

## Introduction

Around 8:00pm on August 31st, 2017, Ma Rongrong, a parturient soon to give birth at First Hospital of Yulin City, Shaanxi Province, China, ended her own life by jumping out of the hospital window. The hospital released two screenshots of the security footage on Sept.6th, which showed that two hours before, Ma twice appeared to be kneeling in front of her husband Yan Zhuangzhuang and her mother-in-law. According to the hospital, the security footage screenshots evinced a story of pain: Ma begged for a Cesarean section, which could relieve her labor pain, but was turned down by her conjugal family.<sup>1</sup> Driven to desperation by labor pain, she committed suicide.<sup>2</sup> The family agreed to the pain narrative—they also believed that Ma committed suicide to relieve herself from labor pain. However, they claimed that the hospital prevented Ma from having a C-section.<sup>3</sup> Yan explained that Ma did not kneel to beg for a c-section; she fell to the ground because she could not bear the pain.

To those of us who do not know Ma personally, her entire story is captured in two images: one in which she knelt on the hospital floor, painful; one in which she lied on the ground, painless. In the Chinese dichotomy of Qian (heaven) and Kun (earth), the feminine energy belongs to the earth, the fertile provider of life. Ma's fate seemed to be constantly pulled by a downward motion: the unbearable heaviness of birth brings this young parturient again and again to the ground. Earth, gravity, fertility, weight—these entangled symbols weave a story of femininity and pain.

## One False Dichotomy, Two Groups of Articles

Ma's story sparked two waves of discussion on the Chinese Internet: first, people debated whether



**Image 1 & 2.** Ma Rongrong Kneeled for the Two Times.<sup>4</sup> \*Both images are taken directly from First Hospital of Yulin's social media account. The first image, in which the text says "parturient knelt for the first time," shows Ma on her knees at the door of the delivery room at 6:09pm. The second image, in which the text says "parturient knelt for the second time," shows Ma on her knees again in front of the elevator seven minutes later at 6:16pm. The First Hospital of Yulin added texts and red circles to the original security footage images, to support their narrative that Ma was on her knees to beg for a C-section from her conjugal family.

women should have a right to elective Cesarean sections to avoid labor pain; then, people questioned whether the concept of pain relief was conflated with C-sections, and whether labor pain should be addressed as an issue of its own. If pain relief measures during labor, such as epidural anesthesia, provides painless vaginal birth as an option, why is the Chinese public not exposed to such information?

In this essay, I aim to look into one false dichotomy deeply rooted in Chinese society: the dichotomy between a painful vaginal birth and a painless C-section (referred to as “false dichotomy” below). I will analyze this false dichotomy by examining media influence, specifically magazines on family life and reproduction. Two groups of magazine articles are considered to be written about the false dichotomy: the first group is written within the false dichotomy on choosing between a C-section and a vaginal birth; the second group tries to bridge the dichotomy by addressing pain in parturition. I will conduct quantitative analysis on these articles, analyze the result and demonstrate the existence of this false dichotomy. Then, I will propose reasons on three levels why the false dichotomy continues to exist: 1) on the surface level, few discussions are present in magazines; 2) articles within the dichotomy, specifically those against painless C-sections, suppress further conversation about pain; 3) lastly and most subtly, these articles create a culture around parturition, casting an implicit judgement on certain values. These underlying values prevent the emergence of conversations about pain relief.

### Definition

In this section, I will state the definitions for crucial terms in this paper. Commonly used in magazine articles are Chinese words *fen mian* 分娩 and *chan fu* 產婦, both of which are formal vocabularies widely used by both the medical community and the media. *分娩* is the process of birth giving. *產婦* means “laboring woman--” a woman defined by the process of labor, whether she is in it or about to enter it. To best capture both the meaning and the tone of these words, I will regularly refer to the corresponding English terms parturition and parturient. Parturition is “the action or process of giving birth to offspring.”<sup>5</sup> A parturient is a pregnant woman who is entering or about to enter parturition.<sup>6</sup>

In this article, I will not focus on C-sections performed out of medical necessity. I will use the term “elective C-sections” to encapsulate C-sections performed out of not medical need but the parturients’ will. One common form of painless delivery, epidural anesthesia, also referred to as epidural, is the “injection of an anesthetic into the lumbar area of the

spine in the space between the spinal cord and the dura, which eliminates sensation from the point of insertion downward, used especially in childbirth.”<sup>7</sup> Having clarified my definitions for parturition, parturients, elective C-sections and epidural anesthesia, I will move on to my research methodology.

### Methodology

Magazine resources for this paper come from the Chinese Knowledge Resource Integrated Database (CNKI)—one of the most comprehensive and prestigious platform in China for digitalized knowledge resource, initiated by Tsinghua University in 1999.

