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SELF-CARE ACTIVITIES OF CHINESE PUERPERAL WOMEN

by

Zxy-Yann Lu

A Thesis Submitted to the Faculty of the

COLLEGE OF NURSING

In Partial Fulfillment of the Requirements
For the Degree of

MASTER OF SCIENCE

In the Graduate College

THE UNIVERSITY OF ARIZONA

1984

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This thesis has been approved on the date shown below:

Lois E. Prosser
Associate Professor of Nursing

Date
Dedicated to Dad and Mom
who have always enlightened my life with
their love and endless support.
Dedicated to the great mothers in the world.
ACKNOWLEDGEMENTS

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ABSTRACT

This ethnographic study was designed to identify and describe knowledge and beliefs that Chinese puerperal women utilized in caring for themselves in a health and healing situation. The informants were five postpartum women between the ages of twenty-four to thirty-three. Three to four one hour interviews were conducted in the homes of new mothers in Taiwan. Data was tape recorded, transcribed, and analyzed.

Analysis suggested that there is a specific cultural scene for Chinese puerperal women which is named "doing the month." For instance, "Pu" should be eaten starting 7 days after the childbirth. Water should not be drunk. "Doing the month" activities prevent illness in the future. Two themes identified are (1) acquiring the status (2) prevention is better than cure.

Recommendations included investigation of Chinese puerperal women's view of their new roles in the family, their view of childbirth in a hospital setting, and how they view "doing the month" center, a relatively new business in Taiwan.
CHAPTER I

INTRODUCTION

Cross-cultural nursing becomes an important concept in professional nursing education contemporarily. Nurses must be knowledgeable about and skilled in values, beliefs, and health care of diverse cultures because people from various cultures interact, live and work together, so as in the health care system. Being knowledgeable about cultural differences and similarities are nurse's responsibility. Indeed, cultural factors are the major forces that influence the quality of nursing care. (Leininger, 1981)

My interest in self-care activities of Chinese puerperal women is rooted in the experience of women with whom I was working in Taiwan, Republic of China. As a community health nurse since 1978, in an institution set up by a health department and a medical college, my responsibility included home visits, general clinic and well-baby clinic. Eighty to ninety percent of my target population were mothers and children. Indeed, maternity and child nursing was the most important part of my job. Therefore, the health beliefs and practices
of puerperal women were valuable. First of all, I was shocked by a great deal of contradiction between knowledge from the formal nursing education system and the real practices of puerperal women. The major maternity nursing textbooks, (Lerch and Bliss, 1974; Pillitteri, 1981; Butnarescu and Tillotson. 1983) stated that nurses should encourage the new mothers to ambulate early and balance their diet in order to have better outcomes of recovery.

On the contrary, it is common to see the Chinese new mothers lie on the bed all day and eat nothing but sesame oil chicken during the first month of delivering a baby. Secondly, I found that strong barriers definitely existed when I attempted to change their minds by health education. For instance, through the home visit, I tried to teach new mothers about a balanced diet to prevent constipation, but realized that behaviors would not change, regardless how interesting the health education was. This was because the new mothers believed that vegetables are "cold" food which would deteriorate the body's balance after delivery of the baby. That was the first time I became interested in understanding the culture of puerperal Chinese women.

Another impact on my ideas was my education in the United States, exposing me to the concept of self-care and transcultural nursing. Therefore, I decided to do a study concerned with self-care health activities of Chinese puerperal women.

A number of Chinese students came to the United States for graduate study. Although they were a group of highly educated people, they frequently encountered some difficulties when they got into the
American health care system. For instance, the Chinese women who got pregnant usually had a hard time when they needed to learn about the health insurance system and prenatal classes which they had never before heard of. The diet suggested by health care providers was not always accepted by them. For example, yogurt and cheese which are very rich in protein and calcium have never been eaten by them. Exercises and breathing techniques are nearly mysteries for them. However, too few nurses were prepared about cross-cultural nursing implications to solve these problems in providing services to Chinese women.

One of the ways to learn about the Chinese puerperal women is to acquire knowledge about how the Chinese puerperal women take care of themselves in their conscious or subconscious attempts to maintain or to retain optimum health. This study tried to elicit knowledge of Chinese puerperal women regarding the self-care health activities. I am interested in how they utilize their beliefs and the knowledge to make decisions about self-care activities and how their beliefs differ from the health care system.

**Statements of the Problem**

What are the self-care activities of Chinese puerperal women concerning the maintenance of well-being following delivery of a child and future health promotion following delivery of a child? The purpose is to learn how five Chinese women in suburban Taiwan "do the month."

Significance of the Study

There has been little literature available on what Chinese puerperal women do to take care of themselves or what beliefs lie behind their activities. The nurses do not understand patients' behavior when they work with Chinese postpartum women. The nurses are always confused why these patients do not act like other patients. Therefore, the knowledge elicited from this study will contribute to better communication between nurses and patients.

Frequently, nursing assessment which is the first step of the nursing process is based on the cultural background of nurses instead of patients. As a result, patients are usually categorized as "uncompliant" by the nurses' ethnocentric evaluation. Therefore, this study not only wants to raise the nurses' consciousness about the cultural differences, also provides sufficient information for nurses to work with Chinese women.

In addition, Riehl and Ray (1980) pointed out "Based on the Orem's self-care model, nursing actions seek to overcome self-care deficits and to enhance and/or prevent loss of self-care capacities." The information derived from this study is of special importance to the nurses and other health care professionals because this will enable them to form a viable partnership with puerperal Chinese women to assist them in processes appropriate to maintaining or attaining an optimum level of function.
Conceptual Orientation

The study is based on the concepts of culture as a cognitive system, Chinese folk health care system and self-care. The framework for the study include Kay-Galenic cultural assessment of childbirth, as well as maternal puerperal care.

Culture

Culture has been defined various ways, for my purpose, culture is defined as the acquired knowledge people use to interpret experience and generate behavior (Spradley, 1980).

Goodenough stated: "A society's culture consists of whatever it is one has to know or believe in order to operate in a manner acceptable to its members. Culture is not material phenomena; it does not consist of things, people, behavior, or emotions. It is rather an organization of these things" (1957, p.168).

Therefore, culture is a cognitive system consisting of knowledge, beliefs and values.

Affonso stated: "A person's perception of health and illness is culturally derived. -----Culture is especially significant to the childbearing process because it defines the meaning to and coping with events." (1979, P.115)

In this study, the cognitive conceptualization of culture focuses on the rules and principles for behavior of Chinese women during the experience of puerperium.
Figure I  Conceptual Orientation
Opler proposed that we could better understand the general pattern of a culture by identifying recurrent themes. A theme is defined as "a postulate or position, declared or implied, and usually controlling behavior or stimulating activities, which is tacitly approved or openly promoted in a society" (Opler, 1945). A given theme is a generalization about a culture. Generalizations can provide additional insight into the way in which the culture is organized. Consequently, cultural themes provide a way for understanding a health care system. (Crookham, 1981)

Chinese Health Care System

According to Kleinman (1980), medicine can be viewed as a cultural system, a system of symbolic meanings anchored in particular arrangements of social institutions and patterns of interpersonal interactions. The totality of systematical interrelationship of the responses to illness, individuals experiencing and treating illness and the social institutions relating to illness is the health care system (Kleinman, 1980, P.24). These include patterns of beliefs about the causes of illness; norms governing choice and evaluation of treatment; socially-legitimated statuses, roles, power relationships, interaction settings, and institutions. The health care system is composed of three overlapping parts: the popular, professional, and folk sectors (Kleinman, 1980).

Kleinman stated that popular sector is the largest part of the system which is thought of as a matrix containing several levels:
individual, family, social network, and community beliefs and activities (1980). In the popular sector, the following steps occur if individuals encounter disease perceiving and experiencing symptoms: labeling and valuating the disease; sanctioning a particular kind of sick role; deciding what to do and engaging in specific health care-seeking behavior; applying treatment; and evaluating the effect of self-treatment and therapy obtained from other sectors of the health care system (Kleinman, 1980, p. 51).

Kleinman described "This sector is represented by the people in the market street seeking to buy tonics, herbs, and foods believed to be symbolically "hot" or "cold". Self-treatment by individuals and families with foods and Western and Chinese medicines is by far the most common treatment in Taiwan" (1980, P. 68).

Professional sector comprises the organized healing professions. In Chinese society, this sector includes modern scientific medicine and professionalized indigenous medical system (Kleinman, 1980). According to Kleinman (1980), this sector is represented by the Chinese-style and Western-style practitioners, along with the Chinese and Western pharmacies.

Folk medicine is a mixture of many different components: some are closely related to the professional sector, but most are related to the popular sector. Folk sector is frequently classified into sacred and secular parts (Kleinman, 1980). Kleinman described "Herbalists belong to the secular tradition, while Taoist priests, shamans, ritual specialists in "calling back the soul," and
temple-based interpreters of ch'ien belong to the sacred tradition (1980, P. 66).

