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“Better Than Bank Robbery”: Yuezi Centers and Neoliberal Appeals to Market Birth Tourism to Pregnant Chinese Women

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ABSTRACT

“Birth tourism” has rarely been addressed by scholars. The ways that pregnant women are encouraged to leave their homelands and give birth abroad have not been investigated. Birth tourism agencies may seek to persuade women that particular destinations—such as the US—are ideal places for giving birth. An examination of how birth tourism agencies frame birth tourism may offer initial insights into this phenomenon. This study examines 34 agencies’ home pages and their arguments advocating birth tourism for Chinese expectant mothers. Using a thematic approach, we find four reasons offered to pregnant Chinese women that make birth tourism appealing. This perspective helps us to understand birth tourism both as a health-related behavior and a cosmopolitan issue. We use neoliberalism as an analytic framework to examine how birth tourism may enhance inequality in health resource distribution both domestically and internationally.

In 2013, a hit movie, 北京遇上西雅图 (Finding Mr. Right), earned more than CN¥318 million (~$84 million) in the Chinese film market (Ma, 2013). The heroine in this movie succeeds in overcoming numerous difficulties such as language barriers, immigration checks, and culture conflicts to have an American baby. This story shows the daily life in a “yuezi” center in Seattle. “Yuezi” (月子) is a term referring to Chinese traditional postnatal care (Cheung, 1997). In a yuezi center, facilities are offered for prenatal and postnatal services. A yuezi center allows travelling women to give birth abroad.

After this movie was released in China, “birth tourism” to the US became even more popular (Stuteville, 2014). Birth tourism occurs when a woman travels to another country expressly for the purpose of giving birth. In 2012, more than 10,000 Chinese women gave birth to their babies stateside, double the number in 2008 (Yan, 2015). Chinese women represent one-quarter of the children born to foreigners in the US every year (Kim & Shyong, 2015). Responding to such a great need, there are many birth tourism agencies in China. These agencies usually cater to Chinese expectant mothers with “one-stop” package services, including an American visa, obstetric services, midwives, dwellings, and other necessary facilities. Birth tourism agencies continue to be popular, despite protests from US political leaders and citizen that they enable abuses of “birthright citizenship” laws in the US (Grant, 2015; Lah, 2013). For most Chinese expectant mothers who want American babies, these agencies may seem the most convenient and safest choice (Chodorow, 2015).

Although yuezi centers are being used by women, the ways that pregnant women are encouraged to leave their homelands and give birth abroad have not been investigated. Birth tourism agencies may seek to persuade women that particular destinations—such as the US—are ideal places for giving birth. An examination of their persuasive tactics may reveal how birth tourism agencies use neoliberal appeals to commodify birth and pregnancy. This study examines 34 agencies’ home pages and their arguments advocating birth tourism for Chinese expectant mothers. In the literature review, we will address birth tourism as a cosmopolitan health behavior. Using a thematic approach, we find four reasons offered to pregnant Chinese women that make birth tourism appealing. This perspective helps us to understand birth tourism both as a health-related behavior and as a cosmopolitan issue. Our study not only adds to our knowledge about existing plural medical systems, but also offers a critical perspective on neoliberalism in global health issues.

Birth and birth tourism

There are many ways that the pregnancy process can be understood. Much of the biomedical literature focuses on childbirth as an inherently risky process and seeks to help women manage their birth outcomes (e.g., Begley, 2014; World Health Organization, 2014). Building on this literature, communication scholars have examined the ways that interpersonal (e.g., Bute & Jensen, 2010; Gray, 2014; Matthias, 2009) and media (e.g., Edge, 2014; Gibbons, 2012) processes can enhance or detract from these biomedical processes.

The transnational nature of birth tourism, however, leads us to examine the communication around birth tourism at an intercultural, rather than biomedical or interpersonal, level. How Chinese expectant mothers’ understanding and practice of birth tourism is influenced through intercultural communication also calls for close inspections of how the two
cultures, Chinese and the western, integrate with or replace each other in the health practice. Although communication scholars have examined communication as it is performed by pregnant women and as it affects pregnant women, much of this research has been conducted among residents of the United States or other countries in the global northern metropole. Birth tourism occurs when relatively affluent people in so-called less developed countries pursue medical care in more developed countries, particularly when health risks cannot be taken care of well in their native countries (Horowitz, 1978). Because, when compared to the global northern metropole, some countries have less accessible pregnancy care, expectant mothers may be motivated to travel for care (Mrisho et al., 2009). Birth tourism agencies work to help these women find and use this care.

Birth tourism agencies are often called “yuezi centers.” Yuezi denotes a traditional set of postnatal practices for Chinese mothers (Cheung, 1997; Pillsbury, 1978). Highly embedded in Chinese traditional culture, yuezi illustrates the harmonious relationship between the body and nature, reflecting a core tenet of the ancient Chinese medicine system. A series of practical instructions, like staying in bed after birth, restricting diets to approved recipes, and delicate temperature control, constitute yuezi as a postnatal practice. Such a practice is believed “to facilitate the physical recovery of the mothers, to prevent chronic illness, and also to strengthen their intra-family relationships” (Cheung, 1997, p. 55). Chinese birth tourism agencies provide both prenatal and postnatal pregnancy care.

