# Bamboo Steamers and Red Flags: Building Discipline and Collegiality among China's Traditional Rural Midwives in the 1950s

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**Abstract**

This paper explores how the new Communist government developed a political consciousness of discipline and collegiality among traditional rural midwives in Chinese villages during the 1950s. It argues that selected traditional rural midwives were taught to observe discipline by attending meetings and studying, and to develop collegiality with peers through criticism and self-criticism of their birth attendance techniques and personal characters in short training courses from 1951 onwards. A legitimized midwife identity gradually formed in rural communities, but with it came conflicts and rivalry. By keeping these midwives under institutional surveillance and creating a dynamic and constant moulding process, the new government intended to foster professional and political discipline and collegiality within the group based on a normativized notion of selflessness performed within a changing series of indoctrination schemes that demonstrated continuity and complementarity and which I have described as common, preliminary, institutionalized, and dynamic schemes. This article examines how the state attempted to retrain marginalized and derided midwives with appropriate class backgrounds in order to incorporate them into the modern medical world, then still dominated by doctors and nurses with suspect class backgrounds. Ironically, in creating "socialist new people" to intervene in traditional rural birthing practices and introducing fee-for-service professionalism, the CCP accidentally created a degree of petit-capitalist thinking among women whose traditional mode of work may have been more selfless, thus complicating the process of indoctrinating selfless dedication.

**Keywords:** rural midwives; discipline; collegiality; consciousness; identity; rural China

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In the early 1950s, the new Communist regime in China endowed rural women who occasionally attended births with new techniques as well as political and social identities. The Party viewed these women as old-style practitioners whose childbirth techniques needed to be improved, as newly liberated women whose political consciousness needed to be raised, and as traditional women in an agricultural society whose habitual behaviours needed to be disciplined. Chinese medical classics portrayed these traditional rural midwives as ignorant, coarse, perverse and dangerous; these classics were, however, written by men who had a stake in keeping midwives out of their practice.[1] The advent of modern obstetrics further lambasted traditional delivery techniques as unsanitary and unscientific.[2] From 1949 on, old-style midwifery was defined as backward owing to the high maternal and child mortality rates associated with its practices.[3] Thus, these traditional midwives were subjected to re-education and their practices were also restricted, or abolished, and gradually replaced with hospital systems and Caesarean sections.

In the "normative narrative" of medical and state authorities, the short training given to rural midwives in the early 1950s was transitory and predestined. The parallel narrative corresponding to this discourse is the individual and personal childbirth experiences of women who gave birth in the early 1950s and who "are willing and able to narrate."[4] However, these medical, state and personal narratives have not answered a fundamental question about the identity, perceptions and practices of the midwives operating in rural communities immediately before and after 1949, namely, how did the new Communist government organize and train midwives in the specific political and social contexts of the "new China"?

Rural midwives in the early 1950s had multi-faceted and contradictory identities. Like other ordinary village women, rural midwives experienced a series of political liberations, including land and marriage reforms. As traditional childbirth helpers, they played important social roles in rural communities, hosting "birth rituals that would formalize and legitimate the newborn's entrance into the world."[5] However, they posed a potential threat to socialist construction as the high maternal and child mortality rates associated with their practice seriously endangered the health of rural women, and the superstitious practices that were occasionally employed in some difficult labours seemed to contradict communist ideologies.

After the Chinese Communist Party (CCP) victory, local governments set out to raise political consciousness and mould all social classes into "socialist new people" as a top Party priority, and rural midwives were no exception.[6] The large-scale creation of a "new people" dates back to the Yan'an

1 Furth 1999, 268–270.
2 Wu 2010, 183–87.
3 Goldstein 1998, 163.
4 Hershatter 2011, 181.
5 Yang 2004, 97.
6 Smith 2013, 95, 132.

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Rectification movement in 1942, in the context of "the binary politics of friend/enemy,"[7] which aimed to generate high political consciousness, a fierce fighting spirit, and strict organizational discipline mainly through criticism, self-criticism and harsh punishment.[8] However, the methods used depended on class labels, political background and professional expertise, while political indoctrination served as a sorting function to distinguish between "the people" and "enemies."[9] Elite intellectuals and professionals were incorporated into the national system while undergoing political re-education and sometimes repression as their expertise was needed by the new government.[10] Medical practitioners were required to develop the spirit of selflessness embodied by the Canadian doctor, Norman Bethune 白求恩.[11]

As traditional rural midwives did not fall into either of these categories, the new regime sought to raise and mould their political consciousness in ways that were both similar to those for rural women in general and also specific to midwives. "Speaking bitterness" and "memorizing bitterness and anticipating happiness" were important mechanisms for shaping a sense of mutuality and care among rural women in the land reform.[12] Collective labour during the campaign for agricultural collectivization and the Great Leap Forward further facilitated a sense of selflessness and "the revolutionary spirit of self-denial for the sake of the collective and other altruistic values."[13] These mechanisms form part of what I call the "common indoctrination scheme" for normalizing selflessness among village women. In the particular case of midwives, the common indoctrination scheme was enhanced further by the new communist institutions they were incorporated into via short training courses, the establishment of sterilization stations, the classification of individual rural midwives, and Red Flag competitions. I call these subsequent mechanisms the preliminary, institutionalized and dynamic indoctrination schemes, respectively. They involved meetings, formal study and collective dormitory life as well as criticism and self-criticism, and required midwives to show discipline and a spirit of collegiality with fellow midwives. In this way, these schemes further imbued the notion of selflessness through two distinct and conflicting "technologies of the self" – self-cultivation and self-abolition – throughout the different stages of the 1950s.[14]

The retraining of traditional rural midwives that began in the early 1950s was the first major initiative by the CCP to improve maternal and child health care. The decade was marked by major shifts and conflicts for women, whose CCP-defined role went from "reproducers" in the early People's Republic of

7 Cheng 2009, 65–66; Dutton 2005, 14–15, 129.
8 Gao, Hua 2012, 206; Dutton 2005, 16.
9 Smith 2013, 220–21.
10 Smith 2013, 97; Lynteris 2012, 12.
11 Lynteris 2012, 1.
12 Hershatter 2011, 34; Manning 2006, 582.
13 Manning 2006, 580, 587.
14 Lynteris 2012, 1.

