

ACTA ASIATICA VARSOVIENSIA  
NO. 28

ACTA ASIATICA VARSOVIENSIA

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Institute of Mediterranean and Oriental Cultures  
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ACTA ASIATICA VARSOVIENSIA  
NO. 28

ASKON Publishers  
Warsaw 2015

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Printed in Poland

This edition prepared, set and published by

Wydawnictwo Naukowe ASKON Sp. z o.o.  
Stawki 3/1, 00-193 Warszawa  
tel./fax: (+48) 22 635 99 37  
[www.askon.waw.pl](http://www.askon.waw.pl)  
[askon@askon.waw.pl](mailto:askon@askon.waw.pl)

PL ISSN 0860-6102  
ISBN 978-83-7452-091-1

ACTA ASIATICA VARSOVIENSIA is abstracted in  
*The Central European Journal of Social Sciences and Humanities,*  
*Index Copernicus*



Professor Roman Sławiński  
(1932–2014)



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**FIELD STUDY REPORT**

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## Introduction

Dear Readers!

We are presenting you yet another, already the 28th, issue of *Acta Asiatica Varsoviensia* devoted to the countries and culture of Asia. Over the years of its activity the journal started to be issued in English and it has hosted on its pages many eminent experts on Asia, yet still it remained faithful to its formula which was proposed thirty years ago by Professor Roman Sławiński, the founder of the journal and its permanent editor in chief. This formula stipulated that the Asian cultures should present themselves in the journal and talk directly with their own voice. The idea was both: to include in the group of authors and editors of the magazine scientists who grew up in Asian cultures, as well as to publish materials based on or referring to the texts – philosophical, linguistic, historical, sociological, religious studies or political studies – which were created by the Asian culture. These could be proper names as an object of linguistic research, religious texts, political documents, ideological declarations, but also biographical materials, historiographical elaborations, experience of meeting other cultures and mutual acculturation phenomenon resulting from the relations.

Professor Roman Sławiński left us in November 2014. The more time passes from his death, the more I feel his absence and the more I realize how unique a character he was in the world of research on China. Professor Marianne Bastid-Bruguière, a prominent French scholar from Institut de France in Paris, who met Roman Sławiński in the times of his studies in Beijing, writes about that fact. Most striking is the variety of interests and multidimensionality of research on China which he ran. He was trained as a linguist, and he knew perfectly well not only the classical language, but also many dialects. There was even a time it was appreciated by Mao Zedong himself. Roman Sławiński was interpreting a conversation of the Chinese leader with the Polish state authorities. During the conversation Mao Zedong changed as usual from the classical language to the dialect of Hunan province, which was his place of origin. When he realized he was using the dialect, he noticed that it was not a slightest problem for the interpreter to understand his statements. Then he asked: „Who is that young man who understands the Hunan dialect?” It was known that many Chinese from the surroundings of the Chairman did not understand him when he spoke in the native dialect. It so happened, that Roman Sławiński knew the dialect.

He was interested not only in the language. History, politics, culture as well as China's economy were the subject of his interest and research. His views, opinions and insights on these matters were the inspiration for many researchers of China, some of which are the authors of the materials contained in this issue. Of the many research interests of Professor Sławiński in recent years at least two may be mentioned. First one became Confucianism, especially its latest colours and shades. Professor persistently sought and discovered them in the texts of Chinese scientists, government documents, archives and everyday citizens of China. In this regard he was a dedicated explorer and a keen observer. Even the slightest detail was important to him. Minor personnel changes on the bureaucratic ladder were important for the formation

of general conclusions. From my conversations with him, I got the impression that he was rather skeptical about the possibility of a revival of Confucianism under the supervision of the communist authorities. So he concluded after examining many texts of the so-called new wave of Confucianism in China. His works on the latest Chinese historiography constitute an invaluable contribution to global research on contemporary China. His second passion was the research on the minorities of China Southern. The field research among the peoples of Miao and Tujia that he ran and in which I had the opportunity to participate assumed getting to know the nature of change in the cultural identity of these minorities in the era of globalization and accelerated socio-economic transformation in China. These studies had not been completed, and we can only hope that one of the students of Professor will continue them in the near future.

The arrangement of contents offered to you in the 28th issue of *Acta Asiatica Varsoviensia* refers to the research passions of Professor Sławiński. The first article, written by Stanisław Tokarski – Indologist and long-time associate of Professor Sławiński, concerns dialogue between the East and the West and the possibility of mutual understanding and agreement. Understanding another culture is also the ability to read the symbols contained in the letters and that aspect of the intercultural dialogue interested Professor Sławiński in particular. The question of so-called Asian values – presented in the articles written by Adam Jelonek, Adam Raszewski, Artur Kościański and Larisa Zabrowskaia – was very close to Professor Sławiński and he dealt with it for many years as part of his research on the so-called new Confucianism. The issue of Chinese migration in the world was also in the interests of Professor – mainly in the context of global economic and social phenomena. This part of the research on China is presented in the article on the Chinese migration to France by Nicolas Levi. The issue of Chinese language was obviously important for Professor Sławiński as a linguist and he always welcomed in the columns of *Acta* the authors writing about language and linguistic issues. This area of research is presented in the current issue in the article on Chinese names written by Irena Kałużyńska. On the other hand, the artistic part of the culture is referred to in the articles by Izabella Łabędzka, Lidia Kasarełło, Ewa Chmielowska, Fu-sheng Shih and Diana Wolańska. The first three of these articles relate to Taiwan, where Professor conducted research for many years which resulted among others in a monograph *History of Taiwan*. The further three articles penned by Waldemar Dziak, Iwona Grabowska-Lipińska and Anna Mrozek-Dumanowska refer to the political sphere. Political sphere is inextricably linked with the ideology which was also the case of China. Confucianism and the new Confucianism emerged and developed in the shadow of the emperors, presidents and chairmen of the Chinese Communist Party. Researching them without the analysis of the political scene was not possible. The part of articles is closed by two texts unrelated with China, but with the Middle East. Their authors – Dorota Rudnicka-Kassem and Marcin Styszyński present materials based on the Middle Eastern sources and thus relate to the traditions of *Acta Asiatica Varsoviensia*. The issue is closed by the report from field research in southern China by Professor Sławiński and me. For me it was a unique opportunity to get to know at least a little piece of China – a unique one, because my guide was Professor Sławiński – such a great scholar and such a seasoned expert on Asia.