Open to the public, this database charges 0.5-1 CNY (0.07-0.15 USD) per page for both online reading and download of articles. I am able to gain access to CNKI through Stanford Libraries.<sup>8</sup>

From the magazine section of CNKI, five Chinese magazines most pertinent to reproduction or family life were selected.<sup>9</sup> Then a preliminary search of the following keywords is conducted: *fen mian* 分娩 (parturition), *pou fu chan* 剖腹產 (Cesarean section), *shun chan* 順產 (vaginal birth), *wu tong* 無痛 (painless) etc.

Name	Name in Chinese	Location	Year	Focus
Parenting Science	《父母必讀》	Beijing	1980-2017	Parenting
Love and Health	《婚育與健康》	Henan	1996-2014	Sex, reproduction
Marriage and Family	《婚姻與家庭·社會紀實》	Beijing	2003-2017	Family
Fashion Baby	《時尚與兒》	Zhejiang	2007-2017	Parenting
Chinese Baby	《母嬰世界》	Shanxi	2001-2010	Pregnancy, parenting

**Table 1.** Five Chinese Women’s Magazines about Parturition.

A first reading of all the articles with the above key words determines whether they surround any of the two themes: (1) the choice of vaginal birth or the choice of Cesarean section,<sup>10</sup> or (2) parturition and pain.<sup>11</sup> A second reading of the selected articles poll them on concepts such as attitudes towards C-section, attitudes towards pain etc.<sup>12</sup> Results are recorded for quantitative analysis; simultaneously quotes are collected for a qualitative analysis.

## Results

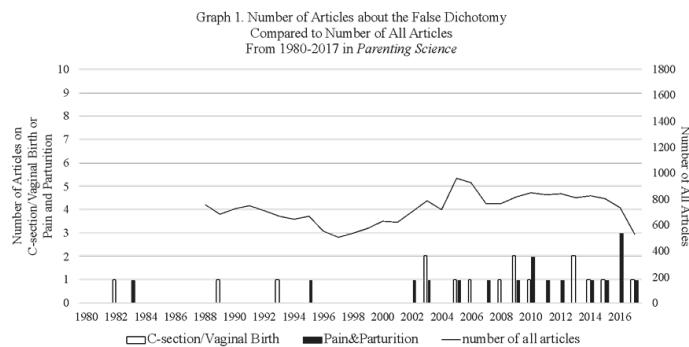
In results section, quantitative analysis on magazine articles reveals the following: 1) the false dichotomy between a painful vaginal birth and a painless C-section exists; 2) few articles are written about the false dichotomy; 3) attitudes towards C-section were largely negative compared to those towards vaginal birth; 4) standard biomedical procedures such as epidural hardly dominate the conversation about pain relief and 5) attitudes towards pain were mostly negative.

### 1) The False Dichotomy Exists

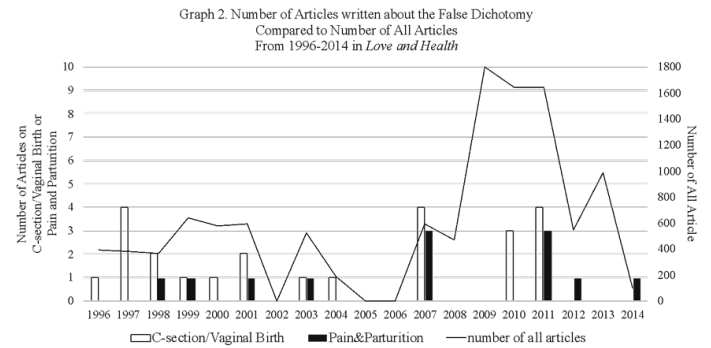
Magazine articles about parturition attest to the existence of the false dichotomy. Six articles, published in different magazines in different years, share titles similar to “Vaginal Birth vs. C-Section.”<sup>13</sup> Four articles open with the question: “vaginal birth or C-section,” which three claim is a question that every parturient has to face.<sup>14</sup> Several articles buttress that one important aspect of this dichotomy is pain.<sup>15</sup>

### 2) Lack of Media Attention

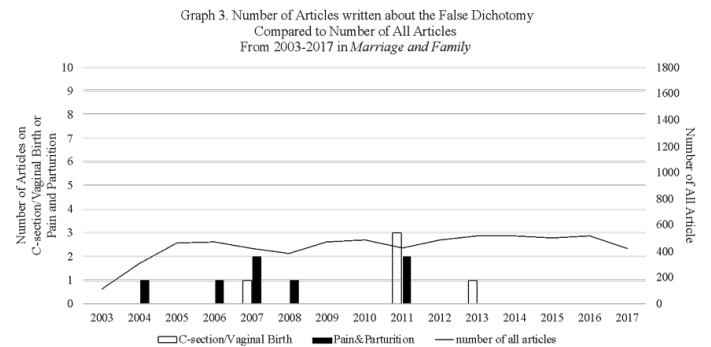
To put it simply, the false dichotomy between a painful vaginal birth and a painless C-section exists because magazines do not address it enough. Graph 1 to Graph 5 show the numbers of articles on 1) choosing C-section or vaginal birth, and 2) parturition and pain, compared to the overall number of articles for the five magazines over the years.