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China to "producers" in the 1950s. In parallel, the focus of health policy went from reproductive health to a more comprehensive scheme including health protection, maternal hygiene and reproductive health.[15] Conflicts arose between national policies and local practice: the CCP and the All-China Women's Federation (ACWF) leadership instructed rural leaders to provide health care to women following "Marxist maternalist equality," which advocated economic independence, maternal health and family harmony, and highlighted physiological difference.[16] Meanwhile, grassroots Party organizations set up maternal and child health care stations, implemented health protection schemes, and even established maternity hospitals in some rural areas.[17] However, local leaders interpreted Marxist maternalist tenets as the revolutionary Maoist ethic of physical struggle and sacrifice. This seriously compromised women's health,[18] which was further harmed by poor facilities, personnel shortages and generally poor economic conditions.[19] However, despite these vicissitudes and the changing social context, the doctrines of discipline and collegiality among traditional rural midwives continued to be espoused throughout the 1950s.

Based on local archival documents from north-west Zhejiang province, this paper investigates the unique ways used by the state in an attempt to retrain those traditionally marginalized and often derided midwives who had the appropriate class backgrounds in order to incorporate them into the modern medical world. It focuses on how a political consciousness of discipline and collegiality was built and developed among traditional rural midwives as well as the mechanisms used to instil this political indoctrination. It also suggests how notions of selflessness were enacted and embodied by midwives during the changing context of the 1950s and describes how the ways in which the CCP went about this further reveal certain ironies in the project to create "socialist new people."

## Observing Discipline: Meetings and Study

Up until the early 1950s, births in rural China were usually attended by ordinary women who had some limited experience of childbirth but no formal midwifery training. Before the rural collectivization campaigns began in the north-western mountainous regions of Zhejiang province in 1952, local village women mainly carried out domestic work such as child care, cooking, feeding pigs, making shoes and clothes, and planting vegetables, according to a gender division of labour. Women would only labour in the fields in rare circumstances, such as when there was a serious shortage of male labourers in their families,[20] although the feminization of farming was evident in other parts of China and even in other

15 Manning 2010, 855; 2006, 578–587; 2005, 87–88.
16 Manning 2006, 581–85.
17 Johnson and Wu 2014, 61.
18 Manning 2006, 580–87; Fang 2012, 72.
19 Lin'an xian weishengzhi bianzhuan weiyuanhui 1992, 20, 322–25.
20 Fang 2012, 72.

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parts of Zhejiang.[21] As with their mothers and grandmothers before them, their day-to-day activities still largely revolved around their families and village communities. The rhythm of village life followed the agricultural production calendar, the changing of the seasons, and the rising and setting of the sun, but had no strict daily timetable.[22] The most rudimentary measures of time sufficed: roosters crowing in the morning, the position of the sun during the day, and the watchmen's beating of drums or bamboo boards at night.

Meanwhile, the nation was undergoing significant changes. Modern institutions with regular operating hours and schedules, such as formal schools, military drills and factories, were gradually introduced into China in the late 19th and early 20th centuries. Discipline, as it is understood in the modern sense as punctuality, obedience, precision and uniformity, therefore became a new social virtue.[23] Farm life, governed by the age-old saying, "get up at sunrise, rest when the sun sets," was now being challenged by the steam-whistle of factories.[24] However, new production and life styles and social changes impacted rural communities gradually, slowed down by geographical barriers and limited transportation. In particular, the areas of north-west Zhejiang on which I focus in this paper were kept remote by the mountainous terrain, including the 1,500-metre Tianmushan 天目山, and many rivers. Between 1949 and 1950, these changes were of no significance to the village women in this area, where the conception and constraints of time and discipline had little bearing, relatively speaking.

As any village woman with a limited experience of childbirth might serve as a birth attendant, the number of women who acted as midwives was relatively large in each village community. A 1951 comprehensive survey of Yuqian county 於潜县 in Zhejiang province revealed that there were 323 women aged between 20 and 70 years old in the selected nine townships who had at some time attended a birth and were therefore defined by the survey as "old-style midwives" (*jiuchanpo* 旧产婆). On average, there were 5.9 traditional rural midwives per village in the 55 villages in these townships.[25] Although several women in a given village had usually distinguished themselves through their experience, rural midwifery was quite random. As the same data indicate, with advancing age the average births attended by each village woman increased: from 2.8 for midwives in their 20s, through 3.6 for those in their 30s, to 7.68 for those in their 40s. However, the average number of babies delivered by women in their 50s, 60s and 70s was 12.17, 12.98 and 12.2, respectively. This means that age and childbirth experience did not really affect these groups' experience levels over a certain threshold.[26]

As such, there were more of these women than the government deemed necessary, and their distribution across rural areas was uneven. Training sessions

21 Hershatter 2007, 57–58.
22 Hwang 2001, 200–01.
23 Rozman 1981, 200.
24 Hwang 2001, 176.
25 Yuqian xian weishengyuan May 1951.
26 Ibid.

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began in late 1951 following a national directive from the Ministry of Health that there should be at least one trained midwife per township. Newly established people's county hospitals, working under county health bureaus, were to collaborate with the local women's association to select suitable old-style rural midwives for retraining.[27] The selection criteria were usually age and willingness to participate, rather than experience (number of births attended).[28]

The short-term training courses were a completely new experience and often meant that trainees had to leave their home villages and go to the county seats for the first time. Some trainees were reluctant or even terrified, which is understandable given that they had almost no knowledge of the world outside of their villages. To compound this, they had to climb high mountains and cross rivers on foot carrying quilts, washing basins and towels in order to reach the course locations. For these reasons, it took a long time to summon, mobilize and register potential participants. These problems persisted until at least 1953.

