

Social Media, Celebrities, Comparison in Reality, and Postpartum Care Centers: The Body Image of Pregnant and Postpartum Women in China

Tiansi CHU

Department of Applied Psychology, School of Humanities and Social Science, The Chinese University of Hong Kong, Shenzhen

Abstract

Objective: This study is a qualitative research focusing on the body image of pregnant and postpartum women in China from the perspectives of individuals, impact of social media (especially celebrities' posts), and the marketization of the traditional practice of doing-the-month. **Methods:** First, using semi-structured interviews regarding body image of pregnant/postpartum females, the influences of social media and celebrities, as well as postpartum care centers, data was collected from a dyad of two individuals, and a single participant. One participant in the dyad was pregnant, while other two involved participants were in their postpartum period. Subsequently, thematic analysis was used to investigate the data collected and the translated textual materials in two semi-structured interviews. **Results:** In this study, the concept of “body” was categorized into 3 levels including individual, social, and organizational, using 3 corresponding main themes namely “The Internalized Body of Individuals”, “The Presence of ‘Others’ on The Body”, and “The Organizational Practice of Zuoyuezi on The Body”. **Conclusions:** Unlike traditional views, moms-to-be and new moms show more agency in reclaiming the body. Moreover, pregnant and postpartum females are more influenced by the body image of people they know in reality than that of celebrities.

Keywords Body Image; Embodiment; Postpartum Care; Doing The Month

1 Background

1.1 Introduction

Nowadays, pregnant/postpartum celebrities have been constantly highlighting on social media about quick “bounce-back” (Hancock, 2013), portraying the image of “lama” (辣妈), or “hot moms”. Many pregnant women are therefore motivated to maintain nice body shape (Lee et al.,

2019; Dworkin & Wachs, 2004). However, the emphasis on perfect body image may result in body image dissatisfaction or anxiety (Fuller-Tyszkiewicz et al., 2013; Roomruangwong et al., 2017). Consequently, some organizations seize the opportunity to commodify post-pregnancy body anxiety, giving a rise to expensive postpartum care centers helping women to “bounce back”, which in China is specially characterized by the marketization of indigenous postpartum practice of “*zuoyuezi*” (坐月子) or doing-the-month (i.e., postpartum care during the first month after childbirth) in centers (Liu et al., 2014; Tung, 2010).

1.2 Literature Review

The term “body” is socially constructed as a physical and conceptual space (Turner, 2016; Howson & Inglis, 2001; Featherstone et al., 1991). Body image, therefore, is about people’s perceptions and attitudes toward their body in social contexts (Slade, 1994). Derivative from this, body image dissatisfaction is negative attitudes toward perceptions about individuals’ body due to the gap between their actual body image and the internalized ideal body image (Cash & Pruzinsky, 1990; Strauman et al., 1991; Williamson et al., 1993). Body anxiety, subsequently, is a specific appearance anxiety of symptoms caused by body image dissatisfaction such as worry, tension and anxiety (Woodman & Steer, 2011; Roberts et al., 2018).

Relevant theories helpful to interpret codes are listed as follows. Sociocultural theory is widely used to examine the impact of social media on conveying body image for individuals (Huang, 2021), in which the internalization of feminine beauty “thin ideal” standard is emphasized (Cafri et al., 2005). Social identity theory proposes that individuals categorize themselves as belongs to different groups (Tajfel, 1978; Tajfel & Turner, 1979; Hoggs, 2018) divided into “in-groups” and “out-groups” based on individual’s cognition of belonging in self-categorization theory (Turner, 1999; Smelser & Baltes, 2001), which provides potential explanations to people’s distinction between themselves, celebrities and real-life people, thus different attitudes toward body image portrayed by different social groups. The industrialization of *zuoyuezi* and postpartum care in China is a product of materialism, a paradigm emphasizing on the significance of material possessions, which, impacted by “the perfect-body ideal” and “the material good ideal” in consumer culture and reinforced by social media, may ultimately result in body image dissatisfaction (Richins & Dawson, 1992; Manolis & Roberts, 2011; Guðnadóttir & Garðarsdóttir, 2014; Ashikali & Dittmar, 2011; Dittmar & Brown, 2007).