I would like to thank the authors – students, colleagues and friends – for participation in the preparation of the issue, and the Directorate of the Institute of Mediterranean and Oriental Cultures of the Polish Academy of Sciences for the possibility to dedicate the anniversary issue of *Acta Asiatica Varsoviensia* to Professor Sławiński.

Jerzy Zdanowski

EWA CHMIELOWSKA, FU-SHENG SHIH

## Reshaping the Tradition: Postpartum Care in Modern Taiwan

### Abstract

The modern phenomenon of Taiwanese *Zuo Yuezi* has exceptional features, such as a Chinese Medicinal system background and recent commercialization. After its millennia-lasting history, we may wonder, what is the modern shape of this tradition, and how it impacts on modern life. The purpose of this research is to describe the Taiwan Chinese medical Gynecologists' attitude towards *Zuo Yuezi* tradition, and to describe contemporary *Zuo Yuezi* through their practical knowledge and experience. Questionnaires have been used as a tool in this survey consisting of and including information such as respondents' attitudes to 68 elements of *Zuo Yuezi* and its assignment to four different categories of consideration. Results showed that: 1) *Zuo Yuezi* is considered as very important as contributing to the postpartum mother's health. 2) Transitions in *Zuo Yuezi* manner include: resignation from the traditional restrictions concerning hygiene, like body and hair washing, preferences for the commercial locations and services of *Zuo Yuezi* Centers for postpartum rest, and a shifting in family members' ways of participation in *Zuo Yuezi*. 3) The impact of western medical education on respondents' attitudes is clearly visible.

**Key words:** Taiwan, *Zuo Yuezi* 'doing the month', postpartum care, Chinese Medicine

### 1. Introduction

In human societies throughout history, different kinds of postpartum care for women and offspring have been commonly observed. In Taiwan, traditional postpartum care or *Zuo Yuezi* is still a common practice despite industrialization and westernization (globalization) which has changed the face of Taiwanese society within the last century.

The *Zuo Yuezi* tradition is a conventional type of wisdom for most Taiwanese. It was introduced by immigrants from continental China along with Traditional Chinese medicine, cuisine and other elements of Han culture. Contemporary *Zuo Yuezi* in Taiwan is, however, shifting along with the needs of postpartum women. Regardless of treating it as a rite of passage, traditional nursing methods, diet modification, and the impact of *Zuo Yuezi* on reproductive physiology and woman's health remains unclear.

This traditional postpartum care involves not only parturient women, but also other family members and health care practitioners. Practitioners of Traditional Medicine (Chinese medicine) are usually those, who supervise and support women by prescribing herbs and advice in diet adjustments.

The purpose of this research is to obtain a broader image of contemporary *Zuo Yuezi* tradition in Taiwan. This research tries to answer following questions:

- a) What is the character of a *Zuo Yuezi* background?
- b) Who and how participate in *Zuo Yuezi*?
- c) Which elements are contemporary *Zuo Yuezi* customs composed of?

Literature reviews and questionnaire surveys provide the main methods of this research. The questionnaire survey was conducted in 2011 and 39 professional Traditional Chinese medicine Practitioners were sampled as respondents. The respondents' age ranged between 28 and 64 years. The mean age was 42.3 years. The respondents were divided according to age range into four groups: those aged from 28 to 32, 33 to 42, 43 to 52 and over 52. The group of 33-42 year olds was the most numerous. Among respondents, 69.2% of them were women. The work experience of respondents in the field of Traditional Chinese gynecology ranged between less than one year and thirty five years, with the average experience being around 12.7 years. Almost 60 percent of respondents graduated from a School of Traditional Chinese medicine. The second significant group (33%) was the practitioners educated in the School of Post-baccalaureate Chinese medicine, and only three respondents followed a different path of education and obtained their license through the Special License Qualifying Exam.

## 2. Traditional Chinese postpartum care of *Zuo Yuezi* in Taiwan

In ancient Chinese tradition confinement was based not just only on medical premises, religious factors were also important. The Confucian *Book of Rites* (禮記) sets the regulations, that are similar to modern *Zuo Yuezi*, and confinement started one month before parturition. Such customs, however, functioned only in rich families, where the woman was not obliged to work, and related taboos were obeyed during this period as well.

### 2.1. The way of *Zuo Yuezi*

The discourse of *Zuo Yuezi* incorporates many concepts from Traditional Chinese medicine: the rule of polarity in nature (yin-yang theory), the concepts of moods, known through a theory of five phases, and regarding food taboos during the postpartum period, the "hot-cold" differentiation discourse is employed.

The necessity of *Zuo Yuezi* is dictated by the belief that during pregnancy and after delivery, a woman's body is in a state of illness or abnormality (coldness and vacuity). Some authors<sup>1</sup> state, that this specific way of considering pregnancy and parturition through pathological processes is an element of traditional Chinese culture, while others<sup>2</sup> argue that the modern medicalization of postpartum care contributes to this phenomenon.

The tradition of *Zuo Yuezi* is related to certain ritual practices, however during the month of confinement, there are also several rites performed, for instance the rites of the 3rd day, 12th day, name giving, and the rite of cutting fetal hair. The medical purpose of *Zuo Yuezi* is to ease postpartum healing, and to replenish the nutrients consumed during pregnancy and parturition. *Zuo Yuezi* has also the social function of regulating relations between family

<sup>1</sup> F. Dikötter, *Sex, Culture and Modernity in China: Medical Science and the Construction of Sexual Identities in the Early Republican Period*, London: Hurst; 1995, p. 79.

<sup>2</sup> Mu-Lan Lu, 呂木蘭, 現代坐月子的女性觀點—以坐月子中心的產婦為例, 國立清華大學碩士論文 [*The Feminist Perspectives of Iso Yuei Tze*], master thesis of National Tsing Hua University, 1998, p. 109.

members. It may also be considered as a rite of passage. It has to be emphasized, that it also involves women's female family members, especially the mother-in-law.

The literature review resulted in identifying 68 elements, which make up an image of traditional *Zuo Yuezi*. These elements may be divided into two categories: behavioral regulations (Table 1) and dietary (Table 2). These categories include both positive and negative (taboo) guidance.