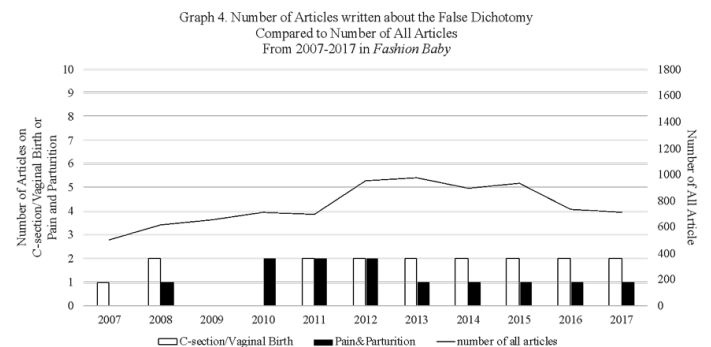
**Graph 1.** \*Parenting Science, a Beijing-based publication which prides itself as a “science magazine,” is the most prestigious and authoritative of the five. Even though the number of all articles written each year fluctuate between 600-963, the number of articles on false dichotomy each year has never exceeded 3.



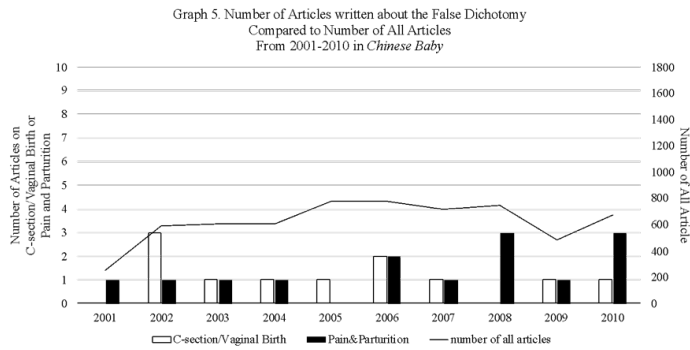
**Graph 2.** \*A small, sensational local tabloid from Henan, Love and Health publishes 36 issues per year in some years and 12 issues per year in others. No articles from 2002, 2005 or 2006 are found on CNKI—not unreasonable to assume that the magazine did not publish in those years. The magazine stopped publishing after two issues in 2014, hence the great variation in number of all articles each year. Even though it publishes as many as 1801 articles per year, articles on the false dichotomy has never exceeded 1.2% of all articles written that year.



**Graph 3.** \*Marriage and Family is a Beijing-based magazine, publishing around 500 articles per year. No more than five articles on the false dichotomy are written in a year. No article on the false dichotomy was published in the past three years.

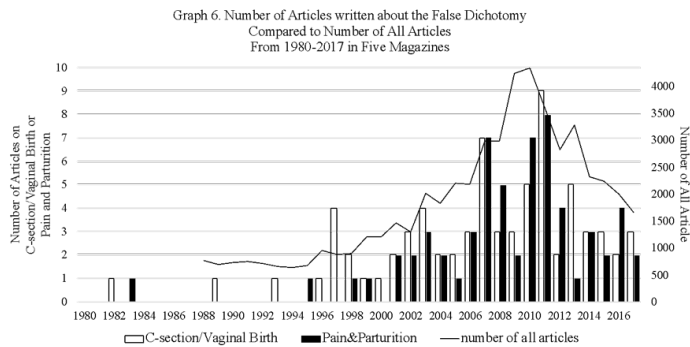


**Graph 4.** \*Fashion Baby is a Zhejiang-based magazine catered to younger audience. Each year, of the 501-977 articles its publishes, around three are about the false dichotomy. Interestingly, from 2011 to 2017, exactly two articles are written each year on choosing C-sections or vaginal birth. From 2010 to 2012, two articles are written each year on pain and parturition. From 2013 to 2017, this number decreases by half and one article is written each year on pain and parturition. Compared to other magazines, Fashion Baby’s bar graph follows a clear pattern, which may suggest that the magazine has a quota on the number of articles on each topic.