Studies about body image of pregnant/post-pregnant women have focused on negative psychological effects toward larger body size contradict to popular “thin ideal” (Clark et al., 2009). Women who objectify their bodies were found to feel more guilty and anxious about gestational weight gain (Fredrickson & Roberts, 1997). Moreover, the discrepancy between socially approved “ideal thin” and self-concept about real body shape during/after pregnancy is associated with negative body image (Thompson et al., 1999). However, pregnant women showed more mixed feelings toward weight gain instead of pure shamefulness among non-pregnant women (Vartanian, 2010; Vartanian & Porter, 2016; Allen-Walker et al., 2017), because despite the need of absorbing enough nutrition for babies and themselves, subscribing to “ideal thin” makes them

anxious. Therefore, while more tolerant to larger body size, the concern of losing weight still widely occurs among pregnant women (Davies & Wardle, 1994). Conversely, pregnant women who consistently hold positive views of pregnancy were found to report higher body image satisfaction (DiPietro et al., 2003; Rauff & Downs, 2011).

In previous studies, the widespread of celebrities' body image on social media was discovered to result in individuals objectifying or sexualizing celebrities and focusing on their beauty represented by "thinness", which consequently lead to self-objectification, self-sexualization and body image dissatisfaction (e.g., Fredrickson et al., 1998; Aruguetem et al., 2014; Noll & Fredrickson, 1998; American Psychological Association, 2007; Nowatzki & Morry, 2009).

Previous studies have investigated postpartum care from perspectives including development, challenges, future models and programs, etc., without further examination on the body (e.g., Bo, 2020; da Conceição F. Santiago & Figueiredo, 2013). Considering the special tradition of *zuoyuezi*, some studies have concentrated on the postpartum care in Asian countries such as Korea and China, especially in the the modernization of traditional postpartum care (e.g., Kim et al., 2021; Wang, 2019). Since the introduction of Western science, China has been national rejuvenated in all areas including *zuoyuezi*, which was once dominated by home confinement using purely Chinese medicine under the guidance of older home members (especially in-laws), is now modernized (Greenhalgh, 2020; Chmielowska & Shih, 2015). The core concepts in *zuoyuezi* include the yin-yang (阴阳) theory (i.e., the rule of polarity in nature), hot-cold differentiation, and bu(补) in diets, which means nourish the body through herbs such as ginger and *danggui*(当归), high-protein foods (e.g., chicken, eggs), and other foods that are body-parts-alike in appearance (Chmielowska & Shih, 2015). Guided by these concepts, women in *zuoyuezi* were forbidden to go outside, eat/drink cold, or take baths (Ho et al., 2011). However, with the introduction of Western science, some traditions have phased out, and a growing number of women are choosing to *zuoyuezi* at postpartum care centers instead of home (Chang, 2018).

Despite extensive literature, there are some gaps. For instance, there is a lack of Chinese contexts on body image among pregnant/postpartum women, as well as on celebrities' influences through social media. Moreover, previous studies have focused the influence of celebrities on unmarried young female instead of pregnant/post-pregnant women, without considering the impact of ideal body image portrayed by real-life acquaintances. Additionally, previous studies have not investigated deeply into the combination of indigenous traditions in *zuoyuezi* with modern science involving organizational body work in China.

1.3 Research Aims

Therefore, to fill the gaps, this study aims to investigate the perceptions of body and body image among pregnant/post-pregnant women within Chinese contexts, meanwhile explore impact of sociocultural factors including social media, comparisons of celebrities and real-life connections on body image of pregnant/postpartum females, and the newly developed postpartum care centers in China, especially the marketization of *zuoyuezi* in modern society.