Whereas Chinese medicine has its own tradition in birth care, expectant mothers who travel to the US have to manage pregnancy and birth giving in a new and strange health context and system. Birth tourism agencies sit at this intersection of cultural traditions and medical systems, and birth tourists need to negotiate two different culture traditions and two medical systems (Dunn, 1998; Leslie, 1980). Dunn (1998) classified medical systems by reference to their geographical and cultural settings. Those originating from local, “primitive,” or “folk” culture are termed as regional medical systems, whereas those “often referred to as ‘modern,’ ‘scientific,’ or ‘Western’ medicine” (Dunn, 1998, p. 135) are termed as cosmopolitan. The two features of the cosmopolitan medical system argued by Leslie (1976), compared to regional ones, are professionalization and preeminence, denoting that a cosmopolitan medical system is highly standardized and “progressively subordinates other forms of practice” (p. 6). Dunn (1998) also endorsed that cosmopolitan system is globally transplanted and dominating. Birth tourism, as an intercultural health behavior, represents a “contact zone” between two cultures and, as expectant mothers negotiate the two systems, birth tourism may reveal how “disparate cultures meet, clash, and grapple with each other” (Pratt, 1992, p. 4). Such a meeting can be understood as an expectant mother departing from regional medical systems, in this case the traditional Chinese medical system, and approaching the cosmopolitan medical system, in our case the American medical system, which leads to the negotiation of complementary or alternative medical knowledge (Napolitano & Flores, 2003).

Chinese birth tourism to the United States may reveal most clearly how this cosmopolitan approach to birth and health is performed. As a whole, different ethnic groups pursue different prenatal care regimes (Yu, Alexander, Schwalberg, & Kogan, 2001). Specifically, American and Chinese pregnant women have different traditions and cultural beliefs about pregnancy (Pillsbury, 1978; Singh & Yu, 1996). In mainland China, the western modern medical model has become the official medical system; traditional Chinese medical practices have to comply with modern health science (Quah, 2003). However, in pregnancy, “Yuezi” is considered both in conflict with and consistent with western tradition (Pillsbury, 1978). Birth tourism agencies help women negotiate these traditions.

Given the potential richness of birth tourism as a site for understanding how cosmopolitan health is negotiated and the lack of research on why women engage in birth tourism, overall, we believe that an examination of the ways that birth tourism agencies communicate to potential clients can provide insight into this growing global phenomenon.

**Neoliberalism, health organizing, and birth tourism**

Considering the cosmopolitan nature of birth tourism, we believe it is necessary to take a further step to understand global health organizing through the framework of neoliberalism. Neoliberalism is not limited to its original context of political economy as envisioned by Harvey (2005), but, rather, is a means of understanding how economic surveillance and free markets impact multiple areas of human experience. The globalization of health choices has drawn academic attention to how people’s understanding and practice of health are contextualized within the structure of neoliberalism (Dutta, 2015; Navarro, 2007). Because neoliberalism always involves hegemony and oppression (Plethwe, Walpen, & Neunhofer, 2007), how people perceive and negotiate their agency under circumstances of globalization, commodification, and asymmetrical distributed resources in the global market becomes the core question that needs to be examined. A focus on meaning, power, and culture related to health issues is essential (Zoller & Dutta, 2008).

The critical framework of neoliberalism assumes that there are dynamic relationships between personal health choices and macro-level social structures, both domestically and globally (Labonté & Schrecker, 2007; Labonté, Schrecker, Packer, & Runnels, 2009). Birth tourism may be a context that reflects the underlying logics of neoliberalism, where pregnant women’s bodies are medicalized and become located in a neoliberal power structure that commodifies health-related products (Lupton, 2012). Chinese pregnant women and their bodies represent a good case for interrogating how people’s agency and autonomy are elided in a powerful neoliberal structure (Dutta, 2008). Such an analytic approach also allows better understanding of how birth tourism as cosmopolitan health behavior reflects transnationalism, consumer culture, and technological determinism in birth and pregnancy.

We build up our critical analytic framework mainly from Dutta’s (2015) arguments in neoliberal health organizing, with a stress on how meanings of pregnancy health are constructed, selected, and disseminated within the structure of globalization health market. The critical approach emphasizes how birth tourism agencies circulate particular meanings; we
agree with Dutta’s (2015) argument that meanings are “essential to the reification, reproduction, and circulation of specific structural logics” (p. 18). In the case of birth tourism, we aim to interpret and critique how the meanings of birth tourism are strategically circulated to birth tourism agencies’ potential clients. Such a communication process between birth tourism agencies and pregnant women, on one hand, represents a form of neoliberal organizing in the Chinese mainland, and, on the other hand, enhances neoliberal understandings of pregnancy/health.

