# Poor Mothers are not Poor Mothers: Cross-cultural learning between northwest China and Australasia

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## **ABSTRACT**

Because poverty is often conflated with backwardness, mothers in economically "less-developed" areas of the world are sometimes assumed to be in need of advice and assistance from the more economically "developed" areas of the world – in things as varied as birthing practices, hygiene, nutrition, and even baby-settling. This paper draws on discussions with both marginalised and poor mothers in northwest China and fairly educated mothers in Australia and New Zealand, focusing particularly on the ways in which the Australasian mothers are trying to learn and practice traditional Chinese nappy-free infant hygiene. This process of cross-cultural learning sparks an awkward engagement between Chinese and Australasian beliefs about hygiene and infant development, and it is this point of friction that I focus on in theorising processes of change that cross cultural and international boundaries. I use the work of Anna Tsing to think about the ways in which 'universal' beliefs develop, travel, and engage with particular places to produce new practices and spaces of possibility. In this paper I focus particularly on practices that move against the assumed flow of westernisation, and provide possibilities for much-needed social and environmental transformation in developed countries.

### Introduction

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### Morbid addictions to cleanliness

Eighty years ago, Nie Yuntai, a Chinese doctor of Western medicine, ripped out his bathroom. This was a somewhat unusual action in 1930s China, where what historian Ruth Rogaski calls 'hygienic modernity' was being pursued with evangelistic fervour in most of the big cities in China (2004). At this time, many Western-trained doctors and state officials were trying to persuade the population to adopt Western understandings of health and hygiene in order to prove China's worthiness as a modern state and kick the label 'sick man of Asia' once and for all (Hong 1997). Yet Dr Nie, after years of practicing and preaching hygienic modernity, gave up his large Western-style bath and (presumably) replaced it with a chamber pot, a simple basin, a bar of soap, and a towel. Why would he do this? Taiwanese historian Sean Hsiang-Lin Lei (2009) explores this question in his article on Nie Yuntai's writings. From Lei's work, we know that around the time of his bathroom 'renovation', Dr Nie reflected that the 'morbid addiction to cleanliness' that was advocated by Western-educated doctors (including himself, at one time), was unattainable for the majority of people in China's socioeconomic environment for the foreseeable future. Nie therefore came to advocate a form of hygiene that did not rely on expensive and wasteful material equipment such as Western-style bathtubs and toilets, and to pursue a simplified form that 'could be implemented everywhere, including in places of poverty and simple homes' (Lei 2009: 497). Lei writes:

Nie and others repudiated modern hygiene not because it was ineffective in preserving health, but because it was harmful to the moral community that they cherished and identified with. In the apparently personal realm of hygiene, the most social relationship between the individual and the community unfolded, a relationship that was based on compassion and identity (Lei 2009: 497).

Was this a step backward, for modernity or for hygiene? I cannot answer for Nie's personal hygiene, or even for China's modernity, but the important question anyway is *did he have a point?* 

<sup>&</sup>lt;sup>1</sup> Although in this paper I focus on the cross-cultural learning of Australasian mothers, In other places I have explored awkward engagements that result in cross-cultural learning for mothers in northwest China. See Dombroski, K. forthcoming. Awkward engagements in mothering: Embodying and experimenting in Northwest China. In *Mothering: Anthropological Perspectives*, eds. M. Walks & N. McPherson. Toronto: Demeter Press.

If every person on the planet lived the lifestyle of the average Australian, we would need more than four planets to sustain us. Yet we continue to try and export the Australian lifestyle to less-developed places around the world. If every Australian cut back to the relatively more simple lifestyle of a postgraduate student, and then exported this lifestyle to every place in the world, we would still need 2.8 planets to sustain us. In an age of climate crisis and environmental confusion, it seems to me that political slogans like 'Moving Australia forward' are capturing little more than our morbid addiction to *progress*, and ignoring the glaring problems with our particular form of material progress globally.