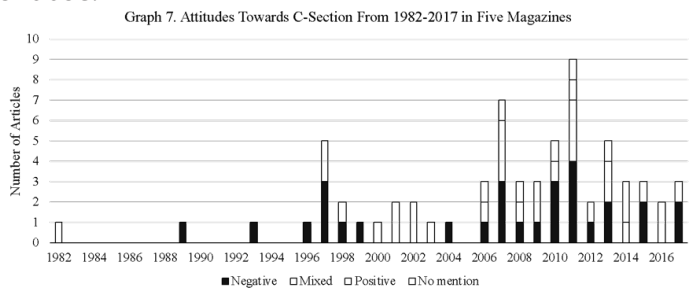
**Graph 5.** \*Skeptical of modern technologies, Chinese Baby is the most conservative magazine of the five, focused on the well-being of fetus and newborns. Each year from 2001 to 2010, articles on the false dichotomy takes up less than 0.7% of all articles written.

As Graph 6, a composite graph of all five magazines show, the two groups of articles of interest remain small in number over the years. Every year from 1988 to 2007, less than 5 in every 1000 articles are written about the two topics combined across the five magazines—an undeniably low number.

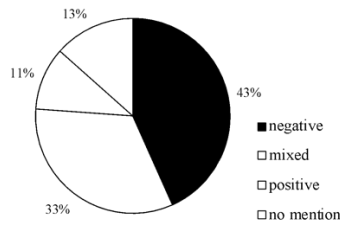


### 3) Attitudes Toward Vaginal Birth and C-Sections

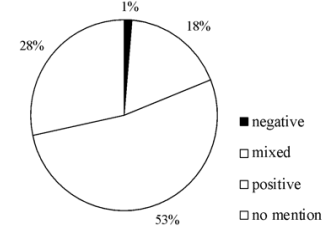
Graph 7-9 collect the first group of articles' (choosing vaginal birth or C-section) opinion on Cesarean section and vaginal birth. Attitude towards C-section in these magazine articles have been consistently mixed or negative over the years. In the debate between vaginal birth and C-section, articles lean towards vaginal birth to a considerable degree. It is not difficult to fathom which method of birth a parturient who has been reading these magazines would choose.



**Graph 8.** Attitudes Towards C-Section in Five Magazines



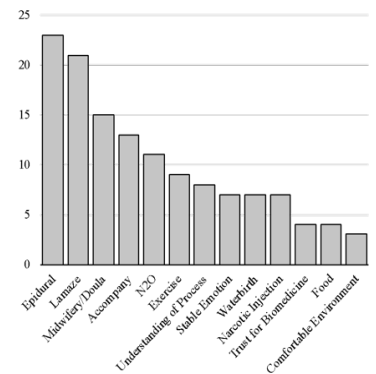
**Graph 9.** Attitudes Towards Vaginal Birth in Five Magazines



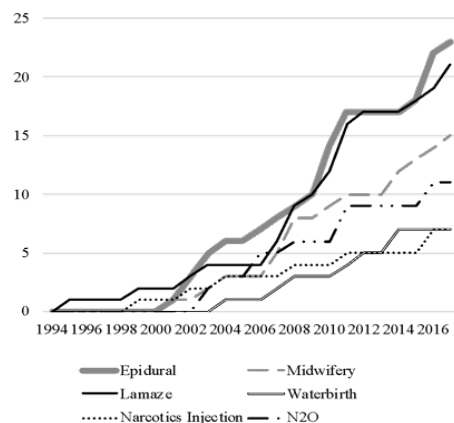
### 4) What We Talk About When We Talk About Pain Relief

The second group of articles on the false dichotomy are those about parturition and pain, many touching on the subject of pain relief. One might assume that by pain relief, these articles are referring to standard biomedical procedures, like epidural. However, as Graph 10 and Graph 11 show, this is not the case. Two thirds of articles on pain relief never mention epidural, but instead describe other methods like Lamaze, family accompany and water birth. Granted, epidural has gained public awareness rapidly, since the first article on epidural appeared on the five magazines in 2001, but even in recent years, no decline is observed in other methods like Lamaze either.