Neoliberalism starts its preeminence by addressing a certain existing structural inefficiency that cannot be solved by state-based processes. Neoliberalism’s commitment is to an open and free market that requires minimal governmental or state-level intervention (Dutta, 2013). The capital market, operated by corporations, determines what can be commodified and traded, ideally independent of any meta-structural entities (Harvey, 2005). Commodification is important to free markets, and the free market and commodification of health can be mutually enhancing (Pellegrino, 1999). Health communication scholars have argued that health systems in the global north are characterized by free market and commodification (Hertzlinger, 1996). Birth tourism extents these logics of neoliberalism, not only because private corporations are providing pregnancy and birth care, but also because they commodify citizenship. Individualism and consumerism come with neoliberal health organizing as a necessary response to the free market, that is, a healthy body is a medicalized body (Lupton, 2012), and bodies that are not medicalized by commodities are unhealthy, irresponsible, and abnormal (Gurrieri, Previte, & Brace-Govan, 2013). Thus, the commodification of health always comes as a challenge to expectant mothers’ identity. To guarantee their body and identity are accepted by the social norm, mothers have to purchase technological and scientific interventions from private enterprises. Thus, we believe birth tourism offers a new context where the logic of neoliberal health organizing is exemplified.

**Method**

To investigate the ways Chinese women are encouraged to engage in birth tourism to the US, the first researcher, a native Mandarin speaker, used the search engine “百度” (Baidu) to search for the tourism agencies’ websites and collect raw data. “Baidu” is comparable to Google, but Google, at the time the research was conducted, was blocked in the Chinese mainland (Wong, Zhao, & Dougherty, 2014). Baidu is also the most widely used search engine in the Chinese mainland (Krawczyk, 2014).

The keywords “赴美产子” (birth tourism to the US) and “月子中心” (birth tourism agency) were entered into Baidu. More than one million results were found. Among these websites, 34 birth tourism agencies were found in the first 30 pages in the search results (some agencies share web presence). After 30 pages, the nature of the results changed from commercials to news reports. The larger and more famous agencies appear in the beginning of the search results due to their popularity. While the search result goes to around 30 pages, later content quickly becomes irrelevant. The agencies who post these pages vary in size, location, history, and their manifestation of their professions. All agencies that we found are located in big cities in Mainland China, with operational facilities in the United States. Some of the agencies report their professional experiences and operation size, which will be discussed later in thematic analysis. These hompages contain introductory information about the services and benefits that these agencies offer.

Standard procedures to examine internet search engine results using thematic analysis were followed (see Quinlan & Bates, 2008, 2009). The links from the 30 pages of search results were followed, and the resulting webpages were downloaded and saved to the first author’s computer. The first author translated the information from the websites from Mandarin to English. The constant comparative method was used to analyze the data collected from Baidu. Through open and axial coding, analytic reduction and theoretical saturation were achieved (Charmaz, 2014). Meanings that could unite scattered and fragmented information, that is, themes, emerged. Themes appeared to cluster around how birth tourism would offer ideal and healthy pregnancy care.

**Findings**

The 34 websites offer extensive information to expecting mothers. The primary data collected from these websites were over 40,000 Chinese characters. A lot of repetition, and perhaps plagiarism, was found. Many websites shared the same data and used the same arguments. For example, one paragraph advocating the benefits of American citizenship was used verbatim by eleven websites. Within this repetition, different agencies employed different propaganda and persuasive strategies. Some websites addressed the general benefits and interests of practicing birth tourism, including prospective citizenship. Other websites specifically emphasized the strength and features of their facilities and services, including location, profession, and low price, as reasons to choose their services over other agencies’. The agencies emphasized similar arguments for birth tourism. The thematic analysis revealed four arguments: Citizenship was an investment, the superior quality of US medical care as compared to Chinese medical care, whiteness as evidence of superior care, and the inclusion of Chinese culture in yuezi facilities.

**Citizenship as an investment**

The first reason to give birth in the US offered to Chinese expectant mothers was that the child would have US citizenship. Most tourism agencies directly advocated American citizenship for the child as a benefit of birth tourism. Several websites directly quote the 14th Amendment of American constitution, that “all persons born or naturalized in the United States … are citizens of the United States.” Because there is some controversy as to whether the 14th Amendment applies to foreign nationals’ babies, birth tourism agencies offered putative legal analysis to prove that the mothers would, indeed, be able to have an American baby. For example, one agency, 美宝之家 [mei bao zhi jia/Home of Beautiful Babies], stated that they had consulted with “Peter,” an official of a fabricated “American Immigrant Department.” They
quoted him as saying that, “as long as expectant mothers are not believed to exploit public welfare and resources, birth tourism is a very legitimate behavior.”

After positing that they had been visited by staff from the US consulate, 家之 [Home of Beautiful Babies] states: “First, practicing birth tourism is not illegal if you have a valid visa; Second, you should inform the visa officer of your true purpose; Third, you need to be honest throughout the whole process of birth tourism.” These claims, and similar ones made on other websites, appear to state that, as long as the expectant mother informs consular officials of her plans, she will be allowed to travel to the US to give birth to an American baby. Further cementing this argument is 家之 [Home of Beautiful Babies] repetition of the claim that, “in a word, the American government does not oppose birth tourism as long as expectant mothers do not exploit American welfare. Let us apply an American White lawyer’s saying here: ‘If you can play [birth tourism], you can play.’” The reference to this official as a White American lawyer is not accidental; by appealing to the citizenship, the race and the occupation of the speaker, 家之 [Home of Beautiful Babies] invests the statement with additional legitimacy to describe what is accepted by the American immigration system. The so-called lawyer’s quotation indicates that birth tourism is a game, or even gambling to play but the promising benefits override potential risks.