2 Methods

2.1 Data Collection: Qualitative Semi-structured Interviews

Semi-structured interviews are conversations which, while having a set of questions covering topics in interests, are free to vary and change between participants (Fylan, 2005). Therefore, semi-structured interviews in this study are well-suited to flexibly dive into the insights of pregnant and postpartum women regarding sensitive topics including motherhood, body image, social influences, and postpartum care in China.

The procedures of the interviews are as follows. First, this study prepared a topic guide consisted of opening questions divided into four parts namely introduction, warm-up questions, main body questions and cool-down questions. Subsequently, participants were recruited according to representativeness and convenience principles (Skovdal & Cornish, 2015) through the introduction of a local friend in Shenzhen who happened to have a cousin (who brought a pregnant co-worker to form a dyad) and former head-teacher's wife in postpartum period. Finally, two audio-recorded semi-structured interviews were conducted after obtaining oral consent.

The samples included a dyad of two people in the alias of A and B, and a single participant C. Participant A was pregnant for 7.5 months, while participant B and C were 5 months and approximately 3 months postpartum respectively, which means that perspectives of both pregnant and puerperal women were represented. Though they are all primary school teachers in Shenzhen, with the dyad from the same private school, while participant C from another public school, which, while maintained homogeneity in career, potentially offered explanations for different views due to diversity in school types. The first interview of the dyad took place in a nearby cafe, while the second interview was via audio chat on WeChat as C was reluctant to communicate face-to-face due to fear of not being the best self. Both interviews were about 1 hour long.

2.2 Data Analysis: Thematic Analysis

Thematic analysis refers to various qualitative data analysis methods which interpret the data into major themes or descriptive categories (i.e, codes) that adequately describe relevant information in textual data such as interviews (Howitt, 2016). Thematic analysis is useful under circumstances including complete data collection from detailed textual material (e.g., interviews, focus groups), and driven by either strong theoretical perspectives or the data (Howitt, 2016; Braun & Clarke, 2006). In this study, the accessible and flexible nature of thematic analysis (Braun & Clarke, 2012) allows subjectivity of both the participants and the researcher, which leads to in-depth investigation on the perceptions of pregnant/post-pregnant women regarding body image through the coding process driven by complete data collection from specific textual material in two semi-structured interviews.

In this study, the body is categorized into 3 levels including individual, social, and organizational, using 3 corresponding main themes namely “The Internalized Body of Individuals” , “The Presence of ‘Others’ on The Body” , and “The Organizational Practice of *zuoyuezi* on

The Body” . Then, these main themes were further coded into 7 sub-themes, followed by 11 third-level themes in total.

3 Results

This study identified 3 main themes with 7 extending sub-themes and 11 third-level themes regarding the perceptions of the body and body image among pregnant/postpartum women in China from individual, social and organizational levels, which would be elaborated in the following paragraphs.

3.1 The Internalized Body of Individuals

According to Turner (2016), body is the social construct instead of a natural phenomenon, which means that from individuals perspective the body of pregnant and puerperal women is the internalized concepts of the body as physical and cognitive being, which, based on results from the two interviews, include changes toward motherhood, body image, and the caring for the body.

3.1.1 Transitioning Towards Motherhood

As the initial “body/mind” split was abandoned in the sociology of the body (Adelman & Ruggi, 2016), the transition to motherhood refers to not only physical reactions, but also the embodiment of these reactions in psychological states among pregnant females and new moms, in which women reconstruct their role and concept about “self” through multi-faced changes (Uriko, 2018; Walker et al., 2019). When asked about physical reactions, though all three participants first claimed to “didn’t suffer much” , different discomforts were mentioned by different participants.

A: I don’t have any dramatic reactions actually. **Morning sickness** is really mild for me. I sleep way too well, so I’ m like, always **sleepy**. And sometimes **the baby kicks my belly** when I sleep.

B: But in the later stage, it was quite a torture as **I couldn’t sleep**, and **always felt tired**. For example, when I went to work, I had to have short breaks when climbing the stairs, because of strange feelings to my legs.