My fieldwork in Australasia has been focused around a group of mothers who are trying to reduce their impact on the planet through practicing a form of infant hygiene that reduces their reliance on nappies – both disposable and cloth. Of course, it may come as a surprise to many Westerners that globally the use of nappies is less common than some form of communication between infant and carer that enables carers to provide alternative receptacles for baby's waste. In China, the practice of *ba niao* (literally 'holding out to urinate') is the norm in many parts of the country, and is no doubt one of the practices Dr Nie would have argued for retaining as a simple form of hygiene that could be practiced in places of poverty and 'simple' homes. As part of my study on the practice of *ba niao* (or Elimination Communication, as it is known in Australasia), I spent time in northwest China observing – and even practicing – the ways in which relatively poor grandmothers and mothers care for their young babies' hygiene with little reliance on nappies or expensive baby products. I also spent time amongst practitioners in Australasia, observing – and again practicing – the ways in which this type of hygiene can be adapted to our different sociocultural spaces.

# Ba niao in Qinghai

With my baby daughter in tow, I began fieldwork in the city of Xining, Qinghai, by 'hanging out' in the courtyard of my apartment blocks, chatting to the grandmothers in the sunshine as we cared for our small toddling charges.<sup>2</sup> Most of these grandmothers took over care of their son's children when their daughter-in-laws returned to work after three to six months maternity leave. They would move in, if they had not already been living there, close to the baby's due date, and took almost all responsibility for the baby's care as well as care of the daughter-in-law in her postpartum confinement. I quickly became absorbed into the local scene as a sort of 'daughter-in-law' – that is,

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<sup>&</sup>lt;sup>2</sup> My fieldwork consisted of three weeks in Xining in 2006, nine months in 2007, and three months in 2009. Most of what I refer to here is notes from my nine-month trip in 2007, when my daughter was between 8 months and 18 months old.

these grandmothers felt free to tell me how to care for my daughter, from critiquing what she was wearing, to offering suggestions for food, hairstyles, and most importantly, toileting.

In preparation for my fieldtrip, and due to personal interest, I had actually begun 'holding out' my baby girl for her various waste eliminations from a few days after birth. To the grandmothers I spoke to in Xining, this was a matter of course. By the time my eight-month-old daughter was toddling around the courtyards of my Chinese apartment, I was well used to noting her signs for impending elimination: squirming at the breast or while being held, looks of intense concentration, and even occasionally using the baby-sign-language sign we had taught her for 'toilet'. My husband and I also knew roughly how often she needed to 'go' and at what times of day we needed to be more vigilant. We bought her some clothes locally and dressed her how we saw the other toddlers dressed in our area: cotton split-crotch long johns, with denim, woollen or quilted split crotch pants over top, cotton long-sleeved undergarments, woollen jersey and quilted jacket, all topped off with a polarfleece or cotton 'pinny' that tied at the back and kept the clothing clean from the ever-present Qinghai dust. The split-crotch pants allowed the legs to be kept warm while still enabling the child to squat on the concrete to urinate outdoors, or allowing a carer to 'hold the child out' over a receptacle to defecate or urinate indoors. I was an immediate fan.

While many visitors to China find the practice of *ba niao* disgusting, and the use of split-crotch pants mildly disturbing, there is in fact fairly pervasive 'rules' of practice that allow hygiene to be kept for all involved. Hygiene in Qinghai is based on a spatial system of hygiene involving the techniques of what I call *imagination* and *separation*. Different spaces are imagined as clean or dirty, then enacted as separate through various socio-spatial 'rules' or practices. Consider for example Figure 1: Grandmother and toddler in Xining. Here we can see that the toddler is wearing split-crotch pants and is sitting on the grandmothers feet (not the ground). Likewise, the grandmother has a small folding stool she has brought outdoors for this purpose. Only their shoes touch the ground. Children are strongly discouraged from touching the ground with anything other than their feet. While playing, they generally use something like a stick to poke around outside, and are always physically redirected into a squat rather than being allowed to sit on the ground.



Figure 1: Grandmother and toddler in Xining

Likewise, in the house, specific areas are considered 'clean' and others 'dirty'. Tiled floors are generally considered 'dirty' – even if visibly clean, and people put their bags and belongings on hooks or other surfaces rather than in contact with the floor. Even indoors, children rarely sit on the floor, and would be encouraged to squat while playing. Indoor 'accidents' of elimination are cleaned up immediately with a mop, but rarely disinfected – instead these rules of spatial hygiene keep the family clean and protected from bacteria. Rugs, couches and beds are 'clean' spaces; shoes are removed to walk on rugs, which can also be used for sitting on. The bathroom is a 'dirty' space, and children in split-crotch pants (generally toddlers less than two years old) are often permitted or encourage to urinate on the floor over the drain, if the apartment has a western-style toilet rather than the more convenient squat toilet. Defecations are managed through both timing and obvious signs – a baby's primary carer will generally know when defecation is likely to happen, and make sure this is collected in an appropriate receptacle – a toilet, potty, or in homes without indoor plumbing, several layers of newspaper laid on the floor. Facial and verbal signs of imminent defecation (such as turning red, grunting, gas, or pulling the ear or other signals) also allow time to find an appropriate place.