Framework for Cultural Assessment of Childbirth

Kay-Galenic model had been used by Affonso (1979) as an assessment model of childbirth. The framework is focused on the management of factors external to the body as important variables during childbearing. The six factors are identified as (1) air and water, (2) food and drink, (3) sleep and wakefulness, (4) movement, exercise and rest, (5) evacuation and retention, and (6) passions of the spirit or emotions (Kay, 1982). These six factors operatively determine health or illness depending on the circumstances of their use, to which human beings are unavoidably exposed in the course of daily life.

The assessment questions suggested by Kay (1982, P. 18-20) include:

Air: Is it desired or dangerous? Where may it enter? How is the mother protected from it? Water: When is a bath permitted? What kind of bath? Where may water touch? Is anything added to the water? Should the water be hot or cold? What happens if the taboo is ignored?

Heat and Cold: Where is heat used? Is it dry or wet? Where is cold used? Forbidden?

Movement, Rest and Exercise: What reaction is prescribed? What activity is forbidden? What rest is required? Discouraged?
Food and Drink: What is required at this time? What is forbidden?
Evacuation and Retention: What is done about lochia, its retention?

Self-Care

Self-care is a concept which can be explained as the practices of activities that individuals personally initiate and perform on their own behalf in maintaining life, health and well-being. (Orem, 1980)

Self-care activities play an important role in determining an individual's level of health. Most early unhealthy states are cared for by individuals and families without professional health personnel. If it was not for self-care, any formal system of health care would be overloaded. Puerperal women are supposed to perform self-care practices to promote their health and maintain their well-being.

Maternal Puerperal Care

According to Affonso, the postpartum period is a time of tremendous transitions and adaptation. (1984) Following birth, the new mother undergoes some unique experiences both physiologically and psychosocially. The physiological aspect includes both the progressive changes in the breasts for lactation and involution of the internal reproductive organs. The changes of the uterus, cervix, vagina and some other organs brought about by involution are considered normal processes. The process takes about six weeks, which is called the puerperium. Therefore, appropriate food, adequate sleep
and exercises are important to help the postpartum women. The upheaval of psychosocial adaptations amid the unavoidable physiological transitions in the maternal reproductive-hormonal systems, makes the postpartum woman especially vulnerable to disruptions in daily activities leading to emotional instability and decreased socializations (Affonso, 1984). Certain behaviors derive from various psychosocial tasks after childbirth and can be classified into three phases. In the taking-in phase, the mother is oriented to her own needs. She is quite passive, and dependent and does not initiate contact with the infant. This phase may last one or two days. Then, the taking-hold phase is described as the period when the mother strives for independence and autonomy and finally begins to be the initiator. This phase lasts about ten days. As her mothering functions become more established, the mother enters the "letting-go" phase. This generally occurs when the mother returns home. She adjusts her life to the relative dependency and helplessness of her child. Thus, she may experience a let-down feeling which is thought to be related in part to hormonal changes and in part to the ego adjustment that accompanies role transition (Reeder, Mastrolanni, Martin: 1983). However, these data come from studies of the culture of middle class Anglo Americans. The relevance for Chinese women is not known.

The conceptual orientation illustrated in Figure I is a graphic way to visualize how the concepts of culture, Chinese health care system, and framework for cultural assessment of childbirth based
on Kay-Galenic model are related to each other.

Culture as a cognitive system provides a foundation upon which knowledge and beliefs of a specific cultural heritage, such as the Chinese, can be assessed. The Kay-Galen model provided a framework to target assessment on Chinese folk knowledge and beliefs about puerperal self-care activities. One important system in every culture, is the knowledge and beliefs regarding health which consists of input from popular, professional and folk sectors within the culture. This is known as the health care system.

**Operational Definitions**

1. Self-care activities: Activities that individuals personally initiate and perform on their own behalf in maintaining or enhancing life, health and well-being. (Orem, 1980, p.13)

2. Health promotion: Activities directed toward sustaining or increasing the level of well-being, self-actualization, and personal fulfillment of a given individual or group. (Pender, 1982, p.42)

3. Health care system: The totality of systemical interrelationship of the responses to illness, individuals experiencing and treating illness and the social institutions relating to illness is the health care system (Kleinman, 1980, P.24).

4. Cultural theme: Any principle recurrent in a number of domains, tacit or explicit, and serving as a relationship
among subsystems of cultural meaning. (Spradley, 1980, p.141)

5. Chinese puerperal women: Native Chinese females over the age of 15 years old and within 30 days after delivery of a child.

**Summary**

It has been shown that nursing professionals know too little about self-care activities of Chinese puerperal women. This study attempts to raise nurses' consciousness about cultural differences, and establish a body of knowledge about self-care activities of Chinese puerperal women. The study is based on the concepts of culture as a cognitive system, Chinese health care system, framework for cultural assessment of childbirth, self-care and maternal puerperal care.
CHAPTER 2

REVIEW OF LITERATURE

There is very little literature related to the self-care practices of postpartum women. However, the major focus of literature review is on the following areas: (1) the concept of self-care—definition, human agency as a self-care agency, kinds of self-care activities, nurse as a self-care agent, puerperal women and self-care. (2) ethnography (3) traditional Chinese puerperal practices—major themes in Chinese medicine, women's role in Chinese society, childbirth in Chinese culture, "doing the month".

The Concept of Self-Care

Definition

The reason for the current widespread interest in the self-care concept of nursing is the need for individuals to be in control of their health. Also, interest stems from the individual's concerns about the increased cost of health care and the reduction of available health care services (Bennett, 1980).

Levin (1978. p.11) defines self-care as "a process whereby a lay person functions on his/her own behalf in health promotion and prevention and in disease detection and treatment at the level of the primary health resources in the health care system." Individuals want
to be active in the decision-making process. They want to assume responsibility for all aspects of self-care, including decision-making related to the extent of self-care knowledge needed and the means by which the principles of self-care are needed. (Bennett, 1980)

Similarly, Orem (1980, p.13) defined self-care as "the practice of activities that individuals personally initiate and perform on their own behalf in maintaining life, health and well-being."

Fry (1973) identified the following four roles for self-care: health maintenance; disease prevention; self-diagnosis, self-medication and self-treatment; and patient participation in health care services.

Levin, Katz and Holst (1976) described self-care behaviors as having the following common premises: voluntary, universal, self-limited, non-organized, and varying complex of behaviors evolved through a mixture of socializing and cognitive experiences. Levin (1978) believed that self-care is an approach that is derived from patient's perceived needs and preferences regardless of whether such needs and preferences conform to professional perceptions of patient's needs.

Chang (1980) stated that the responsibility is based on patient's perceptions of the risks involved in the illness, treatment or various activities (rest, diet), which may believe to be lay decisions rather than professional ones.
Human Agency as A Self-Care Agency

Joseph (1980) described that human agency as the knowledge, power or ability of a person to act, and it includes cognitive knowledge, affective feelings, and psychomotor development. The characteristics of self-care agency are derived from the characteristics of human agency.

Kearney and Fleischer (1979) recognized that self-care agency is an open system in which the internal environment including knowledge, motivation, psychomotor skills will interact with the external environment.

Orem (1980) considered the following factors to be the determinants of conditioning factors which contribute to one's ability to engage in self-care. They include: age, developmental state, life cycle event, sex, sociocultural orientation, health state, health care situation, organic/behavioral diagnosis, family system.

Tackney and Clark (1982) conceptualized a model in "Ethnicity and the self-care concept of nursing" emphasis on ethnic sociocultural environment as an important factor influencing patient to perform self-care practices.

Furthermore, Orem (1980) described that ways of determining and meeting one's self-care needs are not inborn. The activities of self-care are learned according to the beliefs, habits and practices that characterize the cultural way of life of the group to which the individual belongs. For instance, keeping the body clean is a meaningless gesture in some cultures but an acceptable precaution in
Kinds of Self-Care Activities

Self-care practices are purposive goal- or result-seeking activities. It is action that has pattern and sequence. Therefore, when it is effectively performed, the action contributions in specific ways to human structural integrity, human functioning, and human development. Orem (1980) identified three types of self-care: universal, developmental and health-deviation.

The category of universal self-care includes those actions required by everyone to meet basic human needs. They are as follows: air, food, water, elimination, solitude and social interaction, activity and rest, protection from hazards, normalcy. Meeting the universal self-care requisites through self-care is an integral part of the daily living of individuals and their social groups (Orem, 1980). Joseph (1980) wrote that protection from hazards and the need to be normal may be viewed as the umbrella under which the other basic needs fall.