Besides dispelling the legal concerns, most agencies portray American citizenship as superior to Chinese citizenship. These agencies argue that US citizenship denotes access to numerous resources normally denied to Chinese citizens. The agency 家之 [Home of Beautiful Babies] enumerates several privileges of American citizenship:

With a US passport, you can visit 131 countries and regions without applying for a visa. Education before college, including elementary school, junior and senior high, is totally free. Public university tuition for American citizens will be only one tenth of that for international students. Also, international students cannot apply for scholarships for undergraduate education. American born babies will also have priority in the job market. They will enjoy unpolluted air, clean water, and a free environment for life.

Although these advantages are overstated in many ways, they all portray the one-time investment in travelling to the US to give birth as having substantial life-long returns. The agency 家之 [Home of Beautiful Babies] takes the instance of 华宝之发 [My Son, My Treasure] argues more directly. They state, unequivocally, that being born American is better than being born Chinese. Their website states:

Welfare in the US is the best in the entire world. Anybody who loves life cannot resist the temptation of living in the US. The US is a wealthy country and promotes human rights. As the only super power on earth, immigrating to the US allows you to enjoy a strong judicial system and good social security. You will also be able to take advantage of the medical and social insurance system. You will be entitled to an ideal living environment and cultural diversity. There is no food security issue, no air pollution, and no traffic congestion, no competition for education in the US. This highly urbanized country is the dream destination for most immigrants.

In a combination of economic and human rights, 家之 [Home of Beautiful Babies] argues that an American-born baby experiences an ideal outcome. Indeed, the US appears to have no social problems of any kind and a strong social safety net that adequately supports all people in need.

With all these benefits of being an US citizen, Chinese birth tourism agencies try to commercialize US citizenship in terms of possible life cost and opportunity cost. Another agency, 好运来 [hao yun lai/Good Fortune Comes], demonstrates this rhetoric of investment clearly, in the areas of education, employment, and social safety nets. 好运来 [Good Fortune Comes] begins by stating, “taking the instance of public universities in California, international students usually pay $120,000 in tuition whereas American citizens only need to pay $2,000.” The agency also tells her that “international students may need to score 500 on the SAT to get admitted to Harvard University, whereas American citizens only need 300 points. As for job hunting, a lot of jobs are not available to foreigners because the U.S. protects citizens’ interest.” Not only might it be cheaper to go to school, but also it will be easier for her child to get into Harvard, nearly twice as easy. And, when her child graduates, it will be easier to find a job that uses that Harvard degree. Being a US citizen guarantees multiples resources and a lot of them are mentioned as pecuniary. Indeed, another agency, 加州宝贝 [jia zhou bao bei/California Baby], uses an interesting metaphor: “The rate of return on birth tourism to the US is a better than bank robbery.” Other benefits of US citizenship, like social resources, job opportunities, and social welfare, are also treated a considerable economic return. Practicing birth tourism to the US will confer US citizenship to the babies and to the parents after the babies are 21 years old. Therefore, paying these birth tourism agencies is a very tempting investment.

The data and benefits regarding American citizenship, and the attendant lifestyle of transnationalism, have been greatly exaggerated. Sometimes, the information is merely mistaken. For example, US retirement benefits vary greatly, depending on factors like retirement age, type of work, and personal insurance situations. These variations are ignored by the birth tourism agencies. The employment and health benefits are similarly misleading because of a lack of context. Other statements are simply false. For example, student tuition in the University of California system is about $41,000 for international students and about $6,880 for California residents, now near a 98% discount.

**American providers as superior care providers**

The investment in birth tourism is not only economic, but it also is portrayed as providing access to a better system of care. The alleged superiority of the US medical system and the professionalism of US hospitals and doctors as compared to the Chinese medical system are used to legitimize the choice of birth tourism. This comparison both denigrates the Chinese medical system and extols the US medical system. One agency, 家之 [Baby is Beautiful], argues that “US medical technology and medical standards are out of this world. The high quality of medical care and the advanced medical techniques give mothers excellent experiences.” In addition to superior technology, the 香水湾 [xiang shui
wan/Fragrant Harbor] agency states that "the US medical system is highly humanized and patient oriented. The US has an extremely strict system for conferring certification and qualification to doctors. All the doctors in the US are elites out of elites.” With the disparity between the Chinese medical system and the US medical system, it is only reasonable to choose the latter one if possible.

An extended argument provided by the 美宝福星 [mei bao fu xing/American baby is Fortunate] agency demonstrates the extremes to which birth tourism agencies will go to compare the two systems. 美宝福星[American baby is Fortunate] writes:

For Chinese patients, the cost of treatment is several times more expensive than 20 years earlier ... Significantly, the Chinese government skips its responsibility and places doctors and patients as opponents. However, in the US, conflicts of interest rarely happen. It is a simple story: the US has a more advanced and developed system. Firstly, physicians and doctors in the US can only prescribe and cannot sell medicines. So the doctors have no interest associated with how patients obtain the prescription. American doctors also have a high salary, which means they do not risk losing their jobs for the "red envelope.” Secondly, the US hospital has a perfect supervisory and monitoring system. Also, the credit records for medical practitioners are very restricted. Lastly, a US doctor may accept very few patients per day. But Chinese doctors accept dozens of patients per day. With so many patients, the chances that the doctors will make misdiagnoses will inevitably increase. Simultaneously, the time given to each patient will be shortened to only a few minutes.