Regarding traditional behavioral adaptations, it is clear, that during the postpartum period the woman is supposed to rest, avoid physical activities, house chores, or even caring for the newborn (however here the guidance is somewhat contradictory). She restrains herself from sexual activity. She must avoid eye fatigue and actively suppress mood swings, e.g. avoid crying. She is not allowed to go out, or even to expose herself to wind or cold. She cannot use electrical fans and air-conditioners, she also must not touch cold water. Water taboo includes bathing, hair washing, hand laundry, or even hand washing. To avoid cold, puerperal woman must wear long sleeves, head coverage and make sure to wrap the abdomen. Tradition advises against colostrum feeding, however breastfeeding itself is promoted by a special diet and use of herbs. The puerperal woman and her clothes are considered "dirty", thus she is not allowed to participate in religious ceremonies, social gatherings or even family life. No one, but the closest family, is allowed to see her during the confinement.

**Table 1. *Zuo Yuezi* elements related to lifestyle and social and religious behavior**

|    |   |
|----|---|
| 1  | Postpartum women should sit and not recline   |
| 2  | Postpartum women should lie down and rest a lot   |
| 3  | Postpartum women should avoid walking   |
| 4  | Postpartum women should avoid climbing stairs, bending the lumbar spine, squatting, standing    |
| 5  | Postpartum women should avoid working, e.g. house work  |
| 6  | Postpartum women should maintain sexual abstinence  |
| 7  | Postpartum women should avoid mood swings and crying  |
| 8  | Postpartum women should avoid eye-straining activities such as reading, watching TV, knitting   |
| 9  | Postpartum women must not be exposed to the wind / drafts, cannot use air conditioning and fans |
| 10 | Postpartum women should wear clothing with long sleeves / trousers                              |
| 11 | Postpartum women should wear a head scarf or hat  |
| 12 | Postpartum women should constrain the abdomen   |
| 13 | Postpartum women should not wash their hands in cold water                                      |
| 14 | Postpartum women should not wash themselves   |
| 15 | Postpartum women are not allowed to wash hair   |
| 16 | Postpartum women cannot apply makeup  |
| 17 | Postpartum women should avoid going out   |

|    |  |
|----|--|
| 18 | Postpartum women should not expose themselves to sunlight  |
| 19 | Family members should help them to maintain body cleanliness   |
| 20 | Postpartum women should care for the newborn themselves  |
| 21 | Their clothing should be washed and dried in a different place to the clothing of other family members |
| 22 | Children cannot walk under postpartum women's drying clothes   |
| 23 | Postpartum women should not eat the meals at the same table as other household members                 |
| 24 | The newborn and the mother shall dwell alone, apart from feeding time                                  |
| 25 | No one except close family may enter the rooms of postpartum women                                     |
| 26 | Postpartum women cannot enter the kitchen  |
| 27 | Postpartum women are not allowed to lose weight during <i>Zuo Yuezi</i>                                |
| 28 | Postpartum women should start breastfeeding on the third day after birth                               |
| 29 | Postpartum women shall not communicate with people outside of the closest family                       |
| 30 | Postpartum women are not allowed to attend funerals, weddings and other special celebrations           |
| 31 | Postpartum women are not allowed to go to temples and churches   |
| 32 | Postpartum women shall not cross other people's doorsteps  |
| 33 | Postpartum women shall not pray or burn incense  |

Table 2 presents dietary taboos and guidance for postpartum women. Special dietary treatment begins immediately after birth, when the parturient is fed with small amounts of food, usually fried eggs with sesame oil, which in Chinese is called *ya fu*, and in Minnan phonetics *dei-bak* (墊腹/壓腹), and it has the meaning of refilling an emptied abdomen<sup>3</sup>. During the first part of the postpartum period, a woman's diet is supposed to be light. It helps in excreting lochia, and excess bodily fluids. It includes such products as rice gruel. Food cannot be hard to bite, sour, oily, astringent, or belong to a 'hot-dry' category (according to Chinese medicine typology). The postpartum woman shall not drink water, but is supposed to replace it with herbal concoctions. Neither food nor beverages should be cold.

In latter stages of puerperium, the concept of *bu* (補) is applied to arrange a diet, which means to "mend" or "nourish". Thus, the postpartum woman consumes food rich in nutrients, especially protein, iron, calcium, zinc and vitamins. It includes eggs, fish, shrimps, crabs, mutton, chicken, pig liver, heart, etc., as well as certain herbs, like ginger, *du zhong* (杜仲), and sesame oil. The postpartum diet in the latter stages should provide a high amount of energy, thus there is a very limited group of vegetables and fruits that are allowed. Women consume noodles, dumplings, candied tangerines, etc. One of special feature of the postpartum diet is the use of rice wine for cooking. Along with traditional herbs, alcohol that

<sup>3</sup> Wong Ling-ling, 翁玲玲, 麻油雞之外, 台北; 稻香出版社 [*Besides Sesame Oil Chicken*], Taipei: Dawshiang 1994, p. 37; Shieh, Yu-Ping, 謝玉萍, 金門傳統生育禮俗之探討, 銘傳大學碩士論文 [*A Study on the Traditional Kinmen Birth Custom*], master thesis of Ming Chuan University, 2004, pp. 89-95.

is ingested this way is supposed to ease blood circulation and the absorption of nutrients. The postpartum woman consumes herbal concoctions, which are personalized, to meet the specific needs of each new mother.

**Table 2. *Zuo Yuezi* elements related to diet modification**

|    |  |
|----|--|
| 34 | Postpartum women immediately after birth must eat <i>ya fu</i>                           |
| 35 | Postpartum women should replace water with special drinks                                |
| 36 | Postpartum women should adapt a light diet   |
| 37 | Postpartum women should eat and drink warm or hot  |
| 38 | Postpartum women should eat food of a high nutritional value                             |
| 39 | Postpartum women should complement (replete) nutritional deficiencies                    |
| 40 | Postpartum women should use TCM tonics and meals prepared with the use of Chinese herbs  |
| 41 | Postpartum women should use <i>Shenghua Tang</i> (生化湯) decoction                         |
| 42 | Postpartum women should consume <i>duzhong</i> (杜仲, <i>Eucommia ulmoides</i> )           |
| 43 | Postpartum women should eat plenty of mutton   |
| 44 | Postpartum women should eat more candied tangerine or tangerine peel                     |
| 45 | Postpartum women should eat oily rice  |
| 46 | Postpartum women should eat more fish  |
| 47 | Postpartum women should eat more rice gruel  |
| 48 | Postpartum women should eat foods with red sugar   |
| 49 | Postpartum women should eat dumplings  |
| 50 | Postpartum women should eat pasta  |
| 51 | Postpartum women should eat foods with added ginger                                      |
| 52 | Postpartum women should eat chicken with sesame oil, chicken soup, essence of chicken    |
| 53 | Postpartum women should eat lots of chicken eggs   |
| 54 | Postpartum women should eat more vegetables  |
| 55 | Postpartum women should eat more fruit   |
| 56 | Postpartum women should eat pork heart   |
| 57 | Postpartum women should consume pork liver   |
| 58 | Postpartum women should consume pork kidney  |
| 59 | Postpartum women should eat pork knuckle   |
| 60 | Postpartum women during the first week should avoid taking meals cooked with the alcohol |