Once they had arrived and registered for their training programmes, these rural women were faced with the disciplines of modern institutions, including meetings and studying, which would become the central axes of their daily routine, supervised by county and district maternal and child health care stations. In the early 1950s, a national syllabus prescribed three-week training courses lasting six hours per day.[29] However, national policies and local practices diverged to some extent according to local conditions,[30] and the two-week format proved to be the most popular as it enabled the greatest number of traditional rural midwives to be trained within the shortest time, maximizing the highly limited budget allocated for this purpose by the provincial department of public health.[31]

The short courses followed a very tight schedule. Usually, rural women arrived at county hospitals and registered on the afternoon before training started. Logistical staff arranged and allocated dormitory accommodation and distributed coupons for meals at canteens. On the first day, trainees attended an opening ceremony before being informed of the course regulations and signing a document agreeing to observe these rules. Over the following days, they attended lectures on politics and birthing technique. They also took part in discussions, shared their experiences of childbirth, undertook internships, attended births, and participated in oral quizzes.[32] On the penultimate day, trainees signed agreements regarding their future attendance of births in the morning, and then instructors reviewed the course contents for the rest of the day. On the last day, trainees took oral exams in the morning and then attended a graduation

27 Zhejiang sheng renmin zhengfu weishengting August 1952.
28 Yuqian xian weishengyuan October 1951.
29 Zhejiang sheng renmin zhengfu weishengting August 1952.
30 Johnson and Wu 2014, 61.
31 Hang xian renmin zhengfu weishengyuan 1952.
32 Yuqian xian weishengyuan October 1952.

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ceremony and group photograph session before attending a farewell dinner. The next morning, they returned to their home villages on foot.[33]

Compared with the slow, casual rhythm of the village, life on a training course was busy and intense. Each day was divided into sessions that included a 30-minute class, a 15-minute break, and an hour-long discussion. Trainees had to turn up punctually for lectures and meetings, and followed strict timetables for getting up, eating meals and going to bed. Dormitory regulations stipulated that a different trainee was responsible for cleaning the dormitory each day and for switching off the light at night. Trainees were organized into teams, each of which elected a leader who supervised the others and reported to the course authorities.[34]

There is evidence that some rural women had difficulty coping with the tight schedule and strict discipline of these courses. While some course summaries praise trainees' for adhering to the regulations and schedule,[35] others reveal concerns about some trainees who worried about their families and their domestic responsibilities, which hindered their work. Some trainees were entirely unused to the vicissitudes of collective dormitory life, such as snoring roommates. One 50-year-old trainee burst into tears upon seeing her son, who happened to come to the county town and paid her a visit.[36] Despite these difficulties, many traditional rural midwives attended these courses, experienced modern institutions and formal study for the first time, and developed preliminary conceptions of obedience to institutions, all within the space of only ten to fifteen days.

## Developing Collegiality: Criticism and Self-criticism

Traditional rural midwives learned their delivery techniques from their own childbirth experiences or by oral transmission from their mothers or neighbours, and, occasionally, they were invited to attend a birth. Old women with more experience might have guided expectant mothers on when to breathe, while strong women may have supported the waists of women during labour as the traditional delivery method was sitting. Some heated water in kitchens and cleaned up soiled clothes, while others just stood alongside women in labour and reassured them. As such, these women did not have any sense of professional collegiality or midwife identity.

However, when they began to attend training sessions with other traditional rural midwives from neighbouring villages and townships, the issue of getting along with colleagues emerged as an indispensable part of their newly defined work. These collegial relationships began during the training itself, particularly through collective dormitory life, but collegiality was built mostly through

33 Xindeng xian renmin zhengfu weishengyuan December 1953.
34 Ibid.
35 Xindeng xian renmin zhengfu weishengyuan December 1953.
36 Yuqian xian weishengyuan September 1952.

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criticism and self-criticism sessions, which had shifted from being mechanisms for decision making and discipline among CCP elites to a form of mass mobilization and education.[37] The idea was to foment individual ideological transformation and develop collegiality by disclosing one's own demerits and faults, disclosing comrade's faults and errors, and explaining how incorrect perspectives led to incorrect behaviour. Criticism and self-criticism meetings generated intense peer pressure and a fear of ostracism and reprisal, and they were sometimes accompanied by political punishment and suppression, depending on the political and technical backgrounds of participants.[38]

Political background was a key factor in the selection of candidates for midwifery training courses, and women categorized as exploited and oppressed were prioritized. In the 1951 Yuqian county survey, of the 322 rural women who were found to have attended at least one birth, 220 (68.3 per cent) were poor peasants and 76 (23.6 per cent) were middle peasants. Trainees were picked from these groups, which were considered to be the most reliable politically, and from among those who had already undergone common moulding schemes such as "speaking bitterness" in their villages over the previous year. None of the 26 women (8 per cent) from families of rich peasants, landlords and "bad elements" were selected to attend training.[39]

Despite the suitability of their backgrounds, the new regime identified three problems with the trainees. First, these women did not understand the significance of their delivery techniques within the socialist construction. Course summaries described trainees as being narrow-minded, conservative and selfish, and in some cases, as harbouring feudal and superstitious thoughts.[40] Indeed, the trainees themselves viewed attending childbirth as degrading work that meant they would be looked down upon by their fellow villagers and which would prevent them from doing other tasks.[41] Second, their knowledge and skills were extremely deficient. They needed to learn and understand key concepts including prenatal examinations, the position of the baby's head, the sterilization of scissors, how to assist difficult labours, and delivery positions. Third, these midwives were unaware of the harm caused by old-style methods and instruments. Village culture usually attributed high maternal and infant mortality rates to women's destinies or to the will of god.[42] Rural women who assisted birthing mothers therefore did not take responsibility for deaths during childbirth.

The CCP believed that the damage caused by rural midwives could be reduced through short-term training. Their superstitions were believed to be a "thought issue" (*sixiang wenti* 思想问题) that could only be solved gradually, according

37 Dittmer 1973, 708.
38 Smith 2013, 105–07.
39 Yuqian xian weishengyuan October 1951.
40 Yuqian xian weishengyuan October 1952.
41 Hang xian renmin zhengfu weishengyuan 1952.
42 Yao 2005, 284–85.