美宝福星[American baby is Fortunate] begins with a mention of costs, but the real dangers are that the Chinese system promotes conflict between patients and providers. According to 美宝福星, this does not happen in the US because the US has a more “advanced and developed system.” Chinese doctors, 美宝福星 claims, exploit their patients in multiple ways: they prescribe and then sell those same medicines, they accept bribes from their patients (the red envelope), and they can be blackmailed over poor credit. None of these occur in the US, according to 美宝福星, because there are sufficient regulatory systems and pay rates for doctors in the US. Finally, because of the excessive number of patients, the Chinese physician is often overloaded in terms of the quantity of daily work, a burden that 美宝福星[American Baby is Fortunate] claims is not present in the US. Similar arguments are offered by other agencies to pregnant women to encourage them to seek care in the US.

More specifically, most agencies contain information about available hospitals near their facilities to illustrate the high quality of pregnancy medical care. One agency, 美宝网 [mei bao wang/ American Baby Net], states that Pomona hospital was very close to their facility. They further stated, “You are free to choose any doctors in this hospital. Pomona is a big comprehensive hospital, with 24-hour obstetrics residences and a High Risk Obstetrical Unit. It offers better and safer health care without any hospital to hospital transfer.” Another agency, 好孕北美 [hao yun bei mei/Good Pregnancy in North America], said they were near Presbyterian Intercommunity Hospital in California. They describe this hospital as “the best teaching hospital in Southern California and the best choice for birth tourism. It is proud to be the largest and the best equipped nonprofit hospital in Western America. You will enjoy first-class modern medical service and the most humane care.” Other agencies outline their proximity to other excellent hospitals in the US. The relations between these hospitals and the birth tourism agencies, however, are unclear.

**Whiteness as evidence of superior care**

In addition to claiming, but not fully describing, relationships with prominent hospitals, the agencies also offer descriptions of their staff to demonstrate the superiority of care offered at a birthing center in the US. For example, the agency 美利合 [mei li he/The Murray Company] describes their staff as “the only birth tourism agency that has an American medical background.” They go on to say “most of our doctors are White, consisting of western physicians, doctors of traditional Chinese medicine, nutritionists, obstetrics, pharmacists, pediatricians, and nurses. They are the top specialists and professors in different medical areas, with extensive experience serving local white people.” The agency’s claim to provide superior care is premised on having mostly White doctors. Indeed, these mostly White doctors must be good, as they are also described as having served White people in the area. The association of an American medical background, being and serving White people, and being top specialists is clear; the美利合 [The Murray Company] offerings are superior because they are distinctly not Chinese caregivers, even when they are doctors of traditional Chinese medicine. Because of all of this, 美利合 says "with professional consultation and health care, expectant mothers’ and newborns' health and safety is one hundred percent guaranteed.” In contrast to the lack of a guarantee in Chinese medical practices demonstrated by 美宝福星 [American Baby is Fortunate], the apparent reason that 美利合 can offer this promise is that they have a White and Western medical staff.

The theme of whiteness as an advantage in providing care extends to the location of the birth centers. Not only are they near hospitals, but birth tourism agencies emphasize that they are comfortable. A great deal of this comfort comes from these facilities being located in White communities. All of the agencies stressed how their location is ideal for pregnancy. To explain this, 康简妮 [kang jian ni yuezi center/Jenny Kang Yuezi Center] describes its location this way:

Our facility is located in the city of Eastvale, east of Los Angeles. Eastvale is listed as one of the world’s top ten livable cities. It is an authentic White community and a villa residence. The surrounding area is luxurious with super good air quality. Supermarkets, malls, and parks are within walking distance. It only takes 15 to 20 minutes to reach big shopping plazas and fancy stores. Hospitals are within 15 minutes driving distance.

These birth centers, and others, offer some comforts that seem relevant to an expectant mother; access to malls, hospitals, and other amenities would be desirable for a person planning to spend a few months resident in another country. 康简妮 [Jenny Kang Yuezi Center]'s location in Eastvale—"an authentic white community”—goes further. The livability of Eastvale is tied directly to its whiteness; it appears that being
Access to Chinese traditions

At the same time that the birth tourism agencies emphasize western/White pregnancy care, they also recognize that the mothers will still be Chinese. Because travel to US can be stressful, many agencies agree that the comforts of Chinese traditions will be available to women who desire them. Several agencies state that, although they are located in White communities, their location near major cities allows access to other Chinese traditions. For example, the 甜甜月子 [tian tian yue zi/Sweet Yuezzi] agency located in southern California states that “in the Chinese community in L.A., there are numerous Chinese restaurants and Chinese supermarkets.” Although they clearly distinguish their location—in White communities—they state that the Chinese communities are available for expectant mothers who wish to access them.