C: I didn’t experience much of physical suffering during pregnancy, except in the last month, as my baby got too heavy, but I was too thin, **my pubis hurt** all the time, even turning over was too hard for me at that time.

In terms of psychological transition, the dyad mentioned emotional changes or feelings such as “free” , “moody” , or “craving for company” associated with physical changes including gestational weight gain, which is in line with theory on embodiment, or the cognitive sense of individual’s body (Longo et al., 2008). Moreover, A’s tolerance toward eating more was found in research from Allen-Walker et al. (2017).

A: I feel free to indulge myself (because of) gestational weight gain and the fact that I'm pregnant, so I basically eat whatever I want...

B: I think it doesn't matter (to experience these physical changes), because all pregnant women go through these changes... I was quite moody and craving for company immediately after childbirth.

Embodiment is also closely linked to the sense of self, which is also one of the foundations of individual psychological identity (Cassam, 1997; Edelman, 2005). In transitioning to motherhood, pregnant women experience shift in relationships, life center, etc., which also leads to the reconstruction of their identity as mothers, providing them cognitive preparations for the actual roles of children care givers. This identity change is expressed by both participant A and C, with both of them reporting negative feelings on the reconstructed relationships between them and their mother-in-laws, and C's transition of life-center toward the baby.

A: I am afraid of my mother-in-law taking care of me and the baby after childbirth in the upcoming future.

C: I felt more free without the baby. Now my in-laws are living with us, and I feel like the life center of me and my husband is on our baby.

The transitioning to motherhood is the identity change which involves both physical reactions and psychological embodiment, through which the body is felt and made sense by pregnant and puerperal females, helping them embrace their identities as mothers and act in corresponding manners.

3.1.2 Body Image

Body image, first coined by Schilder (1935) to describe the picture of the body formed in individual's mind, refers to the cognition and evaluation of internalized body appearance including attitudes (e.g, thoughts, beliefs and evaluations of body image), perceptions (e.g., satisfaction with body image), and behaviors (e.g., efforts to control or change body appearance)(Grogan,2016; Meireles et al, 2017). Thus, body image is constructed, during which process the actual body shape changes in pregnancy and postpartum period are the basics, while the perceived body shape among pregnant women and new moms play the essential role of guiding their cognition of body image.

Q: What are the body changes in pregnancy/postpartum period?

The Dyad:

A: I've gained 30 pounds, look at my round face (laughing, palms around face).

B: I experienced gestational edema so I absolutely looked bigger in size... After the childbirth, everyone says I look better, especially in terms of the pinky colour on my face, maybe it is the glow of motherhood, hahaha.

C: I looked pretty much the same, except for **the weight put on my belly** during pregnancy.

All of the three participants mentioned gestational weight gain in a relaxed, or even self-teasing tone, with body languages including laughing and putting palms around face. Besides, B mentioned associated “pinky colour” on the face with “the glow of motherhood (母性的光辉)”, which is a socially accepted construct regarding the identity of mothers. However, when asked about feelings toward these changes, though the dyad claimed to be “not anxious about them at all”, the hidden message of body image dissatisfaction was demonstrated through words by all three participants.

The Dyad:

A: I **don’t feel body anxiety** in particular. I eat for two. It’s normal to gain weight. So, again, **look at my round face**. I remember once **my student told me I looked fatter**, and I was like, **oh well**, hahaha. But I would **forget about it** because it is OK for me.

B: I **don’t, either...** It is **painful** to look at the stretch marks. I felt **sad** when my shoes/outfits didn’t fit, but I would **forget about it after a while** because **comfortable is more important** to me. Sometimes I **thought I was too fat** looking at the mirror, but **just for a while**. I felt **angry** for a sec when one of my student thought I was still pregnant shortly after childbirth,, you know... I was bloated in pregnancy, but I feel **PRETTIER** day by day after childbirth (laughing).