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to Mao.[43] This does draw attention to the politically contradictory categories of "superstition" and "people," both of which were applied to rural midwives. However, the latter label seemed more important than the former, as old-style midwives were not demonized, caricatured or attacked,[44] and instead continued to be part of what the CCP considered to be the people, despite their occasional superstitions.[45] Thus, the women were deemed to be politically "reliable" but unaware of their technical faults, so political education was mainly conducted in the form of guided narrations comparing the old and new societies and expressing gratitude to the CCP. The narrating process was very similar to that used for "speaking bitterness," which the women had already experienced in their villages in the previous year and a half.[46] What was new and significant was the criticism and self-criticism, adopted in the training courses, which emphasized mutual assistance.

According to instructions from the provincial department of public health, training courses should adopt the *zi jiao zi* 自教自 (teach each other) principle, which "disclosed the foolishness of old delivery methods, superstitious and unscientific methods, such as sitting or standing up to give birth, invoking the gods during difficult labours, or the superstitious belief that tetanus was a ghost, by encouraging old midwives to exchange their delivery experiences."[47] At the start of courses, trainees felt that these traditional techniques were valid and useful. Discussions were heated, and although some trainees did not dare to speak, others talked freely about their techniques and experiences. After these disclosures, teaching staff invited classmates to criticize problematic aspects of the accounts and requested those who had given them to carry out self-criticism.[48] A 71-year-old midwife by the surname of Wu said that she always used her hands violently in birth deliveries, and claimed that she had a lot of experience because she had delivered around a thousand babies. Her classmates then criticized her, saying "You old granny. What you are talking about is the old method. You don't know even the front of the placenta from the back." After this, Wu admitted her faults: "Although I had delivered 1,000 babies, I didn't know this basic point. Now I know it. From now on, I will adopt the new delivery methods."[49]

According to a Yuqian county course summary, trainees reacted in one of four ways. First, some boldly and actively criticized old delivery methods and accepted the new methods. An example of this was 64-year-old midwife Hu,

43 Wang 2015, 264.
44 Hershatter 2007, 333–342.
45 Although traditional rural midwives were part of "the people," doctors were not called to learn from them as part of the continuous medical and health campaigns after 1949. In contrast, doctors, including elite physicians, were called to study Chinese herbal and folk medicine and healers from the late 1950s, a campaign that reached its highpoint with the nationwide barefoot doctor programme from 1968 to 1983 (Fang 2012).
46 Hershatter 2011, 25.
47 Yuqian xian weishengyuan October 1951.
48 Ibid.
49 Xindeng xian renmin zhengfu weishengyuan December 1953.

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who had delivered 200 babies. She admitted that these births had included cases of neonatal tetanus, caused by old methods, and she promised to study the new delivery methods. Other trainees simply accepted the new methods quietly. For example, 56-year-old trainee Liu had attended around 150 births and was very active in sharing her experiences of issues such as difficult labour and neonatal tetanus with classmates. However, she did not dare to criticize herself, and when she was requested to address the old methods she had used, she simply said, "Let's not talk about it anymore. The old methods are useless now." The third reaction belonged to those who were believed to have made serious past errors. After hearing their classmates' criticisms, they quietly admitted their faults but dared not criticize themselves. Finally, some midwives still doubted the new methods even after receiving criticism from their classmates.[50]

The personal characteristics of midwife trainees were also shaped by criticism and self-criticism. According to course summaries, arrogance was perceived as the most negative trait among trainees, as it was thought to damage solidarity among peers.[51] Arrogance was mainly associated with midwives who had considerable experience attending births and a good reputation among villagers before attending the training courses. The midwife Xu was one such case: in her opinion, the old delivery methods did not differ much from the new methods presented on the course. After attending the first day of lectures, she said she had imagined that the course would be very difficult, but that she found it relatively easy, and that the techniques were almost the same as the ones she practised.[52] She was severely criticized by her classmates under the instructor's guidance.

In part because of the varying degrees to which trainees accepted the course, their attitudes towards studying varied, according to course summaries. Some trainees showed great interest and confidence and studied hard, discussing the content of the lectures at all hours. However, even these women were often accused of being complacent, talkative and of looking down on their classmates. Those trainees who found it harder to study well were pessimistic and reluctant to participate in discussions, and some were jealous of classmates who were faring better than they. Some thought it was unimportant whether they did well on the course or not, while others seemed highly changeable, showing great interest on one day and little enthusiasm on another. This was referred to as suffering from *lengrebing* 冷热病, literally "pessimistic and enthusiastic illness." Therefore, the scope of self-criticism sessions extended to the trainees' own attitudes to studying. One midwife trainee even criticized herself by saying: "My health is not very good. Sometimes I am not happy and don't participate in discussions. This might be *lengrebing*."[53]

50 Yuqian xian weishengyuan October 1952.
51 Changhua xian weisheng ke November 1954.
52 Xindeng xian renmin zhengfu weishengyuan December 1953.
53 Yuqian xian weishengyuan October 1952.

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A promise to maintain a certain attitude to work in the future was another key feature of both criticism and self-criticism. At the end of each course, trainees were encouraged to talk about their work after they had returned to their home villages and to convert their gratitude to the CCP into an expression of dedication to their work. Some seemed to understand this quickly. The midwife Hu promised: "I'll work very hard as long as I live. It is very glorious to serve the people." However, some trainees expressed the opposite view, such as the trainee Mao, who confessed frankly that she would not publicize and promote the new delivery methods among fellow villagers after returning to the village because she dared not speak. Attitudes such as this led to some trainees being criticized even during the graduation ceremony.[54]

Criticism and self-criticism were employed during training courses as a way of getting trainees to admit faults with their own techniques and personal characters in order to make improvements. They were encouraged to assist colleagues selflessly in raising their levels of competency and consciousness by sharing valuable delivery experiences with classmates, getting rid of any egotistical motives, and pointing out peers' faults. By attending the course, trainees were said to have preliminarily corrected their political thoughts and to have shown themselves to be willing to criticize their former methods, share their experiences, and study together.[55] In essence, midwife retraining thus reveals itself as scheme for imbuing subjects with a notion of selflessness through two distinct and conflicting "technologies of the self": self-cultivation and self-abolition.[56] In this sense, the training sessions constituted a preliminary indoctrination scheme that continued to form a sense of mutuality, selflessness and self-denial among these traditional midwives, a process that they had already experienced as ordinary village women during the common indoctrination scheme involving "speaking bitterness" and collective labour. As retraining sessions usually lasted two weeks, this preliminary scheme built upon the common scheme. Furthermore, both schemes operated collectively: a key feature of criticism and self-criticism was that it was supposed to be conducted openly and frankly so as to build solidarity and promote mutual improvement in terms of political consciousness, delivery technique, and personal character. In this sense, criticism and self-criticism were central to the aim of developing collegiality among midwives.