## **Elimination Communication in Australasia**

Because of my travels in China, I had long been aware of the existence of split-crotch pants, and had assumed there was some method of keeping everybody concerned fairly clean despite the lack of a nappy. It was not until I was pregnant with my own child in 2005 that I began to consider what that would mean practically, and whether it was possible to bring a baby in to the world without all the lists of baby paraphernalia that were deemed essential in every pregnancy guide book. I eventually got hold of the book *Diaper Free!* (Bauer 2001) and joined an Australian and New Zealand webgroup called *OzNappyFree*. By the time my elder daughter was born in 2006, I had a fairly good understanding of the practicalities of Elimination Communication (EC).

The first step, I discovered, was working out when the baby was actually 'eliminating' and set up an associative cue. Unlike China, where a low whistle is used, most of the Australasian

Incidentally, urine is relatively free of bacteria and is sterile upon leaving the bladder.

practitioners used a 'ssssss' sound to mimic flowing water. Whenever we noted our small baby eliminating we would 'cue' her with this sound. After several days, we also noted that she often released gas several minutes before defecating. Our first 'catch' came one day when my husband went to change her nappy after what sounded like an explosive poo, only to find a mere smudge on the nappy. He held her out over the potty, cued her, and was rewarded with a large squirt of greenish poo. From that time on, the associative cue of holding baby in a squat position, with a bare bottom, was often rewarded whether we used a cue sound or not.

OzNappyFree members, of which there are around 450 in 2010, refer to five key techniques in their EC practice: cues, signs, signals, timing and intuition. As mentioned above, setting up cues helps the baby associate certain sounds or positions with the release of the sphincter muscle, so that the cue can come to trigger release. In addition, the positional 'cue' of holding the baby in a squat position straightens the bowel and releases the sphincter muscle so much so that in the early days the baby cannot help but eliminate when held in this position. 'Signs' are the baby's unconscious signs of impending elimination – commonly pulling off the breast repeatedly while feeding, squirming, specific facial expressions and other idiosyncratic behaviours such as pulling ears or straightening the legs and so on. Signs eventually develop into 'Signals' whereby consistent response to unconscious signs comes to reinforce them, and babies come to deliberately employ them to communicate their needs. For example, a baby may start to pull of the breast and look deliberately at the mother, signally their need to defecate. Older babies may use sign language or employ the cue sound themselves as a signal. 'Timing' of course refers to noting common times of elimination or common time lapses between events such as eating and drinking and elimination. Common to most babies is a need to eliminate on waking and specific periods after drinking. Finally, 'intuition' refers to more embodied and less cognitive way of tuning into baby's needs, where it is unclear who is initiating and who is responding, and a sort of rhythm is set up that requires little thinking or interpretation.

Most ECers struggle with translating the practices of EC into acceptable mothering behaviour in their social circles. Part of the problem is the lack of acceptance of EC in Australasia, with child health nurses, doctors, and the general populace believing that the sphincter muscle

<sup>&</sup>lt;sup>4</sup> In most places of the world, it seems any exhalation-type sound is used. Often merely breathing in and exhaling deeply helped the baby relax their sphincter muscles enough to release urine. Whistles, the 'ssss' sound and blowing on the baby's head are popular all over the world for this reason.