|    |   |
|----|---|
| 61 | Postpartum women during the first week should avoid taking meals cooked with sesame oil                                     |
| 62 | Postpartum women should not use ginseng   |
| 63 | Postpartum women should not eat cold dishes   |
| 64 | Postpartum women should not eat fatty foods   |
| 65 | Postpartum women should not eat foods that traditionally are considered toxic, such as certain species of fish, duck, goose |
| 66 | Postpartum women should not eat hard foods  |
| 67 | Postpartum women should not consume 'dry-hot' dishes  |
| 68 | Postpartum women should limit consumption of foods with a sour taste or vinegar added                                       |

Traditional *Zuo Yuezi* is not an evidence-based practice, and there is still no sufficient evidence of its positive impact on woman's physiology. The research arguing that the consumption of Chinese herbs *shenghua tang* (生化湯) and *duzhong* (杜仲) during postpartum results in faster uterine involution is still not convincing.<sup>4</sup> Moreover, there are reports of some adverse effects from *Zuo Yuezi* practices. Other research on *shenghua tang* consumption<sup>5</sup> shows that this concoction may have a positive impact on postpartum women in both physical and mental terms, but only when it is administered for one month. Prolonged usage may have an opposite effect.

## 2.2. Attitude towards guidance of *Zuo Yuezi*

Research in Taiwan suggests that the adherence to *Zuo Yuezi* rules was positively correlated with a lower occurrence of postpartum morbidities.<sup>6</sup>

In Wong's field study in fisherman's villages, she finds that regardless of the economic situation of the family, women try to follow the basic rules of the postpartum rite of passage: confinement, repletion, labor avoidance. She emphasizes the ritual and social aspects of *Zuo Yuezi* suggesting its positive influence on postpartum women's psychology.

### Quality of life during *Zuo Yuezi*

Further research<sup>7</sup> explores the influence of the *Zuo Yuezi* discourse on the concept of women's health. The author analyses this influence in three dimensions: avoidance of

<sup>4</sup> M. Ho, T.C. Li and S.Y. Su, 'The Association between Traditional Chinese Dietary and Herbal Therapies and Uterine Involution in Postpartum Women Evidence-Based Complementary and Alternative Medicine', eCAM Volume 2011, Article ID 918291.

<sup>5</sup> P.J. Chang, Y.C. Tseng, C.H. Chuang, Y.C. Chen, W.S. Hsieh, B.S. Hurng, S.J. Lin, & P.C. Chen, 'Use of Sheng-Hua-Tang and Health-related Quality of Life in Postpartum Women: A Population-based Cohort Study in Taiwan', *International Journal of Nursing Studies*, Vol. 47 (1), 2010; pp.13-19.

<sup>6</sup> Huang Chou-Hua, 黃久華, '產婦執行坐月子習俗遵循度與產後健康狀態之相關性研究', 陽明大學碩士論文 [*A Correlational Study on Adherence to Doing Monthly Practices and the Health Status Among Postpartum Woman*], master thesis of National Yang-ming University, 2009, p. 94.

<sup>7</sup> Shu-ling Yang, 楊淑玲, '生育習俗對中老年婦女保健觀念之影響', 高雄醫學大學碩士論文 [*The Influences of Progeniture Convention on Middle-aged and Elderly Women's Health Concepts*], master thesis of Kaohsiung Medical University, 2004, p. 126.

physical and psychological lesion, different locations of postpartum confinement, physical and psychological morbidities caused by failure of realizing *Zuo Yuezi*.

In this research the subjects of the survey were Taiwanese women, who gave birth in the 60's. It clarifies women's attitudes to postpartum taboos and explains the causal relationship between the quality of *Zuo Yuezi* and its health outcomes. Respondents believe, for example, that vision impairment may be a consequence of shedding tears; incorrect posture or excessive labor may cause uterus prolapse; other problems may occur as a result of labor or exposure to wind and cold. The location of *Zuo Yuezi*, according to respondents, is also very important.

### **Stress and support during the postpartum period**

Another aspect of *Zuo Yuezi*<sup>8</sup> is its impact on stress levels, that onset after parturition. Some aspects of postpartum care may ease tension and decrease stress levels. Childbirth and motherhood as a transition stage requires adaptation and rearrangement. Constant supervision, practical help and emotional support from families are essential for a woman in her new role of being a mother. *Zuo Yuezi* is designed to make this support easy to achieve and sustain. It may be also taken as a reward for women's contribution to family continuation.

### ***Zuo Yuezi* significance for women and families**

Wong illustrated that through the postpartum ritual, the family could re-regulate the relationships between the mother and other family members, especially the mother-in-law. However, due to the changes of modern family structure, the function of familial relationships has declined. The liaison between the daughter-in-law and mother-in-law has weakened, but simultaneously, relations between married woman and their mothers has strengthened and appreciated. Such relations have been analyzed through the context of food.<sup>9</sup> Mothers care for their daughters in the postpartum period. The daughter's reactions were increasing intimacy, nostalgia, and expressions of appreciation.

### **Taiwanese living conditions**

In 2009 the Taiwan population was an estimated 23,016,000.<sup>10</sup> Very low birth rates and an increasing number of children born from foreign (mainly from China and Vietnam) parents is a special feature of the Taiwan population. Taiwan is composed of several ethnic entities: mainly immigrants from the coast of China, but also Austronesian people native to Formosa Island.<sup>11</sup> According to the 'World Factbook' of the CIA,<sup>12</sup> Taiwan Han people make up 98% of the total population and the aborigines – 2 %.

<sup>8</sup> S.S. Heh, 'Doing the Month and Social Support', *Fu-Jen Journal of Medicine*, Vol. 2 (2), 2004.

<sup>9</sup> S.F. Tien, 'Mother-Daughter Relationships Expressed in the Food Context of Postpartum Convalescence, Findings From a Preliminary Study', *Journal of Nursing Research*, Vol. 11, 2003, p. 1.