The category of developmental self-care is either specialized expressions of universal self-care that have been particularized for developmental processes or it is new activity derived from a condition such as pregnancy or loss of a spouse. There are two kinds of developmental self-care: (1) The bringing about and maintenance of living conditions that support life processes and promote the
processes of development; and (2) Provision of care either to prevent
the occurrence of deleterious effects of conditions that can affect
human development or overcome these effects from conditions. (Orem, 1980)

The category of health-deviation self-care exists for changes
in human structure, in physical functioning, or in behavior and habits
of daily living focusing a person's attention on himself or herself.
According to Orem (1980), the characteristics of health deviations as
processes extending over time determine the kinds of care demands that
individuals experience as they live with the effects of pathological
or abnormal processes and live through the duration of the process.
There are six kinds of health-deviation self-care requirements:
(1) seeking and securing appropriate medical assistance
(2) being aware of and attending to the effects and results of
pathological conditions and states
(3) effectively carrying out medically prescribed diagnostic,
therapeutic and rehabilitative measures
(4) being aware of regulating the discomforting of medical care
measures performed or prescribed by the physician
(5) modifying the self-concept in accepting oneself as being in a
particular state of health and in need of specific forms of health care
(6) learning to live with the effects of pathological conditions and
medical diagnostic and treatment measures in a life-style that
promotes continued personal development.
Nurse as A Self-Care Agent


Orem (1980) identifies five general methods to assist: (1) acting for (2) teaching (3) guiding (4) supporting and (5) providing a developmental environment. Riehl and Roy (1980) wrote that designing a nursing system is essentially a process of selecting valid ways of providing assistance for a patient once his self-care requirements are identified. Three nursing systems recognized by Orem (1980) include: (1) Wholly compensatory nursing system--the patient has no active role in the performance of his care. (2) Partly compensatory nursing system--both nurse and patient perform care measures involving manipulative tasks. (3) Supportive-educative nursing system: the patient is able to perform or can and should learn to perform required measures of externally or internally oriented therapeutic self-care but cannot do so without assistance. The nurse's role is primarily consultative.

Puerperal Women and Self-Care

Within the past decade, little research dealing with
preventive health behavior can be found. Becker's (1974) health belief model tried to explore the results of variables on behavior performance. Haggerty (1977) described that self-help movement such as self-managed health programs have been promoting personal involvement as well as interest in health which might be the successful strategy to change person's health behavior. However, those behaviors are medically proven to prevent disease or maintain health. What people do to take care of themselves or to prevent illness are the behaviors which have not been explored.

An alternative research strategy assumes that all people engage in some behavior intended to protect or promote health, whether medically proven or not. A study was undertaken at Alameda County, California, in 1965 examining the relation between common health practices and physical status of a sample of 6,928 adults samples were asked to fill out the seven categories of physical health questionnaires. Seven specific health habits identified correlated positively with good health: (1) Slept 7 to 8 hours per night (2) ate breakfast regularly (3) did not eat between meals (4) kept within a few pounds of their recommended ideal weight (5) engaged frequently in active sport or exercise (6) drank moderately or not at all (7) did
not smoke. In every age group, people who reported all seven favorable health habits are on the average, in better physical health than those who reported six or fewer habits (Belloc and Breslow, 1972).

A great deal of research about puerperal women can be found in the literature in the past two decades. However, most of the researchers focused on the mothering skills—infant care (Stanwick and Moffat, 1982; Petrowski 1981), or postpartum depression (Ball, 1982; Tentoni and High, 1980; McGowan, 1977).

Until recently, there has been little research on the self-care practices related to the health of puerperal women. Some studies were in an attempt to explore this area. A study undertaken in Seattle, Washington involving 17 primiparous and 23 multiparous mothers between the ages of 18-36 years (Gruis, 1977) was done to determine their concerns during the puerperium. Results revealed that return of figure to normal (65%), fatigue (55%), regulating demands of husband, housework, children (45%), exercise (45%) and family planning (43%) were the major concerns of these mothers. It was noted that few items related directly to infant care were of major concerns.

A research in terms of cross-cultural postpartum practices was done in Salt Lake City, Utah (Wadd, 1983). Twenty ethnic Vietnamese families with 10 having childbirth experience in the United States were interviewed about postpartum health practices during February and March of 1981. The findings included activity proscriptions—bed rest, confinement in the home and avoidance of showers, cold
environments and sexual intercourse; as well as the food prescription of salty and hot food that should be eaten.

**Ethnography**

According to Spradley (1980), ethnography is the work of describing a culture. Malinowski (1922) stated that the goal of ethnography is to grasp the native's point of view. The nature of ethnography is trying to "crack the code" people are using, in other words, ethnographer is to discover the hidden meanings of the culture (Spradley/McCurdy, 1980). Leininger (1970) described two important concepts with the ethnoscience method--"emic" and "etic." The emic approach is to discover and describe the behavioral system in its own terms, identifying not only the structural cognitive units of the people but also the structural classes to which they belong. In contrast, the etic approach concentrates on features which may belong to more than one culture. In addition, a local classification may have some universal features which help in the ultimate quest for broad domains of verified knowledge about man.

Hymes (1978) has identified three modes of ethnographic inquiry: comprehensive, topic-oriented and hypothesis-oriented ethnography. Comprehensive ethnography seeks to document a total way of life. Topic-oriented ethnography narrows the focus to one or more aspects of life known to exist in the community. As the knowledge of a culture increase, it becomes possible to engage in hypothesis-oriented ethnography.
One of the ethnographic field techniques for gathering data is ethnographic interview. Spradley (1979, p.58) explained that an ethnographic interview is "a series of friendly conversations into which the researcher slowly introduces new elements to assist informants to respond as informants." According to Spradley (1979) there are most important ethnographic interview elements as:

1. Explicit purpose, which means that interviews involve purpose and direction. The ethnographer gradually takes more control of the talking, directing it in those channels that lead to discovering the cultural knowledge of the informant.

2. Ethnographic explanations. The ethnographer repeatedly offers explanations to the informant. While learning an informant's culture, the informant learns to become a teacher. There are five types of explanations: project explanations, recording explanations, native language explanations, interview explanations, question explanations.

3. Ethnographic questions. There are three types of questions: descriptive questions, structural questions, contrast questions.

Spradley (1979) described four kinds of ethnographic analysis which discover the system of cultural meanings. Domain analysis involves searching for the larger units of cultural knowledge called domains. Taxonomic analysis involves a search for the internal structure of domains and leads to identifying contrast sets. Componential analysis entails searching for the attributes that signal differences among symbols in a domain. Theme analysis entails searching for the relationships between domains and their linkage to
the culture as a whole.

Pelto (1970) stated that the anthropological habit of long-term field work—employing a variety of interviewing situations—is generally thought to produce data with a high degree of validity. The detailed descriptions of behavior given in ethnographic monographs generally have a high level of both face validity and construct validity.

Leininger (1979) wrote that one of the most challenging problems for researchers in health and social sciences is to accurately describe and explain man's health and illness behavior from the patient's viewpoint. It challenges us to understand more how the patient understands his illness, how he desires to be helped, and the way health providers can help him. Health providers who come from varying cultural backgrounds usually bring with them their own health practices and beliefs about what they think can help patients.

Aamodt (1982) stated that ethnographic research provides a technology for discovering some of the dimensions of nursing. The greatest contribution probably will come in the form of qualitative characteristics in becoming human within a social environment, needing care and taking care of or doing care for others.

**Traditional Chinese Puerperal Practices**

**Major Themes in Chinese Medicine**

Lee (1975) described classical medicine in China, based upon
the cosmological concept of Yin-Yang and the Five Elements--Metal, Wood, Water, Earth, and Fire, which has been developed and accumulated for more than 3,000 years. Although there existed a great many folk remedies and religious-medical practices in the various localities of China, it was classical medicine that dominated the entire sector of medical and health care services and became the "Great tradition" of medicine in the history of China.

Croizier (1975) observed that the great tradition is established on the basis of naturalistic and relationalistic principles, while Agren (1975) stated that it was mainly the tradition of the Imperial and Confucian values that permeated the bureaucratic part of society. In contrast, Pillsbury (1982) wrote that "Little tradition" refers to a body of folk knowledge transmitted through socialization and other informal processes. Agren (1975) added that "Little tradition" was never accepted by literate scholars, but had their own lives in certain sociocultural milieus.

One of the important themes in Chinese medicine stress as harmony and moderation as the means for maintaining good health (Rose, 1978). The universe is thought of as a vast entity, each organism in it conceived as an open system that interacts and is affected by others in the universe. The energy for regulating the universe is composed of two opposing forces--Yin and Yang. (Anderson and Anderson, 1975)
The Yin represents the female, negative force: darkness, coldness and emptiness. The Yang represents the male and positive force: producing light, heat and fullness. Ahern (1975) explains that the body requires them both. Exactly how much of each a person requires is determined by the time of year, the individual's particular constitution, and the stage of life cycle. However, the body should maintain a proper balance between these two forces.

The concept of "patching" is another major theme in Chinese medicine. When the body is out of balance, then his health needs patching (Martin, 1975). A surfeit of one substance, hot or cold, can be counteracted by an addition of the opposite substance. For instance, women customarily consume an extremely hot mixture for a month after giving birth to help them replace the blood lost in childbirth (Ahern, 1975).