<sup>&</sup>lt;sup>5</sup> I belonged to the webgroup from 2005 through to 2010, but mostly analysed the posts of the year 2009 with permission from the moderator. Members were aware of my presence, and I contacted members directly if I wanted permission to quote them in my work. The five techniques of EC were 'institutionalised' in 2007 when one member developed a template for monthly updates using this terminology, asking mothers to comment on how they mostly knew when baby needed to 'go'.

cannot be controlled until children reach the age of two. In addition, the spatial practices of hygiene in Australia and New Zealand are such that eliminations are expected to be *contained* rather than merely kept separate. See for example Figure 2: Mother and baby in Melbourne. Here, the mother has removed the baby's nappy and pants, and has seated her on a small portable potty to eliminate. The baby's bare feet touch the ground, as does the mother's bag and water bottle; she also sits on the ground in her clean dress. Here, the eliminations are *contained* by the potty. Any contact with potential hygiene hazards are then subject to *decontamination* processes. In this case, the baby is wiped and dressed, then the waste disposed of. Afterwards, the mother may even use hand sanitizer or wash her hands if possible to complete decontamination. In some ways, it is almost as if the spaces of living are themselves protected from contamination, rather than the body (as is the case in China).



Figure 2: Mother and baby in Melbourne

# Awkward engagements in hygiene

Anna Tsing, in her 2005 book *Friction*, tries to develop a methodology of doing what she calls 'ethnography of global connections'. The best way she finds to study these global connections is to look for moments of 'awkward engagement' between what she calls 'travelling universals'. The practice of mothering is rife with universals, as each mother-practitioner tries to find the 'right' way to mother, based on the 'right' interpretation of a/her child's needs. Hygiene, too, is generally considered a 'universal', in both Qinghai and Australasia – yet it is practiced quite differently with different understandings of what is normal and natural. For mothers in the Australasian webgroup

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<sup>&</sup>lt;sup>6</sup> As doctor and ECer Sarah Buckley comments in her book, they 'obviously... didn't consult the global majority of mothers and babies!' Buckley, S. J. 2005. *Gentle Birth, Gentle Mothering*. Brisbane One Moon Press. I suspect the reality is that the sphincter muscle can be released through helping baby relax, but babies can probably not 'hold on' to begin with. However, with this practice at releasing, their muscle control improves and they are definitely able to 'hold on' well before the magic age of two!

OzNappyFree, the awkward engagement is not so much over the needs of a child – which are agreed on fairly consistently between this group of mothers and the Chinese group of mothers and grandmothers. The awkward engagement comes when the Australasian mothers try to practice a form of hygiene that somehow combines the practice of EC – which seems so natural and normal and 'universal' in the space of Qinghai – with Australasian expectations of containment and decontamination-style hygiene.

Not only does this engagement over hygiene universals highlight the awkwardness of global connections such as these, but it also provides, according to Tsing, a sort of 'friction'. When mothers from Australasia and mothers from China are imagined as separate and essentially different, their universals and beliefs slide past each other without engaging. Yet when Australasian mothers try to grasp and understand a particular practice of mothering that is pervasive and 'normal' in China, there is an opportunity for friction, where instead of sliding past one another, the grip or engagement of two universals results in some friction. And friction of course can propel change, much as the grip on tires provides the friction with the road that enables a vehicle to move.

In this story, the awkward engagement comes about partly through my unwitting intervention as a researcher. My collection of web-posts from *OzNappyFree* was not a one-way process by any means. Even before I decided to include the Australasian women in my study, I had been posting on my 'discoveries' of *ba niao* practice in Qinghai for most of my nine-month field trip in 2007. Eager to learn more about how EC was practiced in a space and culture where it was 'normal', the *OzNappyFree* mothers were fascinated to hear any details I could provide. When I advertised my interest in attending EC 'meet-ups' as part of my research around Australia and New Zealand in 2009, it was suggested that I present some of my pictures and findings on EC */ba niao* in Qinghai in order to 'get discussion going'. One theme that consistently came up in the focus groups was the different socio-cultural spaces of doing hygiene. This is illustrated easily by juxtaposing the two photos already discussed (see Figure 3: Awkward engagements in hygiene and space). The first picture is taken at the Melbourne focus group, while the second is a picture shown *to* the Melbourne focus group, taken during fieldwork in Xining.