The most common reason for wanting to access the Chinese-American communities is to eat familiar foods. Although some agencies, like 康简妮 [Jenny Kang Yuezi Center], advocate “authentic American food” as the healthiest choice, most agencies make clear that they will prepare healthy and nutritious food for their clients. The most common strategy is to state how the agency’s food is traditional Chinese “yuezi” food. For example, 美亚宝宝 [mei ya bao bei/ American Asian baby] describes their food this way:

Pregnancy food is prepared according to the most current Taiwanese trends for nurture and nutrition. Taiwanese yuezi food combines traditional Chinese yuezi knowledge and modern nutrition studies. We select all the food with care and prepare it with dedication. Famous Taiwanese specialist Amy personally supervises all the food preparation. We consider every pregnant woman’s personal physical condition and customize everyone’s menu every day. This is the best practice of yuezi.

Here, familiar flavors are combined with modern science. Traditional food beliefs (e.g., eating lettuce is likely to result in a male child, avoiding lamb to reduce the likelihood of asthma) and modern nutrition (e.g., ensuring sufficient protein and iron are consumed) are framed as compatible approaches to eating at a yuezi facility. In addition, the preparation techniques echo the arguments made about superior care being provided at these facilities; the individual attention and patient-centered approaches named here are similar to the reasons for choosing western/White doctors over Chinese doctors. Even the name of the preparer—Amy—emphasizes that she has adopted the norms of the western care provider.

In addition to food, the birth centers state that they also hire Chinese midwives to blend the best of Chinese care with the best of western care. As an important part of birth attendance, agencies try to portray the midwives as professional, approachable, and friendly. Although some agencies emphasize that their midwives are certified by state accrediting bodies, most agencies emphasize the cultural qualifications of their midwives.

Discussion

Our thematic analysis found that birth tourism agencies articulate four main arguments for why Chinese women should engage in birth tourism to the US. These four themes provide insight into how birth tourism is a particular kind of “contact zone” between US and Chinese medical cultures that expectant mothers navigate with the help of birth tourism agencies. Specifically, the way that these four themes operate together to promote Chinese women’s use of yuezi facilities in the US is one that demonstrates intertwined logics of neoliberal health organizing: free markets, individualization, expertise, technological interventionism, and efficiency. To build desire for American health care and US citizenship, birth tourism agencies create an image of an inefficient and inferior Chinese society, including its flawed health and welfare system. This inefficiency leads to the perceived need for free markets where birth tourism agencies can commodify US medicine, hospitals, and citizenship. But the resolution to inefficiency has to be realized through individual consumption. This individualized health consumption reflects the reliance on technical interventionism and the celebration of whiteness.

The current study contributes to the conversations of health neoliberalism in twofolds. On one hand, we find that the influence of neoliberal health organizing has traveled beyond its original capitalist context and has reached other developing such as China. In the sphere of global health organizing, neoliberalism seems to have crossed national boundaries. It can influence how Chinese expectant mothers understand, practice, and value pregnancy and birth giving. On the other hand, in spite of the imperialism nature of neoliberalism (Dutta, 2015), our study reveals that health neoliberalism and whiteness are sometimes celebrated in the global south. Chinese birth tourism agencies firmly practice neoliberalism and believe it as a fair, effective, and necessary resource distribution system. Our analysis of the Chinese glorification of whiteness in health care also confirms the intertwined relationship between neoliberal global health organizing and the cultivation of whiteness.

Open a free market: The depiction of an inefficient society

Those who hold neoliberal positions often remark upon “misconceived state intervention, corruption, inefficiency, and misguided economic incentives” (Duménil & Lévy, 2005, p. 144). In our analysis, birth tourism agencies covertly criticize Chinese society
by contrasting it with a typical American dream. Most agencies exaggerate the benefits of being American for social welfare, employment, education opportunities, and human rights, which in turn diminishes being Chinese. Our analysis shows that several birth tourism agencies have articulated the inefficiency of governmental health care structures, including a challenged public health system, corrupt hospitals, and unprofessional doctors in the Chinese mainland. Similar to Dutta’s argument that “the documentation of bureaucracies and inefficiencies in state-based processes create openings for importing logics of privatization into health and other basic resources of living” (Dutta, 2015, p. 37), these agencies record and criticize this inefficiency to make room for private corporations and the private solutions they offer.

Neoliberal markets emphasize consumers’ freedom to purchase and producers’ capacity to create commodities to satisfy consumers’ needs. What has been commodified in birth tourism is health care and citizenship. American citizenship has been positioned in a free market that is open to any possible buyer. This purchasing behavior is advocated as economically efficient, that “better than a bank robbery” claimed by some birth tourism agencies. What makes neoliberalism deeply inscribed in birth tourism is how this inefficiency is mentioned but not solved. The birth tourism agencies do not offer any structural advice to repair government programs, leaving the less developed health system unattended and unsettled. Instead, they provide products that help expectant mothers escape such a society.

The commodification of citizenship and its attendant immigrant impacts also demonstrate a latent utilitarian understanding of transnationalism in China. Transnationalism has been studied broadly as a blurring boundary among long-distance cultures, highlighting the immigrants and their internalization of multiple culture experiences and identities (Vertovec, 1999). In their study of immigrants, Schiller, Basch, and Blanc-Szanton (1992a, 1992b) argued that transnational immigration is not just relocating people, but also is a product of world capitalism, culture flows, and social relations. Here, in our case, transnationalism is framed using the language of free markets, with purchasable health care and nationality identities.