Martin (1975) described the remarkable phenomenon of Chinese medicine, that is, people believe that Chinese medicine cures the cause versus Western medicine cures the symptoms. To "cure the cause" means to treat the causative agent and also to remedy the situation that allowed disease to develop or infiltrate. Ahern (1975) wrote that the notions of hot/cold and Yin/Yang in the body and outside it provides a way for people to handle illness by searching for even more serious causes, which are in turn treated by complex methods. However, the crucial concept is the idea of strengthening of the body's vital resistance to disease and illness. In direct contrast to Western medicine, Chinese medicine emphasize prevention rather than
Women's Role in Chinese Society

Wolf (1972) stated that Chinese women can and, if they are ever to have any economic security, must provide the links in the male chain of decent. When she is a child, a woman's family is defined for her by her mother and to some extent by her grandmother. No matter how fond of his daughter the father may be, she is only a temporary member in his household. After a woman is married, her formal ties with her original family are severed. In one of the rituals of the wedding ceremony the bride's father or brothers symbolically inform her by means of spilling water that she, like the water, may never return.

However, Diamond (1973) wrote that women are allowed to retain their family names after marriage to inherit property from parents or spouse, and to retain property and income in their own name if they so desire. Johnson (1975) wrote that the pressures on a woman to produce sons were intense. Without sons, a woman's existence was without meaning.

In the rural areas, kinswomen and neighbor still work together in the fields, do laundry together at the well, sit in the warm afternoon sun to knit and find various ways of spending time in the company of their peers. Also, they exchange child care services. They support each other emotionally and in terms of aids during crisis periods such as births, weddings and funerals.
Rose (1978) stated that sex before marriage and pregnancy out of wedlock are uncommon in the Chinese community today. This is due to the influence of the family tradition of morality. She continues that in China today, a late marriage is advocated. The average marriage age for women is about 25.

Childbirth in Chinese Culture

Rose (1978) showed that birth is a most significant event for the Chinese family. Traditional Chinese refer to pregnancy as a time when the mother has "happiness in her body." All family members look forward to the event. Iorio and Nelson (1983) observed that childbearing is considered an illness in Chinese culture and care is provided accordingly. Indeed, according to Pillsbury (1982) within the context of traditional Chinese medical theory, pregnancy and childbirth do leave the women in a state of imbalance. A woman is considered cold during pregnancy because internally she is losing blood to her fetus. She is polarized in the direction of cold and the fetus in the direction of hot, an opposition that causes "wind" to be generated and poison to accumulate in her womb. However, during pregnancy, a woman is to avoid foods that are definitely either cold or hot as this would further polarize the woman's coldness and her fetus' hotness.

The study done by Emanuel in Taiwan in 1972 showed there is a strong relationship between father's social class and the ingestion of medicines by the mother during pregnancy, with higher class mothers
more apt to take vitamins and hematinics. Also, the evidence showed no significant social-class relationship as far as the ingestion of Chinese herb medicines is concerned. These data indicate that Western medicines are ingested by a larger percentage of pregnant women than are traditional medicines. Prenatal care is available, but only the physical aspects are considered. Teaching supportive care and the father's contribution are dealt with minimally.

Chinese women have generally been reluctant to submit themselves to scrutiny by male physicians. Therefore, high percentage of obstetricians and gynecologists are female. According to Pillsbury (1982) home delivery is the norm in rural Taiwan. In the cities, childbirth usually takes place in a hospital attended by doctors.

"Doing the Month"

Pillsbury (1982) explained in China, traditional custom stipulated that a woman should be confined to the home for one full month of convalescence after giving birth to a child which is referred to as "doing the month." "The month" begins with the child's birth, either in the house or at a hospital. At the end of this period, the month is said to be "full", a time to commemorate by inviting friends and relatives to a banquet and by "drinking the full month wine."

China is a culture that makes the process which the postpartum restoration to a normal state of health a highly ritualized one. The conceptual origins of the "doing the month" may be traced back two thousand years.
A woman's body is very weak after childbirth precisely because her "beneficial hotness" has become depleted. So she must avoid coldness and augment a hotness diet to bring it back up to a normal healthy level (Pillsbury, 1982). Pillsbury (1982) outlines practices of "doing the month" to three general principles:

1. Avoid doing things that will cause disease and specific somatic ailments in the future. Do not come in contact with wind or water, avoid moving about, and do not read or cry.

2. Avoid offending the gods or contaminating others by one's polluting birth blood. It will bring misfortune in the future, if she fails to do so.

3. Avoid raw and "cold" foods and consume "hot" foods. Sesame oil chicken, liver, kidneys and egg are the good food. A crucial condition that makes all the above possible is the woman must have someone to accompany her; traditionally, this is the woman's mother-in-law.

Pillsbury (1982) states that "doing the month" is a tightly-integrated holistic set of practices imbedded in Chinese culture. Three major reasons why Chinese women carry them out were identified: curing the pregnancy-induced imbalance, preventing future illness, and preventing future misfortune to themselves and those with whom they interact. In addition, during the month, extra attention from the families and social networks to the mothers is observed far more than to the newborn babies.

However, "doing the month" is considered efficacious for
reasons of physical health, social relations, or both. They emphasize especially its values as a preventive therapy—one which makes for future physiological and mental well-being and harmony (Pillsbury, 1982).
CHAPTER 3

METHODOLOGY

This chapter includes a description of the research design, the criteria of informants, sample selections, ethnographer-informant relationship, human rights, data collection, reliability and validity.

Research Design

This research is an ethnographic design which derives from the methodologies of anthropology. The methods of the ethnographic interview were used. The client was given an information form (translated into Chinese) to participate in the study. The interviews were tape-recorded and transcribed at a later time. From the field notes, data were grouped into the categories. A copy of the transcripts were shared with the clients for any additions or corrections to improve accuracy. Finally, categories and their meaning were generated from data in order to discover what was culturally relevant in the Chinese postpartum women.
Criteria of the Informants

Five Chinese women were selected as voluntary informants. Women who were full term normal delivery within one month in the hospital or at home were chosen, because informants' recall of details was sharpest during an event and immediately after it. Also, informants were chosen who were willing to spend an hour each interview for approximately four times.

Sample Selection

Women who were 20-30 years old and were able to speak Taiwanese or Mandarin and gave birth to a child within one month were recruited, since 20-30 years is the normal age for childbirth in Taiwan. Also, for the purpose of the study the women who were full term normal delivery were selected since they were able to practice self-care. In addition, each informant was asked to spend an hour each interview for approximately four times, because four times of interview for five informants should make it possible to elicit sufficient information of the particular cultural scene of "doing the month."

Ethnographer-Informant Relationship

The interviews were carried out with no prior contact with the informants. The rapport relationship should be built up as much as possible during the initial contact. Home setting and the people involved in the practices of doing the month were the considerations,
while the interview was taking place at home. However, childbirth is the experience that women would like to talk about. They are pleased that some people are interested in listening.

**Human Rights**

The rights of the informants were protected in accordance with the guidelines of the University of Arizona Human Subjects Committee. An information form (Appendix B), would be thoroughly explained to the informants.

At the beginning of the first interview, investigator explained the purpose, the nature and the time needed for the study. Then, the investigator read the entire information form to the informant in Chinese, and let the informant keep a copy. In addition, informants' identities would not be presented in the publication.

**Data Collection**

Appointments were made to conduct the interview at a time convenient for each subject. The interview will be conducted by the investigator in the hospital or subject's home. The guidelines for ethnographic interview proposed by Spradley (1979) will be used for the collection of the data. According to Spradley (1979), explicit purpose, ethnographic explanations and ethnographic questions are three elements of the ethnographic interview. Therefore, the purpose of the interview will be provided to the subject at the beginning of each interview. Explaining that the investigator wants to understand
the self-care practices during postpartum from subjects' point of view is emphasized.

Investigator's interest in self-care activities of postpartum women is repeatedly expressed. The reasons for using the tape-recording and the field notes are explained. The subjects will be highly encouraged to describe in detail about the practices of "doing the month."

Descriptive, structural, and contrast questions are three main types of ethnographic questions during the interviews. Grand tour questions (Appendix C) provide the most general features of the situation. Six extrinsic factors should be involved in order to describe the event are: (Kay, 1982) (1) air and water (2) food and drink (3) sleep and wakefulness (4) movement, exercise and rest (5) evacuation and retention (6) passions of the spirit or emotions.

Examples of grand tour questions as follows:
(1) When does the "doing the month" start and end?
(2) What are the rules for doing the month?
(3) How is the mother protected from air?
(4) What food required or forbidden?
(5) What motion is prescribed?
(6) What activities are forbidden?

Structural questions lead to discovering cultural patterns and make use of the semantic relationship of a domain (Spradley, 1980). The data learned from grand tour questions lead the situation to certain specific focus. Then the structure questions obtained
further detailed information. For instance, the informants said that they ate certain food after childbirth. Therefore, structural questions asked included: "How do you choose the food?", "How do you cook the food?", "How long do you cook?" or "What do you cook with it?"

According to Spradley (1980), contrast questions are designed to discover differences. However, the meaning of each cultural domain comes from the differences as well as the similarities among terms. Therefore, the contrasts are best thought of as attributes or components of meaning. For instance, the informants said that they ate chicken after childbirth. "Do rooster and hen make any differences?" was one of the contrast questions.