C: I used to think that I was a person who can never get too fat, but now I eat a lot to breast feed, so I’ve **gained too much weight**, mainly on the belly... Stretch mark is **ugly**, especially in the last month of pregnancy, but luckily mine is not that obvious. I feel **anxious** about the weight put on my belly, because it’s really hard to bounce back... In the doing-the-month period, I didn’t go outside, I feel **pretty bummed** when my outfits, which used to fit perfectly, don’t fit me anymore.

Mixed feelings about bigger size in previous literature (e.g., Vartanian, 2010; Vartanian & Porter, 2016; Allen-Walker et al., 2017) was reported by all interviewees. The dyad expressed the fleeting body image dissatisfaction concerning others’ negative comments on body shape that they claimed to “forget after a while”, which implies that body image is perceptually and attitudinally constructed through internalized body-concepts (Slade, 1994). Moreover, B’s and C’s feeling “sad” or “bummed”, and A’s emphasis on “round face” indicate that the internalization of the “thin ideal” (Clark et al., 2009) is so deeply rooted that their body image construct is built upon the standard invisibly.

3.1.3 Caring For The Body

Body work involves body/appearance work, body work/labor, body/emotion management, and body-making through work (Gimlin, 2007). The internalized perceptions of caring for the body

among pregnant and postpartum women are embodied in individual body work, specifically in management and modification of appearance/body, including weight control and recovery practice.

When asked about weight control practice, A utilized standing in daily job during pregnancy, B shared her pre-pregnancy diets, while C reported her postpartum training and outfit choice as a way to cover up baby bump, which is consistent with previous findings that the concerns of losing weight still occurs among pregnant women (e.g., Davies & Wardle, 1994).

A: No. I **don't control my weight**. I'm too lazy, and don't think that I need to do so. Besides, my job requires me **standing all day**, that's all the exercise I get. B: Before pregnancy, I was in the middle of **losing weight through eating** whole-wheat bread, light meal, etc. So it's like, finally I was making a progress, and then, 'bam', I was pregnant. Now it's winter, I will try to lose weight through **swimming** in the up-coming summer.

C: I didn't have to before pregnancy, because **I was very thin**. And **diets made me grumpy**. Now I've started **following training videos** online to lose weight, especially on my belly because I want to bounce back as soon as possible... After childbirth, I prefer to **wear loose instead of fit outfits** to cover up my belly. Besides weight control, C also implemented recovery practice:

C: During the pregnancy, I kept **walking and massage** everyday to avoid severe gestational edema... Now after childbirth, I've been trying to **gain back strength at core muscle and pelvic floor muscle**, as pregnancy has weakened these muscles.

Body work explores the natural and cultural components of the body, helping individuals transform from the former to the latter (Gimlin, 2007). As for body work involved in caring the body, the weight control practices among pregnant/postpartum women are more associated with the sociocultural construct of the body as they are approaches to meet the mainstream standard of body image, while the recovery practices are more linked to the natural construct of the body in motherhood.

3.2 The Presence of 'Others' on The Body

The sociocultural factors influencing the body image of pregnant/postpartum women include the social media and social comparisons.

3.2.1 The Body Shape of "Myself" on Social Media

Social media is a two-way platform which provides the invisible presence of "others" .

Q: What contents do you usually post on social media?

The Dyad:

A: I'm too lazy to post any photos on social media, so I only **watch** others' posts.

B: Now I don't like to post on social media, because I'm too lazy to **beautify** photos before uploading on WeChat. No make-up, no photos, hahaha.

C: Before pregnancy, I would post pictures about my daily life, mainly myself. But now it's all about **my baby**. I didn't post many photos during pregnancy, and even if I posted, I would **avoid shooting my belly**. I would **beautify** and choose the right filter before posting pictures on moments on WeChat.