**Graph 10.** Mentions of Types of Pain Relief in Five Magazines

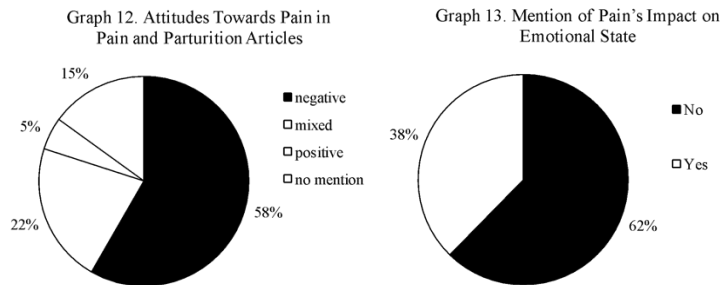


**Graph 11.** Cumulative Mentions of Types of Pain Relief in Five Magazines Over Time



## 5) Attitudes Toward Pain

Graph 12-13 study the second group of articles' understanding of pain. According to graph 12, of those pain and parturition articles that do convey a value judgement on pain (either explicating stating or implying that pain is good or bad), an absolute majority associate pain with negative attitude. About 1/3 of the articles discuss pain's negative impact on parturient's mental state, such as fear and anxiety.



### The Lost Case about Pain

In order to resolve the false dichotomy, I want to see how two groups of magazine articles interact with each other. According to graph 12, most articles in the pain and parturition category agree that pain is negative, which gives parturients an incentive to seek painless methods of delivery. In the first group of articles (choosing between vaginal birth or C-section) however, a painless elective C-section is constantly cast as a false option: an option nonetheless, but not the one that should be chosen.

As graph 7 and graph 8 show, the first group of articles disapproves of elective C-section as an answer to the pain issue. Curious what other answers they propose, I studied what magazines against elective C-section say about pain. Half of the articles (27 out of 57) never bring up pain in their discussion. A quarter (15 out of 57) identify pain as an issue but provide no solution. Only 2 out of 57 articles suggest epidural as a pain relief measure.

When some of these articles attempt to provide an answer to the pain question, these attempts can be grossly misguided and self-contradictory. On one hand, some articles claim that pain is inevitable and good. Despite evidence on the efficacy of painless delivery, many recent articles still argue that pain is "surely there," "unavoidable," and "a hurdle that can-

not be avoided."<sup>16</sup> Not only can pain not be avoided, but also it must be glorified: pain "[opens] a woman's strength," "makes people mature and strong," and turns the parturient into a real mother.<sup>17</sup>

On the other hand, other articles depict pain as bad but trivial. Using the phrase "Tong Bing Kuai Le Zhe (in pain but happy)," this group of arguments see pain as an unpleasant, but temporary state before immense pleasure. Many claim that seeing the baby dispels the pain instantly: "when I saw my baby, all pain went away;" "but when the baby cried, I forgot about the pain immediately;" "it was painful, but as soon as I saw you come out, it did not hurt at all."<sup>18</sup> These arguments emphasize that birth is a positive experience despite pain, while the previous ones emphasize that birth is a positive experience because of pain. Pain cannot be both positive and negative, both essential and trivial. Thus, these two groups of arguments contradict each other.

This section shows that articles against C-sections fail to provide a consistent or satisfactory answer to the pain issue. Attempting to answer the pain question, articles simultaneously justify, fetishize and trivialize pain. These failed attempts are both the products and the perpetrators of the false dichotomy—they are the products because their support for vaginal birth determines their stance on pain; they are the perpetrators because appearing to solve the pain issue suppresses further discussion for pain relief.

### A Culture of Parturition

In "Results," I have illustrated that magazines write little on the two topics of interest: 1) choice of vaginal birth or C-section, and 2) parturition and pain. Why are these topics so rarely written about? I argue that on an even more subtle level, these magazines construct a "culture" surrounding parturition—a tapestry of social norms and moral values that they create, conform to, and justify. Like a membrane, this culture allows for only contents that reflect certain values to infiltrate. In the ensuing sections, I will list three elements I have discovered in this "culture of parturition," analyze their underlying values, and extrapolate their impacts on lack of conversation on pain relief.

### "Gua Shu Di Luo (When the Melon is Ripe, the Pedicel Falls Off)"

Recurrent in these magazine articles are "nature arguments" that label birth as an "instinct"<sup>19</sup> or a process of nature.<sup>20</sup> Analyzing common expressions within this category, this section will show how nature arguments deprive the parturient of her subjective experience of birth by taking away her presence, active efforts and sentience in labor.

A signature of these arguments is the expression that parturition is "a natural/normal physiological process."<sup>21</sup> Inspired by anthropologist Emily Martin's book *The Woman in the Body*, I question how parturition can be "a" physiological process without indicating whose physiological process it is, as if a physiological process is objective, impersonal and existing outside of living organisms.<sup>22</sup> The attempt to appeal to a natural or biological framework creates a false sense of objectivity that separates childbirth from the parturient and erases the parturient's presence.