## Lack of Discipline, Rivalry and the Issue of Legitimacy among Traditional Rural Midwives

By taking part in short-term training courses, traditional rural midwives also developed a vague consciousness of the new political identity of a rural midwife. The regional organization of newly trained midwives and the establishment of

54 Ibid.
55 Ibid.
56 Lynteris 2012, 1, 4.

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standard fees for their services, as stipulated by the government, constituted a source of legitimacy for their profession in village communities and further facilitated identity formation. The initial government-set target of one trained midwife per township was quickly met. In Hang county 杭县, for example, 265 midwives had attended one of the short-term training courses by 1956, and there was an average of one to two midwives per village. To organize these workers better and ensure the appropriate geographical distribution of their services, the county subdivided midwives into 32 large teams and 73 small teams, so as to have "one birth team (*jiesheng xiaozu* 接生小组) per large township." Team members reported their work and thoughts to small team leaders, who then reported to large team leaders, who in turn made full reports to district maternity and child health care stations. These teams therefore formed a systematic hierarchical leadership method.[57] Birth-worker teams attended one to two meetings per month, convened by district maternal and child health care stations.[58] At these monthly meetings, district station staff provided assistance on matters of technique, organized the exchange of work experience between team members, and implemented comrade-style criticism and self-criticism sessions to solve any problems that had arisen.[59] Through this institutional design, the government intended to keep newly trained midwives under surveillance. For the midwives, it defined the geographical scope of their service and gave them the legitimacy to practise midwifery in villages. Furthermore, it gave them the new title of "birth worker" (*jiesheng yuan* 接生员).

With the regional organization of natal care, the government introduced standard fees for midwifery. For attending births within five *li* (2,500 metres) of her home, a midwife could charge 16,000 yuan for the delivery and materials. If other medical materials were used, families needed to cover these costs. For births between 10 and 15 *li* (5,000 to 7,500 metres) away, the fees were 22,000 yuan and 28,000 yuan, respectively.[60] Before this, midwifery was largely voluntary and the women who provided such care might be treated to a good meal rather than be paid a fee. Although many rural midwives continued to attend births without charge, regarding their services as a favour to fellow villagers, the rate system provided a justification for fees.[61] Upon returning to her village from the county seat in 1953, one newly trained midwife announced to her fellow villagers that, "From now on, all the big bellies [pregnant women] need to report to me. Even if you don't ask me to assist in the birth, you still need to pay me 3,000 yuan so that I can pay a tax to the township clinic."[62] In some instances, the standardization of fees led to conflict. For example, when Hang county reduced the fee from 20,000 yuan to 15,000 yuan, many rural midwives complained that

57 Hang xian renmin weiyuanhui weisheng ke September 1956.
58 Ibid.
59 Xindeng xian renmin zhengfu weishengyuan December 1954.
60 This refers to the *renminbi* currency system implemented from 1949 to 1955.
61 Hang xian renmin zhengfu weishengyuan 1952.
62 Yuqian xian fuyou baojian zhan March 1953.

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the government had broken its promise and violated the birth–worker agreements that they had signed after completing their training.[63]

Following the regional organization of midwifery care in villages and the implementation of service fees, some midwives adopted the new delivery methods prescribed on training courses, sought assistance from rural clinic doctors in difficult cases and charged official rates for their services.[64] Some were very confident about their new careers. One midwife, Zhou, used the fees she was paid to purchase a thermos flask in addition to materials such as surgical dressings and lotions. She took the flask with her when she attended deliveries to ensure that there was hot water even at the houses where families could not afford to buy thermos flasks. She also saved part of her money to purchase other instruments later on.

Despite this growing sense of identity among the trainees who had returned from courses, they did not develop a corresponding political consciousness of their discipline. Likewise, as rural women with considerable domestic responsibilities, they could not always commit fully to midwifery.[65] Following the launch of the agricultural collectivization campaign in the mid-1950s, women were encouraged to participate in agricultural production for which they were paid in work points. This left the rural midwives less time to attend births.[66] Furthermore, the new delivery methods the trainees were encouraged to adopt meant more time learning techniques and following procedures. According to the new regulations, birth attendance now also involved one prenatal examination and three or four postnatal examinations.[67] The sterilization of delivery kits containing scissors and forceps was the most troublesome work for newly trained midwives. In Yuqian county, 47 of 110 newly trained rural midwives would carry out the relevant sterilization procedures, four midwives sometimes did so, and the remaining 59 did not and instead just used hot water to boil delivery kits.[68]

Collegiality was another serious problem. Despite cooperation being promoted on training courses, midwives had to compete for patients. The implementation of service fees led to rivalries, first between the traditional medical practitioners and then the commune clinic doctors and barefoot doctors in later decades.[69] As one work summary pointed out, "some comrades had a very serious, economically oriented mentality." Some midwives sought to establish their own authority and reputation among the masses by slandering colleagues or spreading rumours about them, as a good reputation translated into increased income. If birth delivery workers from a neighbouring village came to attend a birth, which the

63 Hang xian fuyou baojian suo December 1954.
64 Xindeng xian renmin zhengfu weishengyuan December 1953.
65 Changhua xian fuyou baojian zhan February 1953.
66 Changhua xian fuyou baojian zhan April 1954.
67 Hang xian fuyou baojian suo October 1954.
68 Yuqian xian fuyou baojian zhan March 1953.
69 Lei 2014, 19, 121; Fang 2012, 126–28.

authorities did not specify as being an unacceptable practice, the resident midwives were very unhappy.[70]

Occasionally, conflicts were sparked because of the jealousy or competitiveness of the midwives, which was especially the case in villages where there were two or more midwives. Some midwives were unwilling to work as part of a team or to offer assistance to colleagues to improve their birthing skills, as was suggested and required by the government. Indeed, many midwives were happy to see their fellow birth workers make mistakes. However, such behaviour clearly violated the government's expectation that midwives should offer each other mutual assistance to improve their childbirth techniques and political consciousness through comrade-style criticism and self-criticism.