<sup>10</sup> *The Republic of China Yearbook 2010* (electronic publication), Taipei: Government Information Office; 2010, source: <http://www.gio.gov.tw/taiwan-website/5-gp/yearbook/contents.htm> (accessed 20 May 2011).

<sup>11</sup> *The Republic of China Yearbook 2010* (electronic publication), Taipei: Government Information Office, 2010, source: <http://www.gio.gov.tw/taiwan-website/5-gp/yearbook/contents.htm> (accessed 20 May 2011).

<sup>12</sup> <https://www.cia.gov/library/publications/the-world-factbook/fields/2075.html> (accessed November 2015).

The population in Taiwan started to grow steadily after the Japanese occupation period,<sup>13</sup> due to control of the mortality rate and a constantly increasing birth rate. After World War II as a result of industrialization and (the decline of birth family structure in Taiwan, family transformed rapidly from extended family toward stem and nuclear family) during the period between the 1950s and 1980s.<sup>14</sup>

The traditional Han culture predominantly influences the Taiwanese family. Nowadays<sup>15</sup> only around 4% of children in Taiwan are born out of marriage, compared to 37% in the USA in 2005.<sup>16</sup> The family planning policy introduced in 1865 resulted in highly effective fertility control. Due to modernization processes, the average marriage age for urban women in Taiwan in the years 1955–1964 was 20.72 (after ‘higher’ education) and 20.61 (after ‘lower’ education). These figures rose to 27.61 and 25.06 respectively in the period between years 1995–2004.

According to the same source, the concept of lineage preservation is expressed by the desire to have male offspring, a characteristic in Han culture which is less eminent in higher educated families, and the male-female ratio in 2005 in Taiwan was 1.0312,<sup>17</sup> which is close to natural.

The childbearing age in Taiwan changed rapidly within the last 60 years, as well as the parity rate between males and females. In 1953 Taiwan reproduction rates started to decline. The cohort of women aged 25–34 contributed most to fertility rates in 2003, however the number of women giving birth in their late thirties is also an important phenomenon.<sup>18</sup>

Women, who are co-residing with parents or parents-in-law are more likely to have their first child shortly after getting married. Another factor contributing to reducing the number of children is a “quantity-quality tradeoff”<sup>19</sup>, which may be related to the higher costs of raising and educating children. The constantly decreasing birth rate, e.g. 0.83% in 2009, is an issue of great concern and the main reason for the lower population increase rate, which was 0.21% in the same year.<sup>20</sup>

The results of NAHSIT, a Nutrition and Health Survey carried out in 1993–1996<sup>21</sup> show that mean dietary intakes of vitamin E, iron and calcium in women were not above the recommended values (RDNA). Dietary intakes of vitamin A and ascorbic acid were far higher

<sup>13</sup> E. Tu, C. Jow, V.A. Freedman and D.A. Wolf, ‘Kinship and Family Support in Taiwan: A Microsimulation Approach’, *Research on Aging*, Vol. 15, 1993, pp. 465–486.

<sup>14</sup> Chieh Chun Wu, 吳介尊, 日治時代以來臺灣地區疾病轉型模式之探討 長庚大學碩士論文 [The Epidemiologic Transition in Taiwan, 1906–2003] master thesis of Chang Gung University, 2006, p. 4.

<sup>15</sup> C.Y. Chu, R. Yu, *Understanding Chinese Families: A Comparative Study of Taiwan and South-east China*, New York: Oxford University Press, p. 66.

<sup>16</sup> S. Lundberg, R.A. Pollak, ‘The American Family and Family Economics’, *Journal of Economic Perspectives*, American Economic Association, Spring, 21 (2), 2007.

<sup>17</sup> *The Republic of China Yearbook 2010* (electronic publication), Taipei: Government Information Office, source: <http://www.gio.gov.tw/taiwan-website/5-gp/yearbook/contents.htm> (accessed 20 May 2011).

<sup>18</sup> Chu, Yu, *Understanding...*, p. 66.

<sup>19</sup> *Ibid.*, p. 78.

<sup>20</sup> *Taiwan Statistical Data Book 2010* (electronic publication), Council for Economic Planning and Development, Executive Yuan, R.O.C., source: [http://www.cepd.gov.tw/att/0014212/0014212\\_1.pdf](http://www.cepd.gov.tw/att/0014212/0014212_1.pdf) (accessed 20 May 2011).

<sup>21</sup> W. Pan, Y. Chang, J. Chen, S. Wu, M. Kao Tzeng, ‘Nutrition and Health Survey in Taiwan (NAHSIT) master thesis of Chang Gung University’, 2006, in *Nutritional Sciences Journal* (臺灣營養學會雜誌), Vol. 24 (1), 1999, pp. 11–39.

than the RDNA. Women aged 13–24 and men aged 13–15 had the lowest values in % RDNA of several vitamins and minerals of all age-sex groups. If we consider the iron intake level as an example factor, according to NAHSIT iron deficiency rates for females were around 10.7%. 2.1% of Taiwanese females older than four years displayed clinical symptoms of anemia which may have an impact on their general health status, as well as fertility related issues.

There are factors specific to Taiwanese nutrition, such as a high prevalence of vegans and vegetarians (a cultural factor), postpartum confinement that may result in vitamin D deficiencies<sup>22</sup>, and supplementation of Traditional Chinese Medicinal. There are reports on such medicinal utilization during pregnancy and the postpartum period<sup>23</sup>. Chinese herbal medicine was used by 33.6% and 87.7% of pregnant and postpartum Taiwanese women, respectively. The most common medicines used during pregnancy were *An-Tai-Yin* (安胎飲), Pearl powder (珍珠粉) and *Huanglian* (黃連), *Shen-Hua-Tang* (生化湯) and *Si-Wu-Tang* (四物湯) were the most commonly used medicines by postpartum women.

The usage of herbs during pregnancy and the postpartum period was positively correlated with respondents with a higher education background, and was more common for primiparous women.

However, one of the *Zuo Yuezi* related foods is sesame-chicken soup (麻油雞), which is prepared with rice alcohol. The safe use of this dish needs to be taken into consideration. Related research on this topic finds out that alcohol appears in milk<sup>24</sup> after the consumption of “sesame chicken”. Other research<sup>25</sup> has concluded that the “consumption of “sesame chicken” affects not only the composition of maternal blood and milk, but also deteriorates lactation performance”.

