values and practices significantly affect patient care and education. Every effort must be made on the healthcare workers part, especially nurses, to understand and integrate cultural customs into their interventions and teachings. The majority of Chinese women practice a tradition called “doing the month” after childbirth. They spend a month on bed-rest, isolated in their homes from the public, and are expected to perform ancestral rituals such as diet restrictions and abstaining from bathing. This paper reviews three articles on the topic, including a classic article, and determined that social and industrial advances have changed the manner in which the rituals are performed. However, the rationales behind the cultural practice have for the most part remained the same. Therefore, cultural competency must be achieved by nurses in order to facilitate improved communication and interventions with Chinese women in their early postpartum period.

#### Identification of the Cultural Issue

Cultural groups share the same beliefs and values traditionally passed down from generation to generation (Murray & McKinney, 2006). These cultural beliefs and values significantly influence the attitudes, choices and actions of the group. Typically, cultural values are integrated into almost every aspect of living and therefore must be considered when treating patients in order to respect diversity and avoid conflicts.

For over 2000 years, Chinese women have practiced “doing the month,” in which they spend a month after childbirth convalescing in bed, forbidden to leave their home and must accomplish various rituals regardless of contradictory instructions from their provider (Chien, Tai, Ko, Huang & Sheu, 2006). These new mothers are taken care of by family, especially in-laws. Many of the “doing the month” rituals have been disproved by science and common sense. Yet, Chinese women presently still follow these ancestral rituals because they are a significant part of their culture, following the same traditional Chinese principles that guide everyday life (Holroyd, Twinn & Yim, 2004). These women were raised to believe in certain cultural values and for them to not perform these cultural practices would bring societal shame on their family and dire consequences for their future health.

Healthcare providers, including nurses, are often either uninformed or misguided about specific cultural practices related to maternal health and the childbearing family as a whole. Nurses frequently push their beliefs onto their patients or blindly assume they will adhere to westernized thinking and practices. Consequently, they alienate their patients and fail to protect them from harm. The early postpartum period is a particularly delicate time when both mother and infant are learning about each other and dealing with changes in their lives (Murray & McKinney, 2006). Therefore, nurses should acknowledge and educate themselves with evidence-based data about the “doing the month” ritual Chinese patients perform in order to appropriately counsel and educate the patient before hospital discharge.

#### Literature Review

Considered the original classic article on “doing the month,” Pillsbury (1978) has been cited in every study thereafter done on the subject. In 1978, Pillsbury collected data from interviews conducted in Mandarin Chinese with Chinese and Chinese-American women, herbalists and physicians in Taiwan and the People’s Republic of China. Through her interviews, she discovered twelve rules and their respective rationales. Overall,

she found three recurring themes: avoid contact with the cold (wind and water) and activity as they can cause disease, avoid disrespecting the gods and future misfortune by staying at home and keeping visitors away, and avoid “cold” foods and eat plenty of “hot” foods for a healthy recovery. Traditional Chinese medicine supports “doing the month” as its rituals adhere to the important Chinese principle of balancing yin and yang. According to Chinese herbalists, pregnancy and childbirth leave women in an imbalanced state of having too much “yin” (cold). Therefore, dietary restrictions advocated by “doing the month” sensibly advise the new mothers to avoid “cold” foods and replenish their bodies with “hot” foods. Moreover, it is believed that the innate nature of foods influence blood circulation; too much “cold” food causes poorly circulating thick blood and vice versa. American physicians notably were perplexed by “doing the month,” as they did not know much about the tradition while Chinese physicians either abhorred the practice or conceded that particular rituals used in this practice were scientifically supported.

Pillsbury’s results emphasize the importance of learning and understanding the Chinese culture of the “doing the month” period, as she found that Chinese and Chinese-American women hospitalized for childbirth covertly went against their healthcare providers’ instructions by pretending to eat and drink the “cold” foods given to them as well as pretending to shower. More than likely, these women resorted to subterfuge as they did not feel safe in confiding their cultural practices to ignorant nurses and feared judgment. Nurses need to present an unbiased front to the patient and be open to different cultural beliefs. They need to understand that these practices, which may seem strange, are highly valued in the Chinese culture primarily as a preventative measure for future ailments, and secondarily as curative therapy. Throughout the article, Pillsbury presented three different perspectives on the subject through her interviews with Chinese and Chinese-American women, herbalists and physicians in Taiwan and the People’s Republic of China, which greatly

increases the understanding of her readers and helps healthcare staff realize their faults and areas that need changing in their practice.