From sociocultural perspective, agency of pregnant and post-pregnant women is expressed through a body-in-cultural-context model, as the cognitive construction of body image through social media is interactively examined. According to quotations, B and C mentioned makeup and beautifying before posting, which shows their expectations of portraying nice body image on social media, which exemplified previous findings on people's idealizing body image in social media (Fardouly & Vartanian, 2016). Furthermore, C's avoidance of posting baby bump reflects her body image dissatisfaction due to internalization of feminine "thin ideal" standard (Cafri et al., 2005).

3.2.2 Ideal Body Shape of Others

The ideal body shape is constructed through comparisons of others including celebrities and real-life connections. When asked about the hot-moms body image of celebrities and their reclaiming the body, surprisingly, all participants responded in rationale rather than self-objectification proposed in previous studies (Noll & Fredrickson, 1998; Sun, 2018; Fredrickson & Roberts, 1997).

B: I **understand** why (they promote) such body image. It's their **job**... But I think It's **unhealthy**, and you naturally lose weight in the doing-the-month period...I feel like their bounce-back products are **scams**, I only believe in working out to lose weight.

C: They have a **team**, you know. Sometimes I'd like to keep fit as them, but I don't have the time, money, or team. I **feel envious sometimes**, and I would follow practice on TikTok, but mainly with v-loggers, not celebrities...The claim of 'take control of my body' is a bit like **moral abduction** if you really think about it, but also **normal** at that point (in pregnancy).

Although sometimes felt "envious", participants showed agency in judging the accessibility of celebrities' body image and the validity of their bounce-back actions, because they clearly viewed them as "job requirement". Conversely, they were more likely to construct ideal body image through comparisons with real-life connections, which is an aspect with scarce literature.

Q: What do you think about those in good shape in reality?

The Dyad:

B: Compared to celebrities, I would compare myself more to people in real-life. For instance, sometimes I see the body shape of a co-worker, I feel like '**wow! it would be so nice if I have such nice legs** or something.

A: Yeah, I sometimes **do it too**.

C: I LOVE to look at pretty girls! I **envy their courage** to wear gorgeous outfits. As I grow old, I don't have such passion for fashion anymore, also I would feel like it is not appropriate for a teacher to wear clothes like that. But I DO envy them.

The reflexivity of “self” lies in its role as an object which can be categorized, classified or named in relations to other social categories or classifications (Stets & Burke, 2000), in which self-categorization plays the role of determine the groups that individuals belong to (i.e., in-groups), and the out-groups that individuals feel different from (Turner, 1989). Evidently, all participants categorized celebrities as out-group due to huge differences in social economic status (SES), appearance and other characteristics, whereas real-life connections such as co-workers or passers-by were considered to be the in-group as they showed more similarities, thus ideal body image portrayed by real-life connections were regarded as more achievable than celebrities.

3.3 The Organizational Practice of *zuoyuezi* on The Body

The special tradition of *zuoyuezi* has recently been industrialized in materialist society, with emerging postpartum care centers modernizing indigenous practice and adapt the socially constructed selling point of “professionalism”, though many pregnant/postpartum women still show the agency of choosing to *zuoyuezi* at home.

3.3.1 Agency in Choice

Nowadays women are provided with more choices in postpartum care, toward which participants showed agency and rationale in terms of choosing whether to *zuoyuezi* at home or at centers. Participants had different reasons about their choice, such as the impact of the in-laws, and expectations about the caring styles and different services.

Q: Where did you (or are considering) *zuoyuezi*? Why?

The Dyad:

A: I' ll *zuoyuezi* at home, because I'm **afraid my mother-in-law would judge me**. If don't consider her influences, I will go to center.

B: I experienced *zuoyuezi* at home because **I ate better at home**. But I can't eat vegetables according to tradition, I would also eat herbal soups. I only take baths in boiled herbal water.

C: I did *zuoyuezi* at center. Because **I thought it would be much easier**, to ease the pressure of my husband and in-laws, and I would worry less as **I would be more scientifically and systematically taken care of**, because there would be a team at your service. I also felt more free.