### The modern medical care system in Taiwan – NHI

In recent times over 99% of ROC nationals have been covered by the National Health Insurance (NHI) system. The Taiwanese National Health Insurance program provides a quality of health care, which is comparable or even exceeds those in western countries.<sup>26</sup> Life expectancy from birth increased during this period (1965 to 2009) by over ten years.<sup>27</sup>

<sup>22</sup> M. Strand, J. Perry, J. Guo, J. Zhao, C. Janes, ‘Doing the Month: Rickets and Post-partum Convalescence in Rural China’, *Midwifery*, Vol. 25 (5), pp. 588–596.

<sup>23</sup> C.H. Chuang, P.J. Chang, W.S. Hsieh, Y.J. Tsai, S.J. Lin & P.C. Chen, ‘Chinese Herbal Medicine Use in Taiwan During Pregnancy and the Postpartum Period: a Population-based Cohort Study’, *International Journal of Nursing Studies*, Vol. 46 (6), 2009, pp. 787–795.

<sup>24</sup> Y. Chien, J. Liu, Y. Huang, C. Hsu, J. Chao J. 2005, ‘Alcohol Levels in Chinese Lactating Mothers after the Consumption of an Alcoholic Diet During Postpartum ‘Doing-the-month’ Ritual’, *Alcohol*, Vol. 37 (3), 2005, pp. 143–150.

<sup>25</sup> Y. Chien, Y. Huang, C. Hsu, J.C.J. Chao, J. Liu, ‘Maternal Lactation Characteristics after Consumption of an Alcoholic Soup During the Postpartum ‘Doing-the-month’ Ritual’, *Public Health Nutrition*, March 12 (03), 2009, pp. 382–388.

<sup>26</sup> Y.Y. Kuo, ‘Cross-National Comparison of Taiwan, Japan, US and UK’s Health Insurance System’ presented in Association for Public Policy Analysis and Management (APPAM). Singapore Conference 1/7-1/9/2009, Asian Social Protection in Comparative Perspective, National University of Singapore, [http://www.umdcipe.org/conferences/policy\\_exchanges/conf\\_papers/Papers/1301.pdf](http://www.umdcipe.org/conferences/policy_exchanges/conf_papers/Papers/1301.pdf) (accessed 22 June 2011).

<sup>27</sup> *Taiwan Statistical Data Book*, [http://www.cepd.gov.tw/att/0014212/0014212\\_1.pdf](http://www.cepd.gov.tw/att/0014212/0014212_1.pdf) (accessed 29 July 2011).

#### 4.1. Chinese medicine in Taiwan

Chinese medicine in Taiwan is the part of a modern health care system— it is covered by the National Health Insurance (NHI) program. It is addressed as a “traditional medicine” to The Committee on Chinese Medicine and Pharmacies (CCMP – 中醫藥委員會) that oversees its practice. As of 2009, Taiwan had 5,290 practitioners and 3,235 institutions of Chinese medicine.

Practitioners of traditional medicine (Chinese medicine) are obliged to pass the National Examination in order to receive a practitioner’s license.

#### 4.2. Chinese medical interventions during puerperium

Traditional Chinese gynecology is a clinical discipline specializing in women’s physiology, features of pathology and the prevention of gynecological disease with the application of Chinese medical theory. However, historically speaking, the main concerns of Chinese medicine were infectious diseases, and the woman’s body was subjected to many cultural restrictions. As result the doctors would not intervene in normal parturition—this was the role of a midwife (接生婆).<sup>28</sup> Only when the life of a mother was in danger, would a medic appear. Thus the original theories and practice of Chinese gynecology were not interested in uncomplicated parturition and postpartum.

#### 4.3. Postpartum care centers

There is a new industry related to and relying on postpartum care in Taiwan, specifically the formation of *Zuo Yuezi* Centers. Postpartum women may choose to rest in such a commercial facility, rather than at home. In 2011, there were 105 Postpartum Nursing Institutions (產後護理之家), known colloquially as *Zuo Yuezi* Centers, in Taiwan<sup>29</sup>.

The distribution of these institutions is similar in spatial terms to the urban population density distribution in Taiwan. In 2010 for the registered 194,489 births in Taiwan, the utilization of postpartum care services amounted to 571,971 days. Provided that the average stay was 28 days, it may be estimated that 20,427 postpartum women (more than 10%) choose to use this service. The popularity of this service may explain the rise in number of *Zuo Yuezi* Centers from three in 1996 to 105 in 2011.

*Zuo Yuezi* centers changed *Zuo Yuezi* traditions, by shifting hygiene standards, and introducing western medical care. The women, who choose to recuperate in a *Zuo Yuezi* Center under the professional care of medical and nursing staff, will ignore many of traditional taboos, and choose from a wide range of activities, including physical exercises or use of a spa.<sup>30</sup>

<sup>28</sup> A.H. Travis, ‘Childbirth in China’ in H. Selin, P.K. Stone (eds), *Childbirth Across Cultures. Ideas and Practices of Pregnancy, Childbirth and the Postpartum*, Dordrecht: Springer Science + Business Media B.V., 2009, p. 56.

<sup>29</sup> Department of Health, Executive Yuan, R.O.C. <http://www.doh.gov.tw/DOHS/> (accessed 20 May 2011).

<sup>30</sup> C.P. Huang, *Postpartum Rest and Postpartum Rest Center: A New Industry from Old Customs*, 民俗曲藝 [Theatre and Folklore], 2006, pp. 139–174.

## 5. Reshaping *Zuo Yuezi* in modern Taiwan

### 5.1. Modern elements of *Zuo Yuezi*

Among the 68 elements of the survey, 66 were considered by at least 25% (N=10) of doctors as being related to a postpartum mother's health, 46 as cultural factors, only three as religious factors, and just two as being related to a newborn's health. Only four elements, the confinement and reduction of social interaction, as well as the taboos of body and hair washing, were considered as cultural.

The most approved elements may be considered as a part of a basic, universal prescription for proper *Zuo Yuezi* in Taiwan. Such elements were mainly concerned with dietary needs and sexual abstinence. There were no elements regarding social activity in this group. A unique feature of *Zuo Yuezi* is that a postpartum woman should actively "avoid mood swings and crying".

Two of the three most disapproved elements concerned taboos related to a lack of cleanliness. It is of contemporary professional opinion, that the woman is allowed to dine with her family, and her clothes are not "dirty". It suggests that modern *Zuo Yuezi* is gradually more and more derived from its cultural context, and is based more on rationalized medical theories. However, the element most disapproved of by the respondents is the separation of the newborn and the mother for a considerable amount of time. Whilst almost all professionals were against this practice, this is still a common occurrence in postpartum care centers.