Holroyd, Twinn, and Yim (2004) administered 100 telephone interviews with predominantly middle and upper class older Chinese women in two Hong Kong hospitals. The study aimed to ascertain the cultural beliefs these women associated with “doing the month” and to determine the impact of Westernization on the cultural practice. Results indicated that Chinese women still adhere to food restrictions related to the balance of hot and cold as well as the absence of hair and body washing.

Holroyd et al. (2004) found various reasons why modern Chinese women despite high levels of education and contrary scientific evidence continued to practice these rituals. These women viewed the tradition of “doing the month” as comforting in the changing times and strengthened their family ties. Moreover, it helped them express and develop their cultural beliefs. However, Holroyd et al. also found that some women of the younger generations were either pulling away from or modifying these Chinese customs because of its impracticality and burden (2004). As many women currently choose to practice “doing the month,” healthcare professionals must continually educate themselves about the subject in order to provide the best care possible in accordance with Chinese culture. Furthermore, these women may be willing to modify their customs for the sake of practicality and improved health as long as the principles behind the Chinese customs are preserved and respected.

Although Holroyd et al. thoroughly explored the rationales behind Chinese women’s continued performance of “doing the month,” their sample of mostly wealthy women diminishes the validity and generalizability of the study’s results as wealthier women have more resources to help them practice these rituals such as hiring a nurse to help them during the month. Additionally, these researchers recruited their participants from antenatal classes in the hospitals and therefore may

not represent the general population in Hong Kong.

Cheung, Mander, Cheng, Chen, Yang, Qian, and Qian (2006) noted an increased use of "doing the month" while studying the reasoning behind increased rates of Caesarean in China. Therefore, Cheung et al. decided to use their data from their primary study collected from interviews with 52 Chinese women and their 51 healthcare workers to address this new development and how industrialization has changed this custom (2006). According to the study's results, "doing the month" has crossed over from a private affair into public trade because of the society's move to urban cities and away from familial support. However, Cheung et al. believe that "doing the month" tradition has resurfaced in contemporary China instead of considering the possibility that the tradition has continually been practiced, but has now been recognized publicly because of its new marketing for profit (2006). Recently, profits are being made by "doing the month" hospitals and *yuesao*, a home nurse who provides services mainly to wealthy families. The commercialization of this ancient Chinese cultural practice has occurred in tandem with the Chinese's government's move towards creating a modern nation that discourages homebirths and diminishes free health care. On the other hand, the industrialization of China could have increased the incidence of "doing the month" tradition as Chinese women and their families struggle to connect to their roots and find their cultural identity in a changing world. Therefore, nurses should make every effort to help these families with their cultural practices. Furthermore, Cheung et al. helpfully compares "doing the month" tradition to other nations' similar practices like postpartum doulas in North America to help their readers understand the culture better and to normalize its occurrence (2006).

#### Implications for nursing care

Regardless of location, the Chinese tradition of "doing the month" significantly affects patient care after childbirth. Nurses must stay open and unbiased to patient preferences in order

to enhance patient communication. Nurses should inquire about and welcome their patients' personal beliefs from the beginning in order to better incorporate these beliefs into their patients' care in every way possible. They should also research their patient's cultural practices before conducting patient education, as having a good knowledge base on the subject will help both patient and nurse integrate culture and scientific thought sans conflict. Staying ignorant of "doing the month" rituals will only hurt the patient's care further as they will disregard teachings and interventions they do not believe in. For instance, although it is unhygienic for Chinese women to refuse to bathe during the month, nurses should work with their patients to modify the ritual in a way that is acceptable to both parties. One way is to have them only abstain from bathing for the first 12 days after childbirth, as research shows that Chinese women consider this early postpartum period crucial. Nurses should also educate their patients about the importance of bathing and cleanliness during the postpartum period, as the lack of bathing increases the risk of infection, especially if they have a Caesarian incision. Their patients should also be further advised about the signs and symptoms of infection and to notify the nursing staff if these signs and symptoms are present. Diets can also be modified to include nutrients the mother and infant need while keeping the Chinese principle of yin and yang balance. Moreover, nurses should assess the patient's situation at home once discharged to ensure that their patient will have enough help and support from her spouse or partner, and their family members. If the patient lacks familial support, it is the responsibility of the nurse to work with the patient and other staff members such as social workers in order to resolve the situation and find the patient the help and resources she needs, while acknowledging her cultural beliefs. It is important that nurses understand that "doing the month" rituals are deeply ingrained in the Chinese culture and important to the Chinese woman because of her belief in its preventative and curative properties. Thus, nurses must show respect for cultural heritage and support for the

new mothers in this vulnerable time after childbirth while promoting optimal health for the mother and baby.

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