Reliability and Validity

Young (1961) described that individuals vary a great deal with regard to their knowledge and interpretations of their own social and cultural systems. In the great variety of adaptive techniques, some individuals are widely knowledgeable. While others seem only following the most routine things. Most important of all, humans differ greatly in their inclinations as well as their capabilities for verbally expressing cultural information. Consequently, the investigator has to make choices about "good key informants" in the community.

Young (1961) stated that reliability among informants is probabilistic. There is seldom precise agreement on any question or for all communities. Reliability is typically a matter of a majority
of informants in a majority of communities agreeing on an answer. For instance, different interviews can elicit different kinds of answers from the same informants. Also, the social characteristics, the style of presentation of self, and other qualities of the interview have important effects on the persons he or she interviews. The interaction between field worker and his or her informants is a complex social process. In addition, the data that are entered into the field notes or interview schedules may differ a good deal, depending on how he or she managed the interview scene.

Pelto (1970) explained that most anthropological field work may be characterized by its relative concern with validity at the expense of reliability. The anthropological habit of long-term field work—employing a variety of interviewing situations—is generally thought to produce data with a high degree of validity. The detailed descriptions of behavior given in ethnographic monographs generally have a high level of both face validity and construct validity.
CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

This chapter will present collection of the data, description of the informants and settings, interviewing, rules and beliefs concerning "doing the month", and tour of the "doing the month center".

Collection of the Data

The data for this study were gathered by using ethnographic interviews. The information was collected while I was visiting my homeland—Taiwan, Republic of China, between December 19, 1983 to January 15, 1984. Interviews took place in Hwalien, a city in northeastern Taiwan, and at An-Ping, a small town in southwestern Taiwan. The informants were recruited through obstetric doctors and professional "doing the month laundrywomen".

The dates for the first interviews were made if the informants were interested in participating in the study. All the interviews were made at the informants' homes. Taiwanese and Mandarin were used for the interviews. At the beginning of the interview, I introduced myself and described the project thoroughly. Two of the informants
were interviewed three times. The rest of three were interviewed four
times.

With the permission of the informants, all of the interviews
were tape-recorded and after each interview, a transcript of the
interview was made.

Description of the Informants

All of the informants were very interested in the study and
cooperated fully. It was easy to complete the interview's schedule by
virtue of fact that the postpartum women were homebound. All the
informants delivered the baby in the hospital. Lang and Jane lived in
Hwallen. Ling, Jade and Janet lived in An-Ping.

Lang. Lang was 31 years old. She had a sixth grade
education. (Six years education was mandatory at that time in
Taiwan.) She helps her husband whenever their motorcycle shop gets
too busy. She gave birth to a boy in the hospital on Dec. 18, 1983.
She stayed in the hospital for three days for tubal ligation. The
family sent her food to the hospital, because the food services was
not available at that hospital. It was a normal vaginal delivery.
Two older children were sent to the grandparent's house while she was
taking care of the baby by herself. One of her friends came to cook
and do the laundry for her everyday. She did the month by herself.
Lang was a little shy, but she expressed her opinions very well and
was happy about my visits because she liked to have company. The
Interviews were held in her bedroom. The bedroom was on the second floor. The ceiling was low. The room was dark and without any windows.

Jane. Jane was a 30-year-old married woman with a sixth grade education. She was a tailor before this pregnancy. She gave birth to a boy in the hospital on Dec. 22, 1983. She stayed in the hospital for two days. She ate the food sent by the family, when she was in the hospital, for food was not provided. It was a normal vaginal delivery with an Episiotomy. The baby is the second child in the family, and will not be brought home until the umbilical cord has fallen off. She did the month by herself and her husband went shopping and cooked for her. They hired a laundrywoman for this month. The couple welcomed the researcher and was glad to be interviewed. The husband even provided the transportation by picking up researcher and taking researcher home. They just moved to the new house which is a nice modern two bedroom house.

Jade. Jade was a 24-year-old woman with a sixth grade education, which was not expected, because nine years compulsory education started since 1962 in Taiwan. She used to work at the textile factory, but she quit because she wanted to take care of the baby by herself. She gave birth to her first girl baby in the hospital on Dec. 10, 1983. She stayed in the hospital for one day. Her mother-in-law sent her food to the hospital where the food
services were not available. It was a normal vaginal delivery with Episiotomy. Her mother-in-law did the month for her, while Jade was taking care of the baby. The interviews were held in her bedroom which was dark without any window and the door was always closed to avoid the wind. She complained the baby was crying every two hours, so she could not get enough sleep. Therefore, she looked tired every time when I visited her. Her husband helped her to fix the formula during the night. The laundrywoman came and did the laundry every day and gave the baby a bath.

Ling. Ling was a 26 years old married woman with a sixth grade education. She did some sewing work at home. She got pregnant while she was breast-feeding her first child. Therefore, she went to have ultrasound to make sure the age of the fetus. The baby was born in the hospital on Dec. 6, 1983. She stayed in the hospital for one day. Her husband sent her food while she was in the hospital. It was a normal vaginal delivery with Episiotomy. She did the month by herself. Her cousin, who lived next door went shopping and washed the food, so that Ling could cook for herself. The laundrywoman came to do the laundry and gave the baby a bath every day. The interviews were made in her bedroom which was dark and two doors were always closed to avoid the wind. She seemed to enjoy the interviews.

Janet. Janet was a 28 year old married housewife with a sixth grade education. She gave birth to her third child in the hospital on
Dec. 18, 1983. She stayed in the hospital for one day. The food were not available in the hospital, so Janet's mother sent her food. It was a normal vaginal delivery with Episiotomy. Her mother came to help her every afternoon. She took care of the children by herself the rest of the day, therefore, she felt that she didn't get enough rest, but the family could not afford to hire anybody to help. The interviews were held in the living room which the door was closed all the time. The bedroom was dark because the only window was closed and covered completely by a piece of cloth.

**Description of the Settings**

Bedrooms were the only place where the postpartum women should be during the "doing the month". Usually they were furnished with a queen sized bed, a closet and a dresser with a mirror and/or some other small furniture such as sewing machine or a small desk. The bedrooms were dark and quiet with no windows and the door always closed. There was a tray on the desk or on the bed containing a thermos, feeding bottles and powdered milk, so that the postpartum woman could prepare the formula for the baby whenever needed.

All the informants' houses had cold running water, but hot running water was not available. People boiled the water on the gas stove.

Most of the time when I visited the informants, they lay on the bed sleeping. Ling was lying and watching T.V. one time when I visited. Janet who was feeding her second child was taking care of
all three children by herself.

The babies were wrapped in a small blanket and lay next to the mothers. Most of the husbands went to work; only Jane's husband was present during my interview. The husbands slept in the bedroom with the postpartum women.

**Interviewing**

At the first interview, after the initial greetings, the researcher explained the nature of the study and its objectives. Each woman was informed that there would be approximately four interviews and the estimated time for each interview was an hour. Also, the women were assured that information obtained would be treated as privileged and confidential and that they were free to withdraw from the project at any time without incurring ill will. Then, researcher gathered demographic data to establish the informant's identity such as age, education, occupation, family make-up and some related maternity history.

Next, researcher started with "grand tour questions" (Appendix C) to underline the activities of the puerperium. The objectives of grand tour questions included: (1) to obtain a sample of the informant's language, (2) to understand the way informants organize their activities, (3) to express researcher's interest in the puerperium. (Spradley, 1979)

Usually, the interviews that followed were discussions which clarified the ideas presented by the informant in the last interview.
Then, some specific and contrast questions generated from my analysis of the last interview were asked. In general, the questions attempted to elicit the rationale of the activities and the feelings of doing them. The informants were encouraged to give comments or ask questions concerning the previous interviews.

Rules and Beliefs Concerning "Doing the Month"

The Period for "Doing the Month"

"Doing the month" starts right after the delivery of the baby. It ends after 30 or 40 days depending on various resources. All informants agreed that women could go out after 30 days, but "Pu" should be eaten until 40 days. Actually, "doing the month" should last 40 days. There is no rite for the ending. All the informants said that there was a celebration for the baby on "full month." Full month is 30 days after the baby born. A "full month" banquet was held for boy babies. Also, "full month" cakes and "red" eggs were sent to the friends and relatives for the baby boy. The family only sent "full month" cakes and "red" eggs to the friends and relatives for the first baby girl, but only "red" eggs were sent for the following baby girls. At this time, baby would get a haircut. In addition, the family should burn incense and bow to the ancestor to pray for the baby.

Purpose of the "Doing the Month"

All the informants told me that the effect of "doing the
month" is for now and the future. "Doing the month" can prevent some illness in the future. It can also correct bad practices in the past. Since postpartum women are weak, they have to take care of themselves much more carefully than normal, otherwise it is very hard to have good health in the future. Getting rest, eating nutritious food and being pleasant will correct old illness and prevent future ailment. Women try to make up all the weaknesses in the body by "doing the month". For instance, one informant said "I washed my hair with very cold stream water when I was young, so I got headache after outdoor exercises. Therefore, I try to correct it during doing the month by avoiding the wind and not washing the hair." Another informant expressed the same experience, "Since I was very unhealthy before the last pregnancy, I did the month very well last time. So I became very strong afterwards. Therefore, I do believe "doing the month" is important." Furthermore, "doing the month" is the only time when they can correct the weaknesses naturally. The informant who had a tubal ligation after delivery explained that she was going to "do the month" very well, because this would be her last chance.