## Managing the Collective: Bamboo Steamers and Sterilization Stations

A key component of the midwifery training courses focused on asepsis and sterilization; however, the hygiene standards set by the courses were often not met in reality, even by those who intended to adhere to them. This was mainly owing to a lack of suitable sterilization equipment. Furthermore, constrained by domestic and agricultural responsibilities, newly trained rural midwives were often unable to attend the monthly meetings which might have improved their work. Thus, it was imperative for county maternal and child health care stations to supervise midwives and ensure that they were correctly sterilizing their delivery kits.

In rural China in the early 1950s, the main sterilization tool was the bamboo steamer (*zhenglong* 蒸笼). Consisting of a series of stackable round baskets that were placed over a pan of boiling water, it was used to steam buns, dumplings, and other food. However, owing to the major taboo surrounding women's bodily fluids, villagers would never let the steamers they cooked with come into contact with any midwifery equipment. After 1953, local governments instructed birth worker teams to make dedicated bamboo steamers and to construct sterilization stations to sterilize delivery kits collectively. County maternal and child health care stations suggested that these be located within the township people's committee buildings and provided 100 yuan for their construction; the other costs were shared among the birth worker team members – a stove, a pot and a bamboo steamer were all that was needed.[71] At some stations, every midwife contributed a fixed amount of money which was used to purchase wood for the stove; at others, each midwife supplied her own wood.[72]

County stations soon began to combine sterilization work with monthly team meetings in an effort to improve the chances of convening the midwives. When the midwives arrived at the meeting, they checked each other's delivery kits, added any missing items, and placed them in bamboo steamers to be sterilized.

70 Yuqian xian fuyou baojian zhan December 1957.
71 Changhua xian renmin yiyuan September 1959.
72 Changhua xian fuyou baojian zhan January 1958.

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As they could not afford clocks to time the steaming process, they improvised with methods such as burning a pre-established number of incense sticks once the water had come to the boil.[73] One midwife at each gathering was allocated to monitor the bamboo steamers while the other team members attended the meeting. Midwives first reported on their own work and talked about problems they had encountered, after which team leaders praised good work and encouraged members to conduct criticism and self-criticism on technique and attitudes towards service and colleagues, including instances of arrogance, jealousy and slander.[74]

Sterilization stations proved a very effective and economical way of managing maternal child health care in the early 1950s when medical personnel and materials were still very scarce. For example, there were only six obstetric nurses in all of Changhua county 昌化县 in 1952, and these had either worked in earlier nationalist county hospitals or had recently graduated from obstetric schools. Some were assigned to a district maternity and child health care station after 1953, and much younger women and child health care workers were assigned to assist them after receiving six months' training at county hospitals. However, this workforce was insufficient to manage all the newly trained midwives scattered around this mountainous area where there was basically no transport. The establishment of sterilization stations after 1954 extended the maternal and child health care network to townships, and the fixed monthly meetings for birth worker teams improved supervision and organization. By 1957, two staff per district station supervised an average of 65 rural midwives who were divided into six birth worker teams based at four sterilization stations.[75]

In 1958, the county divided these stations into four categories to keep them under close surveillance and provide individual assistance. The official discourse claimed this enhanced the sense of discipline among rural midwives, and criticism and self-criticism sessions regarding childbirth technique and personal character improved collegiality among the group.[76] In this sense, the establishment of sterilization stations, the use of collective bamboo steamers and the downward extension of the maternal and child health care network constituted an institutionalized indoctrination scheme to develop the notion of selflessness among the trained rural midwives further through self-cultivation and "self-abolition" in daily practice. Compared with the preliminary scheme during the two-week retraining sessions, these measures institutionalized venues, time and even equipment as the means by which to normativize selflessness among these rural midwives in their day-to-day work. They also reveal the differences in health politics at different stages of the 1950s and the progress made.

73 Hang xian fuyou baojian suo December 1954.
74 Xindeng xian renmin zhengfu weishengyuan April 1952.
75 Changhua xian renmin yiyuan September 1959.
76 Changhua xian fuyou baojian zu October 1958.

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## Improving Individuals and the Group: Classification and Red Flag Contests

County maternal and child health care stations also aimed to improve midwives, both individually and collectively, through dynamic and constant assessment and incentives. County stations started to assess and classify newly trained rural midwives according to a standard measurement criteria of technique, ideology and collegial relationships. The technique requirements were that midwives be able to conduct prenatal examinations and adopt the new delivery methods, including the sterilization of delivery kits and instruments. Ideology was measured according to attendance of monthly meetings, service attitude towards expectant mothers and their families, and enthusiasm for birth work. Collegiality was assessed by the degree of mutual assistance among birth workers. Following these criteria, Changhua county maternal and child health station divided rural midwives into the following three categories:

1. midwives who correctly conducted prenatal examinations, promoted the new delivery methods and adopted them in all cases, worked with and assisted colleagues, attended meetings, and played their part in reporting schemes;
2. midwives who showed basic competence at ten operational items (including the sterilization of delivery kits) and adopted the new delivery methods, but who did not carry out prenatal examinations or promotion work well;
3. midwives who had completed training and possessed delivery equipment but who were not active in any aspect of birth work. They had little authority in their villages and rarely – if ever – delivered babies after their training, which they had effectively forgotten.[77]

Each midwife was assessed by the district maternal and child health care station and given a written appraisal of their performance. The number of birth workers in the third category was the smallest, while that in the second category was usually the highest (around 50 per cent).[78] The classification system was another form of surveillance and control through which maternity and child health care stations improved the midwives' service by providing additional training and individual technique-related assistance at monthly meetings.