Contrary to notions of materialism that emphasizes on the evaluation of life satisfaction based on “possessions” which are sometimes manifested in consumer culture in the form of luxurious services (Richins & Fournier, 1991) such as those offered at postpartum care centers, pregnant/postpartum women are not so easily persuaded, since they have the rationale to evaluate other factors as well.

3.3.2 The Notion of “Professionalism” in Centers

The selling point of “professionalism”, internalized by participants, is expressed through high-priced services, the combination of traditional Chinese medicine and Western modern science, and organizational behaviors in caring for the body.

Q: What do you know about postpartum care centers and the relevant industry in China? What do you think about them? (service, price, etc.)

The Dyad:

B: I think the postpartum care centers are **very expensive** but admittedly **professional**. I think the price can go up to very high, if it has **large chains** in China. But most of the centers said to have “chains” all across China, well, I haven’t seen one outside of Shenzhen anywhere (laughing).

A: Yeah (nod along).

C: They have **well-round service**, not only for the baby, but also for the mother. The price is from about 3k-4k to unlimitedly high, depending on the brands and combos of services. For mommy, they take care of the diet and body recovery. I think the services are **very luxurious** in price, but it’s **reasonable** since it is **determined by the market**. I will also choose centers if I were to have a second child.

Though offered different prices, the average is still very expensive to ordinary new moms. The association between “high-price” and “professionalism” was observed among all participants, as they regarded the price to be “reasonable” considering the market and services. However, as implied by participant B, this association may not be granted, as exaggerations such as “national chains” appear in advertisement without regulations to monitor such deceptions, which can be one direction for future studies.

Moreover, one of the most important advertisement of “professionalism” depends on the marketization of indigeneity and modernity in centers.

Q: What’s it like in the postpartum care centers? How are they combining the traditional Chinese traditions with modern postpartum care practice?

B: I did *zuoyuezi* at home, and was forbidden to eat vegetables according to the traditions in Guangdong. But I have consulted some of the centers, and found that the nutritionists recommended eating diverse food including vegetables, so I’d have to say **the diet is Western science**. But I know they also **provide herbal soups at**

centers, just as I did at home, and also with **Chinese medicine** that was supposed to nourish the body because it looks like certain body parts. Besides, I only took baths in **boiled herbal water**, however I think in centers you just **wash your body with regular water**.

C: Though they (postpartum centers) have one-on-one special nutritionists with **Western diet** including meat and vegetables, they have also adapted indigenous traditions. For example, **herbs, no AC**, very traditional. Actually, once I was trying to use fans because I felt too hot, but was **told off** by the care staff (laughing).

According to Stern and Kruckman (1983), puerperal women in Asian countries are more cautious in postpartum, which refers to traditional taboos of *zuoyuezi*, which are also adapted in modern postpartum care centers such as the usage of herbs and no exposure to coldness mentioned in interviews. On the other hand, some taboos such as not eating vegetables or no showers were gradually wed out as contradict to modern science. Furthermore, the one-on-one nutritionists in centers play crucial role in the construction of “professionalism”, whose job is the perfect example of the combination of indigeneity and modernity in *zuoyuezi*, since the main dietary implement recommended by them is based on modern Western science, while herbal usage of traditional Chinese medicine is also applied to fit into the Chinese contexts.

In addition, organizational body work is an element contributing to the notion of “professionalism” in centers. Just like individual body work, the services of body work at centers also involve weight control and recovery practices.

Q: Have you taken part in fitness sessions in (e.g., yoga) in centers for new moms or pregnant ladies? What do you think about these activities?

B: My friends told me I would **lose weight faster** at centers. I think you don't need service to lose weight if it was your **destiny**... I know they have services including **massage, pelvic floor muscle recovery, and yoga**. Different sessions cost different prices. They also provide **pre-labour training** at hospitals and some centers that claims to “help avoid vaginal lacerations”, but I think you can **exercise yourself** without these services.