The Relationship between Six Extrinsic Factors (Kay, 1982) with "Doing the Month":

(A) Air:

Keep away from the dangerous air (wind). All the places where interviews took place were dark and poorly ventilated. The windows and doors were closed. One informant even covered the window with a large piece of cloth. None of the rooms was furnished with a heater,
clothes, socks and even hats to avoid the air (wind). They said that the wind would get in from the center of the forehead and the wide-open joints and pores. The wind might cause the women headaches and dizziness (Tou-Foung (Head-Wind) or Tsow-Foung (Foot-Wind) and arthritis).

(B) Water:

Do not wash the hair for a month. If they do wash their hair, women will get "Tou-Foung" (Head-Wind) which will give them headache and dizziness, especially before the weather changes. Do not touch the cold water. All the informants told me that their joints were loose after childbirth. The coldness and moisture of the water would get in the joints of the hands and stay there if they touched the cold water. So they would get arthritis in the future. Therefore, they should only wash hands with hot water and put on plastic gloves when they really needed to wash things.

Do not take bath. When they were asked how they cleaned themselves, the informants said that they took only sponge baths. They explained that since the pores on the skin were wide-open after childbirth, the moisture of the water might get in and stay in the joints. No bath was permitted for the first seven days. Therefore, after 7 days, the Episiotomy had healed, they had sponge bath with very hot water which was boiled and let it cool down a little. The unboiled water was considered as raw, the "cold" and "moisture" were still there.
(C) Food and Drink:

Eating "Pu". "Pu" is roughly translated as "supplementary product." "Pu" includes both food and the Chinese medicines, which mainly are herbs. If her body is out of balance due to too much "cold" as the women "in the month," she needs "Pu." "Pu" discussed by informants are exclusively hot. "Pu" should be eaten starting 7 days after the childbirth. The reasons were the following: First of all, "pu" might be too hot and make the episiotomy infected. Secondly, the secretion of the mother's milk might be delayed by "pu." Thirdly, "pu" will exacerbate the baby's jaundice.

Janet's mother explained that boy babies' jaundice comes earlier than the baby girl's. Therefore, postpartum women began to eat "pu" about 4-5 days after the delivery if they gave birth to boys. They began "pu" about 7 days after the delivery if they gave birth to girls. One informant even told me that Chinese doctors suggested her to begin to eat "pu" after 15 days of the delivery to assure not to exacerbate the imbalance.

Informants said that the postpartum women's stomach should be filled with food all the time, so they usually ate five to six meals daily. They would have stomach problem in the future, if they did not do so.

During the first seven days, Chinese women eat pig kidney with "To-Chung Mo" (Powdered Eucommia Ulmoides bark) (Figure 2), usually one pair for each day. Pig kidneys are eaten for knee-joint pain, weakness of muscles and lower extremities, back strain due to added
Figure 2: To-Chung (Eucommia ulmoides bark)
strain of pregnancy (A Barefoot Doctor's Manual, 1977). Then, medicine wine is the major necessity for "pu." Medicine wine is made of various Chinese herbs soaking in the wine, the longer the better. One informant's mother-in-law told the researcher that she prepared the medicine wine as soon as they found out the pregnancy of her daughter-in-law. The most common herbs are "S-Woo" (four things) (Figure 7) including "Don-Kuei," (Ligustieum Wallichii) (Figure 3) "Pa1-Sow," (Figure 4) "So-T1," (Figure 5) and "Tsung-Tsoung"(Figure 6). Basically, the herbs are used for deficiency of blood and convalescent weakness after childbirth (A Barefoot Doctor's Manual, 1977). A variety of herbs might be added depending upon the post-partum woman's body's weakness. For instance, "Kow-Juei" will be added, if the woman wants to strengthen her eyes. "Tung-Seng" might be added, if the woman wants to strengthen her stomach. Ginseng is used for the deficiency of energy (A Barefoot Doctor's Manual, 1977).

Usually, home-raised chicken are chosen to simmer with medicine wine. Also, pig kidney, pig stomach, pig heart, crab and pigeon are chosen to be supplemental between meals. In addition, sesame-oil chicken is common food, pork and pig liver with ginger and chicken with black mushrooms and dates are consumed alternatively. Ginger is used for Yang deficiencies, (Yang represents the male and positive force: producing light, hot and fullness) cold extremities and deficient-cold stomach-spleen, while dates are used for strengthening their spleen and stomach and regulates various medications (A Barefoot Doctor's Manual, 1977). The cooking does not
Figure 3: Don-Kuei (Ligustieum Wallichii)
Figure 4: Pat-Sow
Figure 5: So-T1
Figure 6: Tsung-Tsoung
Figure 7: S-Woo (Four things)
Figure 8: Container for Chinese Medicine Wine
require any seasoning. But informants do eat "pu" with some salt or soy sauce.

Also, informants drink "Sheng-Wha soup" (Figure 9) and "Chujoto" (Figure 10) to help the contraction of the uterus and elimination of lochia. Black soybean tea is also taken for strengthening the kidneys, cultivating the heart, expelling gas and stimulating blood circulation (A Barefoot Doctor's Manual, 1977). Milk is encouraged too. Informants all emphasized that they cannot drink water, because too much water in the abdomen will delay the contraction of uterus and affect women's appetite. Therefore, postpartum women should control their fluid intake in order to increase the nutritious food intake.

"Pu" should be eaten until 40 days after the childbirth. Chinese women believe that the physiological changes will be completed by then. "Pu" been taken before the recovery is going to be much more helpful than after. Therefore, Chinese postpartum women try to get as much as possible into the body during this 40 days.

Rice, pork, fish, eggs and non-cold vegetables are the major food for the meals. Only one informant whose mother-in-law prepared meals ate no vegetables during "doing the month". The rest of four informants claimed that they ate everything, except "cold" vegetables and fruits which includes lettuce, celery, bamboo shoots, Blu-choy, turnip and oranges. "Cold" refers to the intrinsic nature of a food, not its temperature. Therefore, the vegetables including cabbage, cauliflower, broccoli, spinach and corn are allowed, because these are
Figure 9: Sheng-Wha Soup
Figure 10: Chujoto
not classified as "cold." In addition, small amount of grapes, apples and peaches are allowed to be taken. Cold (in temperature) foods are also prohibited. Since postpartum women's body is weak and imbalanced, they should avoid cold foods which weaken the effect of the "pu."

(D) Evacuation and Retention:

All informants said that there was no specific day for evacuation. They did not have any problem about evacuation. Jane, Ling and Janet told me that their doctors gave them some softners to help elimination. Lang and Jade said that they drank honey tea everyday to help elimination.

(E) Passions of the Spirit or Emotions:

Ling said, "Postpartum women get upset more easier than usual, but anger is harmful to the health. So the people around me always try to do things for me and not to bother me."

Being pleasant is very important regimen during "doing the month." Informants felt that postpartum women were easily angered. Therefore, old people told them not to be angry. Do not cry either. Crying makes a woman lose her energy. Also, tears are harmful to the eyesight. Being pleasant to prevent illness in the future.

(F) Movement, Exercise, and Rest:

All the informants said that the postpartum women should not read, sew or do anything that needed intensive eyesight activities which were extremely harmful to their vision. Lang explained, "People say the only thing I should do is to sleep." She added, "I am bored
here." When I asked her what time was the best time for her to do my interview, she said "Any time! I don't do anything. I am glad to have the people to talk with."

Do not go out, especially at night. Jade said that she had to avoid the wind outside. In addition, she added, "Lochia makes postpartum women dirty and dangerous. Postpartum women absolutely should not go out at night and be exposed to the moon, since it is not respectful." They should put on hats, or have umbrellas, if they really have to go out. Lang told me that she did go out few times during the day, so she put on the hat and put on some more clothes. Jane said that when she went to see her baby in the hospital during the day, she took a taxi.

Do not get sick. All the informants stressed that they should not get cold. Women will have asthma, if they get cold during "doing the month." Actually, they should be careful not to get sick at all, since the imbalance will become worse. The women would then probably stay unhealthy in the future.

Bed rest is the best activity. Whenever I visited the informants, they were lying on the bed. They explained that bed rest was very important to help uterus contract. Also, women's joints and spine were loose after childbirth, so bed rest will help them recover. The woman lose most of her energy through childbirth, so she should get enough rest. Otherwise, her health will be very bad in the future. Arthritis, back pain or prolapse of uterus might develop. Therefore, Chinese women have to stay on the bed as much as possible
during "doing the month".

**Do not lift heavy things.** All the informants stressed that they should not lift heavy things. Therefore, they could not do the laundry this month to prevent from prolapse of uterus.