One idiom repeatedly appears in these magazine articles: "Gua Shu Di Luo"—when the melon is ripe, the pedicel falls off.<sup>23</sup> The idiom is generally used to justify that birth naturally happens when the right time arrives. This analogy reveals jarring fact: the melon refers to the fetus; the pedicel possibly refers to the placenta; the falling of the pedicel refers to parturition. The parturient is nowhere to be found in this analogy: no one conducts the maturity of the melon; the melon carries itself to term. The subject does not "do" anything. Instead, the objects automatically come to "be." The shift of focus from doing to being obliterates the parturient's active effort in birth.

Other than the maturity of a melon, vaginal birth has been compared to the selection of organic vegetables and rice, the yielding of fruit for trees, the process where "melted snow off the ice-covered mountain flows towards the sea," and the fact that when the boat gets to the bridge, it naturally goes straight with the current.<sup>24</sup> None of these analogies have a sentient subject: trees, melted snow and a boat are not sentient beings that can feel, but parturients are. Cloaked in the myth of nature, without a sentient subject, we can only observe on the macroscopic level that birth happens. We cannot identify

on an individual level how birth happens: birth can happen easily, joyfully or painfully. It can happen so excruciatingly that it drives women like Ma Rongrong to death—the feeling aspect of birth is lost. How can we have a productive conversation focused on the parturient's comfort and well-being if the culture of parturition constantly diminishes her presence, active efforts and sentience in parturition?

### "Da Han Da Jiao (Screaming and Shouting)"

After Ma Rongrong's death, the public, torn between the hospital's and the family's opposing accounts, struggled to choose which one to believe. The missing piece of the puzzle is what each party said in the security footage two hours before Ma's death, when she either voluntarily or involuntarily kneeled. Ironically, the security footage does not record sound. In this chaos where all parties fight to establish their narratives, Ma Rongrong's voice is forever silenced, both metaphorically and literally.

To my surprise, the amount of content linking parturients with silence is astonishing. A good parturient is a quiet one. On the receiving side, many authors write that doctors scold them for screaming.<sup>25</sup> On the giving side, some authors advise parturients to be silent: "mothers-to-be have to remember, you must not scream or shout. That affects the work of medical professionals, wastes your energy and causes anoxia for the fetus."<sup>26</sup> A bad parturient is a screaming and shouting one. One repeatedly appearing phrase is "Da Han Da Jiao"—to scream and shout. The image of "screaming parturient" becomes a classic caricature: she "[squirms] around," "[tosses] and [turns]" and "[makes] a scene."<sup>27</sup> She is a laughing stock, and one does not want to be like her.

I argue that the focus on screaming is a classic case of medicalization. Medicalization refers to the process of converting a non-issue, or an issue of other nature, into a medical issue. To avoid screams that are out of pain, the rational measure to take would be to tackle pain instead of the screams. The medicalizing brush takes a picture of institutional injustice—women's lack of access to pain relief, and repaints it into a picture of individual deviance—the insanity of the screaming parturient. The unquiet parturient is often associated with madness, a concept suggest-

ing deviance and stigma. One author of “Embarrassment during Parturition” writes: “at the time I was like a madman...the pain and discomfort made me lose my ladylike demeanor, not to mention screams and cries.”<sup>28</sup>

Screaming as a response to pain can be censured or forgiven. Some justify medical professional’s censure of screaming by arguing that their “impatience” is “not without reasons,” because if every parturient is “emotionally-stable,” they “would not be in such bad mood.”<sup>29</sup> Others normalize the screaming: the parturient in “Embarrassment during Parturition” was forgiven, both by her nurse and the editor of the magazine. Both regard screaming to be normal. The editor writes “even if you do have some insane behaviors, do not blame yourself. The doctors and nurses are used to these screaming parturients.” While I believe most readers will share my outrage for the censure of screaming, it is worth noticing that the toleration of screaming is far from the optimal response. In the “Nervoso” chapter of the book *Death Without Weeping*, anthropologist Nancy Scheper-Hughes studies the medicalization of hunger in the Brazilian municipality of Bom Jesus: hunger, a sociopolitical problem, is medicalized into nervousness, a medical problem. Through drug prescription, nervousness is “treated” and the sociopolitical problem is forgotten.<sup>30</sup> The toleration of screaming may create a similar false sense of complacency—first, systematic injustice becomes individual pathology. Then by normalizing individual pathology, the systematic injustice is wiped clean. Normalizing screams is not conducive to conversations about pain relief during childbirth.