C: They have **yoga training**, but I think the main aim is to **recover**, and then **lose weight** if your body is ready. I've had one-on-one sessions and I **felt great**. On the other hand, now that I think about it, I was a bit **anxious about the effect** during the session, thinking about would I truly lose weight fast or not, so maybe they are kind of **promoting and profiting from our body anxiety**? I'm not quite sure.

Based on the quotations, the organizational body work of caring for the body is mainly aiming at recovery, however, losing weight through postpartum yoga or other activities was also perceived as one of the advantages in postpartum centers. Instead of irrationality following weight control practices, new moms such as B illustrated agency in questioning the necessity of such services, while C, though took part in yoga training to lose weight, still showed critical thinking in pointing out the possibility of the centers profiting from body anxiety.

4 Discussions

4.1 Mommy Economicus: Agency in Reclaiming The Body

Pregnant women by no means play the role of passive receivers. On the contrary, Females showed agency in reclaiming the body (O' Malley & Patterson, 2013). In traditional views, pregnancy is associated with stereotypes of being clumsy or even dumb, with Chinese saying of “one-time pregnant, fool for three years(一孕傻三年)” and English expression of “mommy brain” (Hurt, 2011). Yet the image of “rational and clever moms” is rebuilt (Pawluski et al., 2016). “Mommy economicus”, derived from Foucault's (1990) “homo economicus”, is the mind-body construct of strong and competent image of moms or moms-to-be (Thornton, 2014).

In this study, mommy economicus is implied. First, pregnant/postpartum women expressed agency in rationally evaluating the market of postpartum care centers in China, in regard to choice of the locations to *zuoyuezi*, prices and services in centers, and whether to take part in organizational body work involved. Second, instead of blindly following the body image portrayed by celebrities as previous studies expected (e.g., Noll & Fredrickson, 1998), females shared clear self-categorization in which the social identity of “self” is constructed distinctly away from celebrities group. On the other hand, however, pregnant/post-pregnant women also demonstrated the internalization of the “ideal thin” body image without notice, and the discrepancy between which would result in different levels of body image dissatisfaction.

4.2 KOLs: Leadership of Real-life Connections

Leadership refers to the process of affecting others to enhance their contribution in order to achieve group goals (Haslam, 2004). Previous researches have only investigated on celebrities as key opinion leaders (KOLs) in defining the standard for ideal body image, however, this study has indicated that, due to the homogeneity in social identity, body image of real-life connections –sometimes posted on social media – may also has the leadership as KOLs in the social construct of ideal body image among pregnant/postnatal women. For instance, participant B constantly mentioned the body shape of her neighbor who is a yoga teacher, especially on her bounce-back quickly after childbirth.

4.3 Rejuvenated *zuoyuezi*: Traditionally Modernized Organizations

The postpartum practice of *zuoyuezi* has thousands of years of history in China, and is still commonly applied (Callister, 2006). Though mainly adopting traditional Chinese medicine views on postnatal care with indoor confinement including series of taboos, utilization of certain herbs, and traditional Chinese dietary supplements (Chen, 2001; Chuang et al., 2009), *zuoyuezi* has rejuvenated and marketized with modern postnatal care practice including nutritionist and organizational body work. Some high-end centers even have guided physical and psychological rehabilitation (Yeh et al., 2013). Therefore, it is implied from the study that the potential relationship between body anxiety and postpartum care centers, as well as the interactive role of

certain services on alleviating body anxiety should be examined in the future.

Author Biography

Tiansi CHU, Tiansi Chu, female, Chinese. Tiansi received her MSc. in Applied Psychology from The Chinese University of Hong Kong, Shenzhen. She obtained her Bachelor's Degree of Law in Sociology from Central South University, China. She is interested in psychosocial issues in gender and sexuality, marriage and intimate relationships, body and body image, as well as stigmas and stereotypes. Email: 221032002@link.cuhk.edu.cn, <https://orcid.org/0009-0006-2329-7929>, Google Scholar: https://scholar.google.com/citations?view_op=search_authors&mauthors=Tiansi+Chu&hl=zh-CN&oi=ao.

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