Figure 3: Awkward engagements in hygiene and space

Firstly, the Australasian women noticed that they needed so much more 'stuff' to practice EC. This was despite the fact that one of their main aims in practicing EC was to *reduce* their reliance on 'stuff', in particular nappies and all the associated items for nappy care: nappy buckets, wipes, liners, special disinfectants and whiteners. Yet because their practices of hygiene demanded the containment of eliminations, it followed that their EC practice was characterised by various containers even if some of the 'stuff' of babycare was eliminated (so to speak). Discussion focused around how many potties, buckets, waterproof mats, training pants and cloth nappies that were required for the hygienic practice of EC. Compared with this, Xining practitioners relied less on containers (although these were still used) and more on the spatial management of hygiene. The Melbourne picture illustrates the amount of stuff required for a day out with a baby: nearby sits a stroller, a large nappy bag/back pack, a water bottle, and a portable potty. Contrast this with the grandmother in the Xining photo, who can socialise in public space much closer to home, and requires only a small portable stool (if that, there is also public seating available), and sometimes, a screwtop jam jar or thermos of tea.

Secondly, the Australasian mothers commented on the embarrassment they felt at practicing EC around non-ECers. Part of this was assumptions that non-ECers made about their hygiene standards. Nicole, a Brisbane ECer, commented that many people appeared to believe that "...in order to EC you must have poo everywhere". She goes on to say that

...we never had poo on the floor, never even once, and I wouldn't do EC if that's what it involved. But they sort of presume that because you do EC ... "Oh, I'm not going to put my kid on your floor!" So that's kind of hard as well, like trying to explain that there is actually a way to do it without that. And my father-in-law says it only works because [people in Third World countries] can do it anywhere

because babies can only hold long enough to get to the gutter. Well, no that's not true. And we have nappies as well you know.

Nicole clearly demonstrates that she holds herself to a containment form of hygiene, and doesn't use the spatial separation techniques more common in China. She is also concerned that people see her as hygienic in her own home. Later in the focus group however, she admits that her daughter used to always manage to have her infrequent 'accidents' on the one rug they had in their woodenfloored house. Referring to urine on the floor as 'accidents' was one common way that OzNappyFree members highlighted their commitment to a containment form of hygiene, and many would practice some form of decontamination following an accident – cleaning with water, essential oils, soap or disinfectant.

Despite their commitment to a containment form of hygiene, focus group participants were extremely positive towards the way hygiene was practiced in urban Xining and rural Qinghai. This is in fact why we can call it an 'awkward engagement' – because if there were not some sympathy towards other ways of practicing hygiene, the 'universals' would merely have slid past each other without real engagement or reconsideration, as when Nicole's father-in-law dismissed EC as a Third World practice that could not work in Australia. Discussions around different practices of hygiene in both the Brisbane and Melbourne focus groups indicated that among these mothers, Dr Nie's concern that our 'addiction to cleanliness' may be 'morbid' was not far off the mark. Different universals of hygiene made it difficult (but not impossible) to think through how things could be changed.

## The friction – experimenting for social change

What kind of friction does an awkward engagement between different 'universals' of hygiene produce? And how does this particular friction come to enable movement or change? Coming face-to-face with a different technique of keeping hygiene, Australasian ECers first shared some of their 'failures' in hygiene with a new confidence. Pippa, a Brisbane ECer, throws her nappies in with her ordinary daily wash, using no anti-bacterial or special soakers, and trusts the sunlight to get out the stains if any. Others – without carpet – admitted to leaving their toddlers bare-bottomed in the warmer months, and cleaning up any 'accidents' with a rag or flat nappy (although still attempting to get them on to the potty as normal). Most of the mothers were fairly relaxed about disinfecting 'accident' zones, unless faeces was involved, holding that urine is sterile on leaving the bladder so hardly a substance to be worrying about. Others dried out wet items such as bunny rugs or even nappies in the sunshine, reusing them several times during the day and putting them in the wash at the end of the day. These confessions of 'lax' hygiene practice are hardly world changing in

themselves, but the willingness to question the version of hygiene as hospital-grade sterility certainly challenged the 'traditional' domestic duties of these mothers, saving time and energy for other pursuits such as study, work, homeschooling or other time spent with children, not to mention the main goal of reducing nappy usage and thus the environmental impact of their baby. The willingness to question hygienic requirements through EC practice spilled over into other practices within the home as the online groups took up some of the questions of hygiene and housekeeping.