The system was also a dynamic one with a notably social aspect. It simultaneously impacted on and was informed by the other villagers, who observed and commented on the midwives. For example, in Changhua county people said that the midwives in Changxi district 昌西区 were much better than those in Changbei district 昌北区. Changbei midwives would eat meals with expectant mothers' families and even commented on whether the eggs were sweet or not. However, Changxi midwives were not given meals and even washed new mothers' dirty clothes for three days.[79] Although comments were effectively a

77 Changhua xian fuyou baojian zhan July 1957.
78 Changhua xian renmin yiyuan January 1959.
79 Changbei qu fuyou baojian zhan February 1955.

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form of gossip, they were taken into account during midwife assessments under the item "authority among the masses." In turn, a midwife's category affected her standing among villagers, which translated into more or fewer invitations to attend births. The system therefore functioned as an incentive for midwives to win fellow villagers' trust and follow the disciplinary guidelines.

Just as this annual assessment scheme aimed to supervise midwives as individuals, county maternal and child health care stations also tried to improve midwives collectively. Problems with discipline and collegiality were mainly seen as being due to poor management. Changhua county maternity and child health care station admitted in its work summary: "Because the station did not provide strong ideological leadership for its birth workers, birth worker teams existed in a void. Team leaders were not clear on what their duties were, and team members did not follow this leadership."[80] For these reasons, stations launched Red Flag contests (*hongqi jingsai* 红旗竞赛) to improve midwives collectively: birth worker teams within each district competed to fulfil certain criteria, which would earn them the title of "Red Flag birth worker team" for the district. In order to win, teams had to ensure that: 1) team members worked in solidarity and assisted each other, and conducted criticism and self-criticism sessions among themselves; 2) team members abided by the monthly meeting scheme and obeyed the instructions received therein; 3) team members effectively conducted sterilization procedures, kept their equipment clean and well organized, and did not have any cases of infant tetanus; and 4) all team members had good attitudes to service and authority among the masses.[81]

Each winning team could hold the Red Flag title for six months. Preparations for the contest started with adjusting the leadership of birth worker teams, with a focus on sterilization station work. Red Flag contests incentivized newly elected leaders to improve collegiality among their teams and motivate members to work together. The strategies they used to build rapport varied. For example, in Changhua county, when 60-year-old Guo was elected team leader, she purchased two packs of cigarettes and invited midwives to have lunch at her home after the monthly meetings to try to solve their difficulties in a more social setting. Protecting the group's image and reputation was another facet of team leaders' work. The team leader Ying advised her colleagues not to talk to fellow villagers about any problems the team was having, and instead discuss these only at monthly meetings.[82] In this way, the Red Flag contest provided a scheme through which team members could work together to improve their work, provide mutual assistance, and show solidarity with one another.

There was also an individual aspect to the contest as "model" midwives were identified based on their technique, attitude towards service, and collegiality, the latter of which encompassed mutual assistance, criticism and self-criticism, and

80 Hang xian fuyou baojian suo December 1954.
81 Hang xian renmin weiyuanhui weisheng ke September 1956.
82 Changhua xian Changxi qu fuyou baojian zhan June 1957.

was the most important factor. The model midwife Tong was praised for being always willing to assist her colleagues in neighbouring villages who held little authority among their fellow villagers. With her help, newly trained midwives gained the villagers' trust and started implementing the new delivery techniques. Tong even lent her own delivery kit and medicine to old-style midwives and said that they did not have to return the kits and medicine to her until they had collected delivery fees.[83]

Following the twice-yearly Red Flag contests and the selection of model midwives, county maternal and child health care stations usually convened meetings of birth worker representatives to summarize their work, acknowledge their achievements and build confidence. Speeches given by model midwives from each district formed the main content of these meetings.[84] The speeches followed a particular format. They usually began with stories of those who had suffered political suppression or from old-fashioned childbirth techniques, such as child brides and women who had lost children or who were infertile. These narratives of suffering were followed by expressions of gratitude to the CCP for the political liberation it had brought, and then a description of the progress made owing to the adoption of new delivery methods, attitudes towards service, and collegiality. The speeches ended with promises to be loyal to the CCP and serve the people wholeheartedly. Another aspect of these meetings was the exchange of delivery techniques and methods among the model midwives, which was followed by criticism and self-criticism.[85]

Although the medical and service-related aspects of these representative meetings were basically the same as for the earlier short-term training sessions, there was a greater emphasis on political consciousness-raising and moulding. County stations trained model midwives to give speeches to improve their colleagues' awareness of discipline and motivate emulation on their part,[86] and their deeds and attitudes were widely publicized by the media. The representative meetings profoundly enhanced model midwives' consciousness and attitude towards work.[87] These midwives were usually given the opportunity to join the CCP and attend the local people's congress.[88] Representative meetings were thus the high point of political consciousness-raising and shaping among birth workers. During this whole process, vigorous standards of discipline and collegiality were applied to the classification of individual midwives, the Red Flag competitions, the selection of model midwives and the convening of representative meetings, while both individuals and groups were assessed, selected and praised dynamically. These mechanisms make up what I call the dynamic indoctrination scheme, a government-guided effort to continue the development of a notion of

83 Changhua xian weisheng ke December 1957.
84 Hang xian fuyou baojian suo October 1954.
85 Ibid.
86 Hang xian fuyou baojian suo December 1954.
87 Hershatter 2011, 234.
88 Changhua xian renmin yiyuan September 1959.

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selflessness among trained traditional midwives, which supplemented and built on the common, preliminary and institutionalized schemes in daily practice.

## Conclusion

The constant process of consciousness raising and moulding aimed at newly trained midwives often produced rivalries and a lack of discipline and collegiality, which prompted the government to initiate further surveillance and moulding measures. In this process, the campaign attempted to "dislodge women's reproductive practices from local networks and institutions in order to restructure them within a new state system."[89] The fact that the new techniques and organizational structure were extremely different to the local culture and customs of childbirth was what midwives – and indeed birthing families – resisted most. As such, delivery assisted by mothers-in-law or with no assistance at all was still popular in north-west Zhejiang during the 1950s.[90] However, this resistance was transitory because of the rise of rural medical systems, hospitals and other birth-related technologies.