Generally speaking, all the do's and don'ts about "doing the month" come from old women's experience. Usually, when I asked informants to express their opinions about what they did during this month, they used the sentences like "Old women told me that------" or "People said that--------" rather than "I think------." I had to repeat the questions and emphasized that "I would like to know what you are doing during this month?" Then, informants would explain whatever they did just follow old people's experience. Also, they tried to please their mothers and mothers-in-law whose advice was taken seriously. On the other hand, some women decided to what extent they wanted to follow the traditions based on how healthy they were now and how healthy they wanted to be in the future. For instance, some women are very healthy now, so they take old people's words very lightly. Also, some women cannot get any help during this month, they will not consider future health too much. In addition, few of the postpartum practices are from newspapers and books.

The people who were involved in the postpartum practices included mothers, mothers-in-law, husbands, neighbors and laundrywomen. As stated above, mothers and mothers-in-law were always the ones who tried to give instructions what to do. Neighbors
including some relatives especially who had children would try to
provide their experiences and advices and were willing to offer their
help during this month. "Doing the month laundrywomen" were the
crucial ones who made all the rules done successfully. With the
services of the doing the month laundrywomen, the women did not have
to squat to wash the clothes, did not have to touch the cold water,
did not have to lift heavy things and did not have to give the bath to
the baby by themselves.

Usually, the laundrywoman is a married woman and about 40-60
years old with none or a few years of education. The responsibilities
of the laundrywoman included, washing the baby's diapers and clothes,
the postpartum women's clothes and/or giving a bath to the baby. The
pregnant woman makes an oral contract with the laundrywomen before the
childbirth. Every laundrywoman usually has two to four clients at the
same time. She goes to her clients' house twice a day, because the
large demand of baby's diapers. Each household takes her about 2
hours. Based on her experience in childbirth and working with many
postpartum women, she always provides the information about "doing the
month" and childbearing. According to Ling, there is no standard for
the salary of the laundrywomen. The rich families might pay more
than the middle class families. Therefore, the postpartum women just
pay around the same as their friends did. Ling told me that she paid
about U.S. $60 which goes with a "red" envelope, a color considered as
lucky and happy. The stated fee falls within the lower end of pay
scale in Taiwan. However, the doing the month laundrywomen plays an
Important role in the childbearing cycle.

Husbands were the last ones to be mentioned, since they were supposed to know nothing about "doing the month." Usually, they helped fix the formula for the baby. One informant's husband cooked for her. However, the more help the postpartum women got, the better "doing the month" could be done.

Selecting Health Care Systems

All the informants said that they did not go to the doctor during "doing the month." When they were asked if they wanted to go back to the hospital for check-up after six weeks, all the informants said that they would not go if they felt all right. All the informants told me that "doing the month" should be able to make them recover completely.

On the other hand, when the informants were asked where they went for the prenatal care, Janet went to the near-by Health Agency and the rest of the four informants went to the private doctor. A Health Agency is a public/county health institution consisting of doctors and public health nurses. As well as general clinics and well-baby clinics. Jade said that this was her first pregnancy. So she was nervous about it. Therefore, she went to the doctor very regularly--every month until seventh month of the pregnancy and every two weeks until ninth month of the pregnancy and then every week until the delivery. She told me that she probably won't go to the doctor so often next time.
Also, Ling told me that she wanted to know the age of the fetus, so she went to have the ultrasound. She went to the doctor about three times during pregnancy, because she believed that the doctor had much equipment to be able to detect the abnormalities of the baby, and the doctor knew what to do. Therefore, she would not be worried about the fetus too much.

Janet went to the health agency where the nurses did the urine test and took blood pressure for her for free. Lang and Jane went to the doctor three to four times for prenatal check-up.

Change about Rules Concerning "Doing the Month"

Finally, I was interested in what changes postpartum women wanted to make about "doing the month" if they had the chance. All the informants were kind of surprised at my questions and said that they never thought of this idea. However, in spite of the inconvenience and the discomfort during the "doing the month," they believed that "pu" was necessary and all the do's and don'ts were going to be beneficial to them in the future. The informant whose mother-in-law never gave her any vegetables did say that she would cook some "non-cold" vegetables for herself if she had prepared the meals.

In general, Chinese postpartum women follow old people's advice closely integrated in a unquestioned manner into the cultural pattern.
Tour of the Doing the Month Center

A few "doing the month centers" have been established in Taiwan since 1982. I was interested in this new concept. Therefore, one of the Doing the Month Centers was visited in Taipei during the data collection.

According to the article—At Your Services after Childbirth in Sinorama Magazine (1983, September), there are more than ten doing the month centers in Taiwan, most in Taipei (Capital). Most of these are family run and have a family-typed atmosphere.

There are usually four to five rooms, where two or three new mothers share a room. They include heaters and air-conditioners in each room. Also, there are one or two public bathrooms, a kitchen, a living room and a nursery.

The babies are taken care of by the nurses. The new mother can care for her own baby if she feels up to it. In addition, the center offered laundry and board—three meals and two snacks. Usually, milk or soy bean milk and toasted bread are for breakfast. Four dishes and some soup for lunch and supper including chicken, Don-kuei (Ligusticum Wallichii) duck, sesame oil kidney and pig heart with Ginseng. It costs about U.S. $30.00 every day.

The pregnant woman made initial phone call to the center and expressed her interest in going to the doing the month center after childbirth. Then, the staff from the center would pick up the new mother and the baby, when they checked out from the hospital. Although it was called "doing the month center", the family could
decide how many days they wanted to stay.

The new mothers' activities are absolutely up to themselves, but the nurses usually encourage mothers to do exercises after the Episiotomy had healed. Also, the mothers are favorable to participating in baby care.

However, the services are the new concept. One of the postpartum women in the center said, "It is not a easy decision to make about coming here, because it is not the traditional way to "do the month". My mother-in-law did the month for me when I had my first two girls, but I had suffered from the restricted rules. Therefore, I made up my mind to come. I could tell that my mother-in-law was not very happy about this, when she visited me." She added, "Generally speaking, I am happy here although the services are not perfect." The owner explained, "This is the new business and it is not accepted by the society yet, so I try my best."

**Summary**

This chapter discussed the collection and analysis of the data. The processes of locating and interviewing the informants were presented. The settings relating to the "doing the month" were described. Analysis of the data resulted in the rules and beliefs concerning "doing the month". The information was derived from ethnographic interview. Finally, the tour of "the doing the month center" was presented.
CHAPTER 5

CONCLUSIONS

This chapter presents the relationship of my findings to the conceptual orientation, the discussion of cultural themes, and provides implications for nursing practice and recommendations for further study.

This is an exploratory study using an ethnographic approach. The purpose of the study was to identify and describe the knowledge and beliefs that Chinese puerperal women utilized in caring for themselves in health and healing situations. Ethnographic interviews of five postpartum women were conducted. Conclusions were drawn based on the researcher’s interpretation of the data. From the knowledge and belief, cultural rules may be learned.

Ethnography is the work of describing a culture (Spradley, 1980). Through ethnography, the researcher attempts to discover the cultural knowledge and its categories that influence beliefs and behaviors of the individual and the members of a culture. Ethnographic interview is the method utilized to obtain the information. In a series of interviews, several types of questions
are asked an informant. Each type of questions is based on the information acquired earlier in the same interview or in previous interviews.

In this study, five informants aged from 24 to 31 were interviewed on three to four occasions. The identities of the informants were kept confidential for data presentation. "Grand tour questions" were asked during the first interview to underline the typical way of "doing the month." As the interviews went along, I occasionally asked questions to clarify the ideas presented. The interviews were informal but were planned to accomplish certain objectives.

The data obtained from the interviews was the information that the postpartum women were willing to share with me, even though they may or may not be able to explain the rationale of doing so. The knowledge and beliefs about self-care activities of the puerperal women resulted in discovering their cultural rules. Cultural rules can be generalized into cultural themes.

Relationship of the Findings to the Conceptual Orientation

The concepts that were utilized in the development of the conceptual orientation of this study were: the concept of self-care, maternal puerperal care, Chinese health care system and culture as a cognitive system.
The concept of self-care

The data collected for this study is concerned with the Chinese women's self-care activities during the puerperium. Almost all the activities done by the informants to maintain their health, in this study did not have any health care professionals involved during the puerperium.

Through ethnographic interviewing, I learned that eating "pu" was able to correct informants' bodies' imbalance. All the informants emphasized a great deal the importance of the "doing the month" and the influence on their health now as well as in the future. The self-care activities included eating "pu" and certain nutritious food to correct bodies imbalance, bed rest and being pleasant. Also, to put on a hat, more clothes and socks; to close the windows and doors to avoid the air (wind); to drink herb tea (but not water) in order to increase food intake, were activities involved.

Maternal puerperal care

The period from the termination of pregnancy, by means of delivery, until the reproductive system returns to its normal state is known as the puerperium, which in western medicine is believed to take about six weeks.

In this study, Chinese puerperal women said that their body needed 40 days to return to the normal state, which concides with western medicine's six weeks. In addition, the women were very passive and dependent under the restricted regulations during "doing
the month." The data indicates the Chinese postpartum women noticed their emotional change. Therefore, being pleasant became the most important regimen during "doing the month." The phenomenon might refer to "postpartum-blue" found in Western medicine (Butnarescu and Tillotson, 1983).