Transnationalism becomes approachable because it is located in a free and open market; at the same time, it implies an inequality between consumerist elites and the social majority, domestically and globally (Skolair, 2002). And when immigration is commodified and positioned in a free market, consumerism manifests a social relational structure embedded in the neoliberal order (Sharpe, 1995). Because the consumption of American citizenship requires purchasing capacity, Chinese pregnant women become classified into two groups: possible clients and those who cannot afford. Rather than celebrating the plausible transnationalism and culture eclecticism behind birth tourism, we need to realize that such a commoditized transnationalism can intensify social inequality. The practice of transnationalism, if rooted in consumerism and elitism, is both privileging and disempowering.

To be a responsible mother: Individualism and consumerism in birth tourism

Because of the push toward free markets, health becomes a personal responsibility. Such a transformation denotes a focus on consumerism in health care for pregnant women. In our analysis, birth tourism agencies portray the responsible mother as an active consumer who purchases their solutions and products. It is pregnant women’s responsibility to be a perfect consumer, whose competence is to purchase and participate in privatized consumption activities (Featherstone, 2007).

Clearly, Chinese birth tourism agencies deploy a consumerist understanding. To better individualize the pregnancy and better launch their products, individual-level beliefs and perceived barriers are targeted in birth tourism agencies’ communication campaigns. The framing of birth tourism as a lucrative investment and as providing clients with care choices, if they can afford them, fits well with trend identified by Wilkins (1999), that the view of “medicine as product” may lead to “commercializing social issues, such as public health” (p. 204). Childbirth, related health behavior, is then situated “within individual responses to market conditions” (Wilkins, 1999, p. 20). We agree with Gurrerri, Previte, and Brace-Govan’s (2013) argument that “social marketing treats the human body as a site of consumption and seeks to influence consumers’ views of their own bodies through the promotion of healthy lifestyle ideals and preventative health services” (p. 129). Yuezi facilities go further; they treat the mother’s body as a site of consumption that implicates her choices in influencing the health, social, educational and economic opportunities and conditions that her child will experience. These arguments seek to influence expectant mothers’ choices by establishing the obligation and the responsibility to engage in birth tourism.

Considering the neoliberal appeal used by the birth tourism agencies, we believe such a communicative strategy of consumerism is problematic because “such aggressive targeting and narrow focus on the individual obfuscates the interconnected networks of power that constitute health” (Dutta, 2015, p. 139). The neglect of structural problems in pregnancy and birth health in China can lead to an ignorance of social change in a macro-level. In other words, the particular struggle over the problems of pregnancy/health conditions in China and how it is, as advocated by the birth tourism agencies, can be best resolved do not seek structural change in China. Rather, the birth tourism agencies and the commodified pregnancy becomes a response that fails to treat more than just “one set of symptoms of a much broader set of social, political, and economic conditions” (King, 2006, p. 123).

US medicine as a better solution: Technical interventionism and the Chinese struggle

To solve the inefficiency and sustain the free market, technical interventions are provided in the form of birth tourism. We believe that birth tourism is a clear instance of how technological interventions and medicalized health products have determined individuals’ health conditions (Lupton, 2012). Neoliberalism’s reduction of health to the distribution of technological resources enhances these trends (Dutta, 2015; Murphy & Gryboski, 2005).

Technological interventionism is prominent in birth tourism agencies’ messages. Their systematic portrayal of advanced American hospitals and professional doctors offers a contrast between rational western and superstitious/problematic Chinese
ways of giving birth. Because of pervasive technological interventionism and determinism in developing countries and China (Leslie, 1980), the cosmopolitan medical system, which largely comprises the technological solution based on a Western modern logic, establishes a hegemony of knowledge (Dunn, 1998; Napolitano & Flores, 2003). The rationalization of technology as the only possible solution echoes the reductionist logic of biomedical technologies, eliminating other alternatives and discursive medical knowledge (Dutta, 2012). Such a contrast also de-rationalizes other alternatives in understanding birth, leaving pregnant women only one choice if they want to be responsible and reasonable.

As argued before, the western modern medical system dominates the Chinese health system (Quah, 2003). But our analysis shows that Chinese medical system, as a crucial part of traditional Chinese culture, is also negotiated for its value and meaningfulness in contemporary China (Hsu, 1999; Scheid, 2002). Birth tourism, as a cosmopolitan health practice, is witnessing the gradual dominance of western modern medicine and the struggle of traditional Chinese medicine system (Leslie, 1980). Our analysis shows that birth tourism agencies focus on the inefficient health system, hospital, and unprofessional doctors but offer no authentic or explicit comparison between the US care system and the Chinese system. The possible risks of giving birth in American hospitals and the uncertainties inherent in American health system have been avoided and elided. Also, such a technological interventionism, without consideration of social context, risks intensifying social classifications in health and hiding structural inequality (Suggs & Ratzan, 2012). Because technology serves social institutionalized structures and power relations (Hinchliffe, 1996), technological determinism must be interrogated (Thrift, Driver, & Livingstone, 1995).