#### “Jiao Qi (Finicky)” and “Ren Xing (Self-Willed)”

When I first conceived the idea for this project, I asked my mother back in China, who gave birth to me vaginally, what kind of people opt for C-sections. She gave me a crisp response: “the finicky ones.” The adjective she used is *Jiao Qi* (嬌氣)—fragile, spoiled or finicky. Paradoxically, to be *Jiao Qi* is to be both incompetent and demanding. With a radical that is the character for women (女), *Jiao Qi* is a highly gendered adjective used almost exclusively on women and children.

A concern against *Jiao Qi* is present in magazine

articles. One article titled “Parturition Experience of My Spicy Finicky [Jiao] Wife” ridicules the wife from the husband’s perspective for being demanding and having “irrational” fears about pain.<sup>31</sup> *Jiao Qi* is not only a gendered criticism men imposes on women, but also a deeply internalized insult that parturients themselves want to avoid. In “Mothers Talk About Natural Births,” one mother claims that she thinks hospitals that do not allow family to accompany are better: “If the family is beside, the parturient will perhaps be more finicky [Jiao Qi].”<sup>32</sup> For her, family accompany should be sacrificed in order to avoid *Jiao Qi*, even though she never pinpoints why *Jiao Qi* is wrong and what negative consequences it brings. In another article, another mother believes that she was able to give birth quickly because she exercises and does housework during pregnancy. “I did not think I was a delicate [Jiao] princess just because I was pregnant,” she said.<sup>33</sup> With a sarcastic and critical tone, she assumes that other pregnant women are *Jiao Qi*, and she is easy to distinguish herself from these other women. For a culture that constantly conflates individual acts of demand with a long-term, persistent demanding personality, demands for pain relief can be under constant attack of *ad hominem*, and the question of whether these demands are justified or not is neglected.

The demanding aspect of *Jiao Qi* is captured in another adjective: *Ren Xing* (任性), which literally means to let one’s will rule. If women are discouraged to be self-willed, whose will should they comply to? Textual evidence suggests a strong link between respect for medical authority and criticism against *Ren Xing*: “the most important thing is for mothers-to-be to...actively cooperate with the doctor. Must not be self-willed (*Ren Xing*).”<sup>34</sup> Interestingly, the tone of that sentence already establishes a sense of authority in itself. In self-deprecating humor, one parturient in another article says that she was “stupefied” by labor pain and unable to comply with birth instructions of the doctors. Losing her sanity, she banged her head on her bed, ran around and asked to go home. Having gone through a turbulent parturition, she addressed her child in the end of the article: “I felt the fear afterwards. You mom was too self-willed.”<sup>35</sup> Granted, she did not comply with the medical authority, but her account suggests that she was irrational in that mo-

ment and not under control of her own will either. If parturients are put on trial for being Ren Xing, this author ironically pleads guilty by reason of insanity.

This discrepancy raises an important issue: the parturient takes on the dual roles as a laborer and a patient. American sociologist Talcott Parsons coined the term “sick role” in 1951, arguing that being sick allows the patient to bear certain responsibilities, such as compliance, but also receive certain benefits, such as being cared for and absolved of responsibilities. Too often the parturient is asked to bear the responsibilities of the sick role without receiving the benefits: if Jiao Qi—to be both incompetence and demanding—is a negative trait, then the opposite is to be both competent and compliant: competent as a laborer, compliant as a patient. A good laborer knows how to push. A good patient follows instructions. Society expects the parturient to be both, but exploits the fact that she is fully neither: not fully a laborer, the parturient is not entitled to adequate work conditions, such as a painless delivery; not fully a patient, the parturient is not absolved of responsibility when she is perceived to have done something wrong. Rules about compliance require her to relinquish her agency, but constant criticisms of her behavior suggest the presence of her agency.

## Conclusion

In this essay, I have briefly introduced my research project on magazine media influence on the false dichotomy between a painless C-section and a painful vaginal birth in China. Quantitative analysis shows the following: 1) relatively few magazine articles

are written on choosing between a C-section and a vaginal birth or on pain in parturition. 2) Magazine articles’ attitude severely lean towards vaginal birth in the choice between vaginal birth and C-section. 3) Standard biomedical procedures such as epidural hardly dominate the conversation about pain relief. 4) Most articles on pain and parturition view pain as a negative experience. Then, I have demonstrated why articles against elective C-sections inadequately answer the pain question and suppress further conversation about pain. Finally, I have discussed the “culture around parturition” created by magazine articles on parturition—nature analogies, the emphasis against screaming and shouting and the stigma of being finicky and self-willed subtly prevent further conversations about pain relief, which can bridge the dichotomy.