Chinese Health Care Systems

According to Kleinman (1980), the popular, professional and folk sectors are three parts of health care system in Chinese society.

The popular sector is the most important part of the health care system. Self treatment by individuals and families with foods, Western and Chinese medicine is the most common in Taiwan (1980, Kleinman). In this study, all the informants admitted that all their behavior follows the values of their mothers, mothers-in-law, and neighbors. The informants called those resources "old people's experience." Informants consumed the herbs and "hot" foods by "old people's experience." The experience was accumulated generation after generation, the informants accepted the experience so doubtlessly that it became a part of their culture, to be passed on in the same way.

The professional sector involved Western-style and Chinese-style practitioners. (Kleinman, 1980) The informants went to Western doctors and nurses for prenatal care. Also, the informants went to Chinese doctors for puerperal care. Generally speaking, the medical health care system was utilized relatively less by Chinese puerperal
women. However, a new trend was noticed. There are now growing businesses called "doing the month centers."

Folk medicine is a mixture of many different components including herbalists, shamans and ritual specialists. In this study, the data indicates that the informants went to the herbalists for the herbs in the Chinese medicine wine. In addition, the data showed that no rite for puerperal women. However, the rite for celebration of the baby called "full month." The family burns the incense and bows to the ancestor. Also, "red" eggs and "full month" cake were sent to the friends to celebrate.

Culture as A Cognitive System

Culture was defined by Spradley as the acquired knowledge that people use to interpret experience and generate behavior (1980). Furthermore, according to Goodenough, culture consists of standards for deciding what is, standards for deciding what can be, standards for deciding how one feels about it, standards for deciding what to do about it, and standards for deciding how to go about doing it (1963, P.258). The data learned during this study showed that there is a specific cultural scene for Chinese puerperal women which is named "doing the month."

All the self-care activities driven by the beliefs and knowledge of Chinese puerperal women conceptualized into the puerperal women's culture. This unique cognitive system is known and acceptable to the Chinese postpartum women. Also, it is part of the total
society. Therefore, the people in the society shall support the rules and principles of this culture too.

From the study, the Chinese postpartum women believed they should follow certain rules including eating "pu", bed rest and being pleasant. The data also indicated that Chinese postpartum women did not do certain things including not eating "cold" food; not going out at night; not to read, take a bath, touch the cold water, or lift heavy things. In order to make "doing the month" successful, the people around shall help including laundrywomen, mothers, mothers-in-law, neighbors, and husbands. The data learned in this study is similar to Pillsbury's findings (1982), but organized in different way.

Discussion of the Cultural Themes

This section will focus on the recurrent themes of the findings. Opler (1945, p.198) defined a theme as "a postulate or position, declared or implied, and usually controlling behavior or stimulating activity, which is tacitly approved or openly promoted in a society." The cultural themes of "doing the month" are (1) acquiring the status (2) prevention is better than cure.

Acquiring the Status

Every society has a variety of acquired status which people want to strive. A postpartum woman acquires the status from the family she belongs to after the marriage, by bringing in a new baby.
Usually, the marriage brought a woman into a completely strange family in which she had no status. The woman tried to learn the rules of the new family. Also, she tried very hard to please the mother-in-law and father-in-law. To get pregnant is the easiest way to make them happy. Rose (1981) showed that birth is one of the most significant events for the Chinese family. In addition, the pregnancy announces to the family that she is the "woman" who is able to bring to the family offspring, hopefully sons. John (1975) stated that the pressures on a woman to produce sons were intense. Without sons, a woman's existence was without meaning.

Therefore, the childbirth is the means to establish a woman's status—daughter-in-law, wife, and the most important of all—child's "mother." In addition, by bringing the son or daughter to the family, the postpartum woman was given a reward for the happy event. She can take a relief from the heavy duty for 40 days. She does not have to do the laundry and cook for the whole family. In fact, she is able to lie in the bed, and consume good food. Furthermore, the whole family try to please her, because she now belongs to this family. Everybody treats her as a very important member in the family.

Prevention Is Better Than Cure

The concept of prevention recurring in the data from this study is the same as the remarkable phenomenon described by Martin (1975), that Chinese medicine is strengthening of the body's vital
resistance to disease and illness and emphasizes prevention rather than cure.

The data of this study showed that the major purpose of the "doing the month" was prevention of ailment in advance. Postpartum women stated that childbirth left them in an imbalance state, but not sick. Therefore, eating "Pu" can prevent certain illness. For instance, pig kidney cooked with "To-Chung-Mo" prevents the knee-joint pain and back strain. Bed rest prevents joints and spine problems. In addition, not touching cold water in order to prevent arthritis is suggested. When being asked why they had to "do the month", the postpartum women said that they wanted to prevent the illnesses from which old women suffered because some old women did not "do the month" well. Furthermore, the old women told them that nothing could cure their illnesses unless they had a baby again.

In addition, Yin and Yang (cold and hot) are two opposing forces regulating the universe. The body should maintain a proper balance between these two forces (Anderson and Anderson, 1975). Therefore, it is supposed that the health of the body is located on the continuum between hot and cold. When the body has physiological change such as pregnancy, leaving the body cold, preventive measures are needed to make the body reverse to the balance point instead of to the illness extreme. (Figure 11)
Figure 11: Health Continuum
Implications for Nursing Practice

Childbirth is one of the most important experiences for women. It is valuable to the health care professionals practicing either in hospital or community to be informed of the knowledge and beliefs which lie behind the self-care activities of Chinese puerperal women. The nurse who is aware of "doing the month" is able to establish a relationship of rapport with the puerperal women and make an unbiased assessment.

The nurse who is informed about the knowledge and beliefs about self-care activities of Chinese postpartum women will understand and support her client's behaviors. Also, the nurse will overcome and prevent her client's self-care deficits.

Each postpartum woman is an individual with different experiences. The nurse must recognize culturally relevant knowledge and belief systems. The goal of the effort is to raise the nurse's sensitivity about the client's cultural differences and provide quality nursing care.

In addition, prevention concept in Chinese medicine should be well utilized in the health education and nursing care. Health care professionals should make prevention to be the motivation of the health behaviors.

Recommendations for the Further Study

The data indicated that most of the Chinese women in Taiwan gave birth to babies in the hospital. Therefore, the further data
collection related to the study suggested is Chinese puerperal women's view of childbirth in the hospital. In addition, no information were collected concerning Chinese puerperal women's new role in the family. Then, the further data collection suggested is Chinese puerperal women's view of their new roles. Recommendations for further research include:

1. Conduct a descriptive study to determine the relationship between folk and modern professional health care usage among Chinese puerperal women.

2. Conduct an observational study to describe the role of the "doing the month laundrywoman."

3. Conduct a historical study about puerperal women's view of "doing the month" centers in Taiwan.
TO: Zxy-yann Lu

College of Nursing

FROM: Ada Sue Hinshaw, RN, PhD
       Katherine J. Young, RN, PhD
       Director of Research
       Chairman, Research Committee

DATE: December 12, 1983


Your project has been reviewed and approved as exempt from University review by the College of Nursing Ethical Review Sub-committee of the Research Committee and the Director of Research. A consent form with subject signature is not required for projects exempt from full University review. Please use only a disclaimer format for subjects to read before giving their oral consent to the research. The Human Subjects Project Approval Form is filed in the office of the Director of Research if you need access to it.

We wish you a valuable and stimulating experience with your research.

ASH/fp
APPENDIX B

DISCLAIMER

I agree to participate in a study entitled "Self-care Practices of Chinese Puerperal Women."

The purpose of this study is to describe the knowledge and the beliefs that Chinese puerperal women utilize in caring for themselves.

I understand that I will be interviewed. The estimated time for each interview will be an hour and my participation will be required for four times. The interview will be conducted at my home. I understand that the interview will be tape recorded and transcripts of the recording will be available to me for corrections.

I understand there will be no physical or mental risks involved in my participation in this study. The information which is obtained will be treated as privileged and confidential. The identity of me will not be revealed under any circumstances. I understand there will be no financial remuneration for our participation in this study.

The nature, demands, risks and benefits of the project have been explained to me. I understand that I may ask questions and that I am free to withdraw from the project at any time without incurring ill will.
APPENDIX C

GRAND TOUR QUESTIONS:

When does doing the month start and end?
Does this apply both first delivery and second delivery?
What rite is performed to announce change of status?

What are the rules?

Air: Is air desired or dangerous?
Where may it enter?
How is the mother protected by it?

Water: When is bath permitted?
When may water touch?
What happens if the taboo is ignored?

Heat and Cold: Where is heat used? wet or dry?
Where is cold used?

Food and Drink: What food is required? Why?
What food is forbidden? Why?

Motion: What activities are forbidden?
What rest is encouraged?

Evacuation: When must the bowels move?
How to help it?

Emotions: What emotions are permitted?
What emotions are forbidden?
When may sexual intercourse be resumed?

Who involved in "doing the month?"
Where does the "doing the month" take place?
How do you want to change the rules about "doing the month?"
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