These interventional policies greatly improved maternal and child health in rural areas: the child mortality rate was halved nationwide from 1949 to 1959.[91] Trained midwives were active in disseminating biomedical knowledge and medicine. They also facilitated state control in rural areas by reporting births, deaths and diseases among children and mothers, and opening the door to subsequent state intervention in family and personal life through ongoing vaccination and health campaigns.

Compared with the immediate and noticeable improvements in medicine, medical knowledge and technology, the indoctrination and discipline that formed part of the retraining of traditional rural midwives had more far-reaching theoretical, social and political significance. This study demonstrates that a key theme in this process was the new CCP's intention to shape traditional birth attendants into socialist midwives who observed discipline and developed collegiality with their peers through institutional procedures such as meetings, study, criticism and self-criticism, and speech making. This political consciousness also was entangled with a notion of self, as the programme intended to imbue midwives with a spirit of selflessness through self-cultivation and self-abolition as a result of the mechanisms that made up the preliminary, institutionalized and dynamic indoctrination schemes. These schemes built upon the common scheme for ordinary village women and were developed in view of China's evolving social, political and medical contexts during the different stages of the 1950s. Together, they demonstrated a certain continuity and complementarity in moulding the political consciousness of traditional rural midwives.

89 Goldstein 1998, 154.
90 Manning 2005, 102; Johnson and Wu 2014, 63.
91 Hershatter 2007, 343.

The retraining of traditional rural midwives in the 1950s was part of a greater reform process that encompassed the entire rural medical system in early socialist China. This process saw the transformation and reform of Chinese pharmacists and professional Chinese medicine doctors, who had long been the medical authorities of the rural world but who still carried the stigma of the old society because of their family political backgrounds and accumulated wealth. Although they were eventually incorporated into the socialist rural medical systems, their reform and re-education process was a tough one. Instructors and supervisors at county hospitals and county and district maternal and child health stations also experienced these political campaigns. In this sense, the state's attempt to incorporate midwives with appropriate class backgrounds into the new and modern medical world differed greatly from the re-education and moulding efforts imposed on the educated medical practitioners who still dominated that sphere. The pursuit of discipline and collegiality were particularly specific to this political campaign.

This study illustrates theoretically a mechanism of disciplinary power of the sort described by Michel Foucault, one based on "hierarchical observation, normalizing judgment and examination." A series of indoctrination schemes formed "a hierarchized, continuous and functional surveillance" and evolved into an "integrated" system centred on the sterilization stations that were entrenched in a top-down maternal and child health network. Through building collegiality and discipline, this process also set up the criteria of loyalty and obedience to the Party and the schemes by which to judge compliance with this. Criticism and self-criticism became specific disciplinary tools that "had the function of reducing gaps" by placing constant pressure on rural midwives to conform to the same model. This examination persisted through training classes, sterilization stations, routine checks and representative meetings. Through this exercise of state power, rural women who attended births represented "the individual who has to be trained or corrected, classified, normalized, excluded, etc."[92]

This study also furthers our understanding of disciplinary power in the context of 20th-century China. The forms, technologies and experiences at stake during the retraining of rural midwives showed continuity and discontinuity with disciplinary schemes launched by the Nationalist government after 1934 such as the New Life movement, schemes which targeted daily behaviour and moral reform by focusing on "orderliness and cleanliness" and the so-called three transformations of life.[93] To some extent, there were resemblances between the movements launched by the Nationalists and Communists in terms of the relationship of individual behaviour to society and the polity and the attributes expected of individuals, such as obedience and selflessness.[94] However, for the Nationalists, discipline depended on moral persuasion rather than coercive power. For the

92 Foucault 1979, 170–194.
93 Liu 2013, 335–351; Dirlik 1975, 946–973.
94 Dirlik 1975, 976.

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Communists, as this paper suggests, traditional rural midwives were re-educated through a set of disciplinary schemes based on coercive power in completely new social and political contexts, which had just undergone radical transformation.

This complete and thorough indoctrination and discipline brought about unexpected and ironic results. The CCP sought to make midwives more collegial, professional and selfless through this process; however, the introduction of fee-for-service professionalism led to profit-seeking and petit-capitalist behaviour. As such, the Party had to exert even greater efforts to indoctrinate political consciousness and selfless dedication, revealing certain ironies and dilemmas in "creating socialist new people" in the political, social and medical contexts of the 1950s.

## Biographical note

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**摘要:** 本文旨在探讨 1950 年代新的共产党政府如何塑造中国乡村传统接生婆的纪律观念和同事关系。本文指出, 自 1951 年开始政府陆续挑选接生婆参加短期改造。通过参加会议和学习, 这些接生婆们被教导如何遵守纪律; 通过对接生技术和个人品格的批评和自我批评, 她们开始学习形成同事关系。接生婆们的合法身份随后在乡村社区逐渐形成, 但也导致了她们之间的冲突和竞争。通过建立一系列展现延续性和互补性, 包括常态的、初级的、制度化的、以及功态化的灌输机制, 政府将这些接生婆置于制度性的监控以及动态和持续的塑造机制之中, 从而试图培育这个群体在职业和政治上的以无私为核心的纪律观念和同事关系。本文同时指出, 共产党政府改造了阶级背景清白, 但长期以来被排挤和嘲讽的乡村接生婆群体, 并将她们纳入一个新的现代医疗体系之中, 而这个体系在很大程度上仍然被阶级背景可疑的医生和护士们所主宰。具有讽刺意义的是, 共产党一方面改造了乡村传统生育实践, 另一方面引入了接生收费的职业规则, 它在某种程度上使得这些原本无私的乡村妇女们行为形成了小资产阶级思想, 从而使得灌输接生婆无私观念的过程复杂化。

**关键词:** 接生婆; 纪律观念; 同事关系; 意识; 身份

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