What is interesting is that 76.9% of respondents disapproved of the body washing taboo, and 71.8% disapproved of the hair washing taboo. These two rules, strictly related to water avoidance taboos, were widely cited in *Zuo Yuezi* related literature. Such changes were documented in Huang's research from 1999.<sup>31</sup> In her thesis, the postpartum women carers restrictively demanded restraint from washing, but respondents were already predisposed to disobey this requirement.

A delay in beginning breastfeeding is another interesting issue. 15.4% of doctors believed that breastfeeding should begin on third day after parturition. The belief that colostrum feeding is a harmful practice and thus accounts for the delay in the beginning of breastfeeding, is common in many Asian cultures.<sup>32</sup> Modern western science, on the contrary, emphasizes the value of colostrum feeding as an important stimulant for a baby's immune system, and as a factor lowering the risk of neo-natal death.<sup>33</sup> Also interesting, is that most respondents considered this taboo as being important for a mother's health. Because there is no evidence that retaining colostrum feeding has any impact on a woman's health, the psychological factor may have the leading role in this case— psychosomatic consequences may have a great impact on a person that breaks this taboo.<sup>34</sup> Different approaches towards

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<sup>31</sup> C.H. Huang, *A Correlational Study on Adherence to Doing the Month Practices and Health Status Among Postpartum Woman*, master thesis of National Yang-Ming University, 2003, p. 88.

<sup>32</sup> G. Dixon, 'Colostrum Avoidance and Early Infant Feeding in Asian Societies', *Asia Pacific J Clin Nutr*, No. 1, 1992, pp. 225–229.

<sup>33</sup> K.M. Edmond, C. Zandoh, M.A. Quigley, S. Amenga-Etego, S. Owusu-Agyei and B.R. Kirkwood, 'Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality', *Pediatrics*, No. 117, 2006, pp. 380–386.

<sup>34</sup> S. Daviau, 'Beliefs, Taboos, Practices and Behaviors Around Birth in Lao PDR', presented to the World Health Organization, 2003, p. 54.

breastfeeding may be considered as a result of two different medical paradigms that impact on Chinese medical Gynecologists, who are molded by education within the “western medicine” paradigm, and by traditional Chinese systems at the same time.

## 5.2. How to *Zuo Yuezi*?

When “Doing the Month”, the pregnant Taiwanese woman, together with her mother and mother-in-law, will decide how the *Zuo Yuezi* should look like. Modern women may seek *Zuo Yuezi* related information from many sources such as books, the internet, the press and Television coverage, but all these sources may be considered as inferior to their elders’ records of their own experiences.

The pattern of *Zuo Yuezi* participation has changed with time. Tien<sup>35</sup> conducted research on three groups of Taiwanese woman in different age; in her research, women older than 55 years, mostly took care of their newborn babies by themselves. According to respondents, in contemporary times it is the woman herself who mainly looks after the newborn (100%), however a mother or mother-in-law, as well as a husband will support her. Mothers-in-law or mothers took care of postpartum women who were aged between 35–54 years at the time of Tien’s survey. For the youngest puerperal women, besides the care from mothers-in-law (51.7%) and mothers (33.8%), there was also the alternative of opting for a commercial postpartum care provider. This research however, conversely proved that it is the postpartum woman’s mother, who is the main carer (100%). It may be estimated, that if the respondents average clinical practice time was 12.7 years, and the average age for the first pregnancy was nearly 30 years (29.4 years in 2003)<sup>36</sup> it means that the respondents were meeting most frequently women who were aged around 43 years or less nowadays. It covered only the youngest subject from Tien’s research, as well as a group of woman that had given birth within the last five years since 2011.

There was not one concordant answer concerning the length of *Zuo Yuezi*. The respondents suggested that it should last between 20 and 60 days, with the mean time of *Zuo Yuezi*, calculated at around 37.7 days. The most frequently given value however was 40 days.

Most of respondents also believed that the postpartum period was not the only occasion when *Zuo Yuezi* should be employed. The special treatment and care after a miscarriage, although different in nature from postpartum care, is also called *Zuo Yuezi* and was regarded as advisable by almost all the respondents.

It was very difficult to assess the actual benefits of *Zuo Yuezi* in terms of physiology – this is because *Zuo Yuezi* is almost obligatory in Taiwan, and there was no possibility to run any clinical comparison between those women who participated and those who did not conduct *Zuo Yuezi*. The aspect regarding limited contacts with the outside world presents another difficulty. In this situation, the opinion of experienced Chinese medical Gynecologists is a valuable source of such information. In this survey, the respondents were asked two questions concerning any negative outcomes of improper *Zuo Yuezi*. The first two questions addressed any complaints from the respondent’s patients that were related to “bad *Zuo Yuezi*”, and the second question concerned the respondents’ own opinions regarding this

<sup>35</sup> Sheng-Fang Tien, *The Postpartum Care Change among Taiwanese Women-With an Example of the North Region*, PhD dissertation of National Taiwan University, 2006, p. 119.

<sup>36</sup> T.T. Hsieh, J.D. Liou, J.J. Hsu, L.M. Lo, S.F. Chen, T.H. Hung, ‘Advanced Maternal Age and Adverse Perinatal Outcomes in an Asian Population’, *Eur J Obstet Gynecol Reprod Biol*, Vol. 148 (1), 2010, pp. 21–26.

issue. Another two subsequent questions were designed to determine the onset time of such ailments and to define “improper *Zuo Yuezi*” itself. For the first two questions, the most frequent outcome of improper *Zuo Yuezi* was the lower back pain (腰酸背痛). Parity at a younger age, and some psychological factors also influence the increased prevalence of backache after pregnancy.<sup>37</sup> Generally speaking, by comparing women’s complaints reported by respondents, and the respondents’ observations, the professionals emphasized changes in constitution and irregular periods as a negative outcome, while the patients concentrated on headaches and premature ageing as negative consequences of neglecting *Zuo Yuezi* prescriptions. The onset time of *Zuo Yuezi* – related health problems (should they occur), has not been defined precisely, some respondents placed it directly after the postpartum period, whereas some suggested several years later. The so-called “inappropriate *Zuo Yuezi*” and its negative outcomes were defined as *Zuo Yuezi* without a carer, with excessive labor, and exposure to wind and cold. It is also said to affect a woman’s subsequent pregnancies and offspring, specifically in that insufficient lactation may weaken the constitution of the next child. Bad *Zuo Yuezi* may be the result of: a lack of carers, excessive labor, exposure to cold and wind, inadequate (insufficient or excessive) nourishment, violation of food taboos or an inadequately short period of confinement. Under such threat of taboo violations, most Taiwanese woman makes efforts to ensure a good *Zuo Yuezi*. If by any chance it is not possible, and a woman has suffered any negative consequences, she only has two ways to improve her health: she may wait until menopause, or she may decide to become pregnant again— after birth she has another chance to rectify her general health. One of the most interesting findings of this study was the fact that 54% of respondents met women who considered *Zuo Yuezi* as a method of regaining health and decided to become pregnant again for the benefits of *Zuo Yuezi*. In such cases, we should consider the health benefits of “*Zuo Yuezi*” as a fertility moderator.