A discussion developed online where ECers shared various ways in which they reduced their consumption of hygiene and cleaning products – some of these through replacement with more environmentally friendly alternatives, and sometimes through changing and reworking their own hygiene standards and beliefs. The focus of this discussion was around the use of cloth products to replace disposable hygiene products such as sanitary pads, breast pads, baby wipes, toilet paper and so on. Several families had switched to cloth wipes not just for baby's bottom, but for all the females in the family – reserving toilet paper for bowel movements. Many of the women switched to cloth sanitary pads after feeling hypocritical trying to reduce baby's disposable waste while still producing their own. Others purchased reusable rubber or silicon menstrual cups as replacements for tampons. For many on the list, this was the first time they had thought about or questioned their own use of disposable 'hygienic' products, and certainly the first time that many had even heard of reusable alternatives such as menstrual cups or family (cloth) wipes. This required a shift in thinking and a change in subjectivity – from hygienically modern mothers to global environmental maternal activists.

The flow-on effects of discussions around hygiene values showed up in various ways, especially in a popular thread on alternative cleaning products: baking soda, vinegar, salt and essential oils featuring heavily in everything from toilet cleaner through to shampoo and conditioner. Others experimented with a reduced reliance on cleaning products in general – washing children's hair and bodies, as well as other surfaces and fixtures and their own bodies with water only. Posting the results of their experiments on the online forum allowed other mothers to pick up alternative practices with more idea what to expect: for example amounts of baking soda required to wash hair, as well as the specific system used to store it and use it in the bathroom (right down to the type of old yoghurt container used to mix it, the amount of water needed to rinse it, the optimum number of days between washes and so on). Other posts detailed the size and material of cloth wipes, the method of storage both prior to and after use, the method of washing, the number required for the

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<sup>&</sup>lt;sup>7</sup> Interestingly, for mothers in Qinghai, the environmental benefits of *ba niao* were never mentioned, and rarely comprehended if I brought them up as a reason for Australasian women to try a form of *ba niao*. As I explore in detail in my dissertation, their practice of *ba niao* was almost entirely framed in terms of the health of the baby's skin.

family and discussions about whether or not to use them for bowel movements and if so the potential risks for illness and how to mitigate against these. The amount of detail into daily routines and practices seems almost inane at times, but it is these details that save weeks of experimentation with reducing waste and consumption of certain products.

NZ mother Mona-Lynn expands on her reaction to some of the ideas posted in this thread:

It is such a given that we buy and use shampoo. I have never seriously heard it questioned before until I saw the reference to it on this list this week, and I consider myself kind of clued up in things environmental. What most people call "environmentally friendly" is a far cry from things like family wipes and no shampoo, which, rather than replacing environmentally-damaging products with less damaging ones, actually eliminate the need for them altogether. ... I can't wait to look into it properly and give it a try...I have never liked shampoo because I don't understand its contents and because I am very sensitive to perfumes and scents. I feel forced to use it as there seems to be no alternative. The prospect that it may not be necessary somehow represents a step towards cutting me loose from the marketing machine and the imperative to purchase things we don't, in fact, need, but that everybody, by now, thinks we need. The idea that we will save money is also attractive, but not nearly as much as the idea that I will be snubbing my nose at those that will pollute the environment (and, potentially, my body) by taking my money for something that is not actually necessary.

Mona Lynn, NZ EC mum of 1, OZNF webforum post 2009

Openness to different ways of keeping hygiene through their exposure to EC therefore sparked conversations about other hygiene and purchasing practices, which in turn sparked changes within many of the EC families. The awkward engagement of two different hygiene systems – the spatial system of poor women in northwest China, and the containment system of Australasian society - produced a kind of friction enabling change to take place through the minutiae of morning routines, baby's bowel movements, and washing methods, affecting global issues of environment and climate, peace and politics, poverty and materialism. Rather than their domestic responsibilities of Australsain ECers being unimportant in the global scheme of things, the 'maternal conversations' (Ruddick 1989) taking place have imbued the daily practices of mothering, child-raising, and domestic work with the social and political. For Dr Nie, an awkward engagement between the material conditions of China and the West prompted him to promote the conservation of a simple form of hygiene that could be implemented everywhere, preserving health for both rich and poor. For this generation of Australasian women, the issue is not only one of community health, but the health of the planet as mothers try to seek out, experiment with, and develop less stuff- and wasteintensive hygiene practices from other less-developed parts of the world. Here, through a crosscultural awkward engagement, hygiene has become an ethical and environmental issue. Here, in the

most intimate and mundane acts of infant hygiene carried out by poor mothers in northwest China, Australasian mothers find possibilities for widespread social change.

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