This paper is developed from final projects for History 203C: History of Ignorance and Anthro 82: Medical Anthropology. I thank the instructors for both classes, Professor Robert Proctor and Professor Angela Garcia, as well as Teaching Assistant Aaron Neiman for insights and comments that shaped and greatly improved this paper. I would like to express my gratitude to Professor Matthew Kohrmann, for proposing media influence as a major tenet of the study and suggesting the methodology of examining magazine articles. I am appreciative of Professor Suzanne Gottschang, Professor Helen Longino, Professor Angela Garcia, Professor Londa Schiebinger and Professor Marcia Stefanick for referring me to readings, people and ideas that substantially shaped and assisted the research behind this paper.

## References

<sup>1</sup>The standard practice of the hospital is to attain both the consent of the patient and the assent of the family before surgeries or treatments, according to Clause 33 of the Management Ordinance of Medical Institutions. On Sept 6th, the hospital released Ma’s Notification and Consent Form, where Ma’s and Yan’s signatures are seen on the day of admission (Aug 30th), but only Yan’s signature appears on the day Ma enters the delivery room (Aug 31st). This form proves that the consent and assent obtaining process is in accordance with Clause 33. Further to prove that Yan has decision over Ma’s treatment is another form signed by Ma that delegates Yan as her power of attorney, which Ma theoretically can recant at any point.

<sup>2</sup>First Hospital of Yulin, “A Re-clarification on the Parturient Jumping Off the Building Incident August 31st,” 6 Sept 2017, Weibo, Dec 10th 2017.

<sup>3</sup>Chen Jingshou et al, “Physician-in-Charge Suspended to Cooperate with the Investigation. Has the Hospital Fulfilled its Duties in the Process of the Parturient’s Jumping Off the Building?” Sept 6th 2017, The Beijing News, Dec 10th 2017.

<sup>4</sup>First Hospital of Yulin, “A Re-clarification on the Parturient Jumping Off the Building Incident August 31st,” 6 Sept 2017, Weibo, Dec 10th 2017.

<sup>5</sup>“Parturition,” Merriam-Webster, <https://www.merriam-webster.com/dictionary/parturition>. Accessed Dec 10th 2017.

<sup>6</sup>“Parturition,” Oxford Living Dictionaries, <https://en.oxforddictionaries.com/definition/parturient>. Accessed Dec 10th 2017.

<sup>7</sup>“Epidural,” Dictionary.com, <http://www.dictionary.com/browse/epidural-anesthesia>. Accessed Dec 10th 2017.

<sup>8</sup>China National Knowledge Infrastructure, CNKI, [http://oversea.cnki.net/kns55/support/en/about\\_cnki.aspx](http://oversea.cnki.net/kns55/support/en/about_cnki.aspx). Accessed Dec 10th 2017.

<sup>9</sup>Parenting Science. 1980-2017. CNKI Web. Dec 10th 2017.

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<sup>10</sup>An article is considered to be about this theme if the following criteria are met: a. expresses explicit or implicit value judgement about the choice of vaginal birth or the choice of C-section; b. a C-section is not considered a choice if medical conditions dictate its performance; c. the article is about either vaginal birth or C-section more than anything else.

<sup>11</sup>An article is considered to be about this theme if it discusses a. pain during parturition, b. pain relief during parturition or c. fear or anxiety during parturition more than anything else.

<sup>12</sup>For vaginal birth/C-Section articles: author, year of publication, attitude towards C-section, awareness of elective C-section, abuse of C-section, attitude towards vaginal birth, attitude towards pain, type of writing. For parturition and pain articles: author, year of publication, attitude towards pain, mention of fear or anxiety, mention of forms of pain relief (epidural, C-section, narcotic injections, laughing gas, Lamaze, midwifery or doula, water birth, comfortable environment, family members' accompany, food, exercise, understanding of the parturition process, stable emotions, trust for medical personnel)

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<sup>14</sup>Sun, Jing. "Vaginal Birth or Cesarean Section, How to Choose." *Fashion Baby*. Issue No.9 2017. CNKI Web. Dec 10th 2017.

<sup>15</sup>"Vaginal Birth or Cesarean Section, I make the Call?" *Chinese Baby*. No.8 2004. CNKI Web. Dec 10th 2017.

<sup>16</sup>Hua, Ping and Li Xia. "My Choice of Natural Birth or Cesarean Section." *Chinese Baby*. Issue No.9 2005. CNKI Web. Dec 10th 2017.

<sup>17</sup>Fang, Suhua and Cloud. "Natural Birth or Cesarean Section." *Chinese Baby*. Issue No.6 2009. CNKI Web. Dec 10th 2017.

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<sup>20</sup>Luo, Dan. "Do Cesarean Sections Really Feel Better than Vaginal Births?" *Fashion Baby*. Issue No.5 2012. CNKI Web. Dec 10th 2017.

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