This part may be concluded by a question about the importance of *Zuo Yuezi*. The results show that 85% of respondents considered *Zuo Yuezi* as very important or important, and only 15% stated that for some woman it may not be so important.

## Conclusion

This research is a snapshot of current *Zuo Yuezi* postpartum care in Taiwan from the point of view of Chinese medical doctors. Chinese and Taiwanese culture provided the background for the *Zuo Yuezi* tradition, and the reasons for such a practice were the associated benefits for woman’s reproductive health and the perceived necessity for cultural continuation. However, the modernization of *Zuo Yuezi* was seen in terms of a limitation of its ritual and social role. This process helped to limit harmful practices and misconceptions, but in the same time simplified this tradition and distanced it from folklore and its cultural background.

A prominent majority of distinguished *Zuo Yuezi* elements were considered to have an impact on postpartum women’s health. The widespread and ubiquitous experiences of *Zuo Yuezi* serve as a prophetic indicator for *Zuo Yuezi* treatment remaining important for the future newborn. The taboos of body hygiene, a lack of cleanliness and the practice of confinement as separation from others were all looked upon with disapproval. Furthermore,

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<sup>37</sup> R. Russell, F. Reynolds, ‘Back Pain, Pregnancy, and Childbirth’, *BMJ*, No. 314, 1997, pp. 1062–1062.

most of the contemporarily approved elements are related to diet. In addition to this, *Zuo Yuezi Centers* were said to play an important role in the commercialized postpartum care system in Taiwan.

In its current form, *Zuo Yuezi* in Taiwan will remain a result of ancient tradition, modern culture and pharmaceutical industry involvement and interference. And as such it will remain a fascinating subject for further research in the medical and social sciences.

## Notes on Contributors

MARIANNE BASTID-BRUGUIÈRE, an outstanding sinologist graduated from the Ecole Nationale des Langues et Civilisations Orientales and Peking University who worked for the Centre National de la Recherche Scientifique in Paris and was named Grand Officer of the Légion d'honneur in 2010

STANISŁAW TOKARSKI, Professor Emeritus at the Institute of Mediterranean and Oriental Studies at the Polish Academy of Sciences in Warsaw, e-mail: s-tokarski@o2.pl

ADAM W. JELONEK, Professor at the Institute of Middle and Far Eastern Studies of the Jagiellonian University in Cracow, e-mail: ajelonek@hotmail.com

ADAM RASZEWSKI, PhD student at the Institute of Political Science of Cardinal Stefan Wyszyński University in Warsaw, e-mail: voland7@onet.eu

ARTUR KOŚCIAŃSKI, Assistant Professor at the Institute of Philosophy and Sociology of the Polish Academy of Sciences in Warsaw, e-mail: akoscian@ifispan.waw.pl

LARISA ZABROVSKAIA, Professor at the Institute of History, Archeology and Ethnography of Far Eastern People of the Far Eastern Branch of the Russian Academy of Sciences in Vladivostok, e-mail: larisa51@hotmail.com

NICOLAS LEVI, Assistant Professor at the Institute of Mediterranean and Oriental Studies at the Polish Academy of Sciences in Warsaw, e-mail: nicolas\_levi@yahoo.fr

IRENA KALUŻYŃSKA, Professor at the Department of Sinology of the Faculty of Oriental Studies, University of Warsaw, e-mail: i.s.kaluzynska@uw.edu.pl

IZABELLA ŁABĘDZKA, Professor at the Chair of Asian Studies of Adam Mickiewicz University in Poznań, e-mail: izarab@amu.edu.pl

LIDIA KASAREŁŁO, Professor at the Department of Sinology of the Faculty of Oriental Studies, University of Warsaw, and at the Institute of Oriental Studies of the Jagiellonian University, e-mail: lidia.kasarello@uw.edu.pl

EWA CHMIELOWSKA, PhD candidate of Department of Anthropology, Institute of Zoology, Jagiellonian University, e-mail: ewa.chmielowska@uj.edu.pl

FU-SHENG SHIH, PhD, Assistant Professor of Department of Sociology, Soochow University, Taipei, Taiwan, e-mail: fusheng@scu.edu.tw

ANNA MROZEK-DUMANOWSKA, Professor at the Institute of Mediterranean and Oriental Studies at the Polish Academy of Sciences in Warsaw, e-mail: abdumanowscy@wp.pl

DIANA WOLAŃSKA, Doctoral Candidate at the Faculty of Humanities, John Paul II Catholic University of Lublin, e-mail: alanis7@wp.pl

WALDEMAR J. DZIAK, Professor at the Institute of Political Studies of the Polish Academy of Sciences in Warsaw

IWONA GRABOWSKA-LIPIŃSKA, PhD, politologist-sinologist graduated from the Warsaw University, former co-worker of Professor Roman Sławiński in Polish Academy of Sciences in Warsaw, e-mail: iwona.grabowska.lipinska@gmail.com

MARCIN STYSZYŃSKI, Associate Professor in the Faculty of Arabic and Islamic Studies at Adam Mickiewicz University in Poznan, e-mail: martin@amu.edu.pl

DOROTA RUDNICKA-KASSEM, Associate Professor at the Institute of Middle and Far Eastern Studies of the Jagiellonian University in Cracow, e-mail: d.rudkass@interia.pl

ROMAN SŁAWIŃSKI (1932–2014) was a Professor of Sinology at the Institute of Mediterranean and Oriental Studies at the Polish Academy of Sciences in Warsaw and the Editor-in-Chief of *Acta Asiatica Varsoviensia*

JERZY ZDANOWSKI, Professor at the Institute of Mediterranean and Oriental Studies at the Polish Academy of Sciences in Warsaw, e-mail: [jerzyzda@gmail.com](mailto:jerzyzda@gmail.com)