**US doctors as better providers: The celebration of whiteness**

Finally, the neoliberal market, consumerism, and technological interventionism encourage the glorification of the “newer and better” reductionist logic of biomedical expertise. Developers, health care providers, and creators of health products play active roles in offering ready-made health technological solutions. The overtly celebrated and craved whiteness advocated for birth tourism provokes the idea of whiteness articulation. Whiteness becomes intertwined with the cosmopolitan medical system; when the western modern medical system is extended to other cultural contexts, whiteness is also affected through health organizing (Leslie, 1976). When western health care travels to influence other cultures, whiteness is perpetuated in the form of expertise and professions (Anderson, 2003). Through neoliberal health organizing, “the mainstream structure of communication is deeply intertwined with the Western/White liberal fetish with technology as the modern solution to health and development” (Dutta, 2015, p. 197).

The positioning of US care as superior to Chinese care reflects a longstanding association among whiteness, doctors and hospitals, and privileging of systems of care (e.g., Abrums, 2000; Vanderlinden, 2009). Indeed, this association is so strong that it has become nearly invisible in the northern metropole, leading to a substantial body of calls to recognize whiteness and to actively seek alternatives to privileging the White standpoint in health (for a review, see Martin-McDonald & McCarthy, 2008). In response to this assumed association, many bioethicists and medical practitioners have called on us to both mark enactments of whiteness and to actively advocate for the racialized other (e.g., Gustafson, 2007; Teitelbaum, 2005).

Two differences emerge in our analysis of whiteness. First, unlike other modalities of engaging whiteness present in the literature—where the colonialist consumption of “other” traditions is identified so it can be resisted (e.g., Napolitano & Flores, 2003), where the assumption that White traditions are American traditions is challenged (e.g., Myser, 2003), or where White people attempt to embody a position of shame (e.g., Hunter, 2010)—yuezi agencies present us with a different way to engage Whites and whiteness. Instead of marking enactments of whiteness so that they can be critiqued and resited, birth tourism agencies call out whiteness precisely to privilege White ways of knowing and White ways of providing health care. Chinese women are not asked to assume that White doctors are better, they are directly told that White is better. Instead of a covert assumption that the experience of White women is central, these experiences are made overt and the privileging of these experiences is overt. Such an overt celebration of whiteness is not only present by the appraisal of White doctors, but also confirmed by the craving for a US citizenship.

Second, unlike most traditional western health interventions, the whiteness saturated in birth tourism is initiated and sustained by non-White people. Scholars working within the postcolonial framework usually focus their critique on White people who perpetuate whiteness in their transnational activities (Boucher, Carey, & Ellinghaus, 2009; Martinot, 2003). However, in our case, the “whitened” intervention is propagated by Chinese people. It should be noticed that this traveling whiteness is not necessarily a whiteness imposed through western intervention in what Anderson (2006) called colonial pathology. This Chinese celebration of whiteness highlights the need for examining the acceptance and internalization of whiteness in (self)colonized populations. The process of how non-White people initiate an embrace of whiteness reminds us that the link between colonialism and whiteness has become elided and how the “innocence” of racial hierarchy has been carefully kept out of many discussions of whiteness and its operations (Boucher et al., 2009; Griffin, 1998). The whiteness that comes with oppressive discourses and institutions may be allowed to escape of criticism when the whiteness is practiced by non-White people, as this (self)imposition of whiteness makes it harder for critics to locate the target of their critique.

Whiteness and neoliberalism mutually legitimize each other through birth tourism agencies’ communication strategies. The ideologies of consumerism and whiteness are mutually reinforcing in the neoliberal paradigm (Dutta, 2015), and the case of Chinese birth tourism agencies’ representation of yuezi services demonstrates this mutual support. Unlike other cases of neoliberalism where a western state meets a nonwestern one, the impositions of consumerism and whiteness do not appear to be imposed by the (neo)colonial power. Here, the consumerist and White ideologies
appear to be self-imposed. The lessons learned in other studies—that we must acknowledge the enactments of these ideologies and then mark them as sites for change and struggle—can be applied here. Although we refrain from offering alternative ways that Chinese expectant mothers may view their birth processes and the best ways to have healthy, happy children, the documentation of consumerist and whiteness appeals to advertise “best” births to these mothers is the first step toward challenging these neoliberal structures.

Limitations

In addition to the limitations of our advocacy, we also acknowledge that this study is peripheral and partial. Childbirth is an integrative and communal behavior, not merely an individual choice; as Ginsburg and Rapp (1995) argued, childbirth is more like “assisted reproduction” (p. xi). In the dialogue between consumer and care provider, that is, pregnant women and birth tourism agencies, only one communicator (the agencies) has been investigated. Hence, this study does not cover the whole range of possible dialogic partners, including expectant mothers, their partners, their families, and other actors who may help them choose to use or not use a birth tourism agency.

We recommend that the views of Chinese pregnant women also be studied. Our analysis of Yuezi websites offers an outline of how neoliberalist ideologies attempt to influence expectant mothers (Gurrieri et al., 2013), but expectant mothers’ motives and knowledge are also socially learned and constructed (Bandura, 1977). Additional investigation into the motives for birth tourism articulated by pregnant women could be conducted by interviewing or surveying the pregnant women directly. As a starting point, this study provides a background for further studies of the Chinese birth tourism phenomenon. We encourage others to help us understand these motivations for birth tourism.

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