
Abstract

This paper analyses the representation of parental practices in Parenting Science, the first and longest running parenting magazine published in China since 1980. Drawing on Foucault’s work on governmentality and biopolitics as well as their current development in cultural studies and sociology of health, this paper critically investigates the cultural frames that surround parental practices relating to the health and development of young children. It explores how issues of medicalisation, intensive parenting, responsibility and self-management are represented in the magazine, ‘reflecting’ as well as ‘reinforcing’ dominant cultural ideas of parenting and childrearing in China. Based on a qualitative content analysis of 2,295 items from 37 issues of the magazine (1980-2016), including editorials, feature stories, standard articles, Q&As, adverts and other short items, this paper has identified three major frames of parental practices in monitoring and facilitating children’s health, development and wellbeing: 1) the medicalisation of children’s health problems, 2) the rise of expert authority, 3) and the responsibilisation of parents. This paper argues that these frames underpin the construction of an intensive and anxious parenting culture in China and serve as powerful tools of biopolitical control.

Keywords

Parenting, magazine representation, medicalisation, responsibilisation, biopolitics, governmentality, neoliberal, China
Introduction

The topic of parenthood and parenting has gathered considerable social and academic interests, as an increasing number of parenting practices such as conceiving, breastfeeding, playing and safeguarding, previously deemed private, are now subject to intense public debate (Lupton, 2008; Murray, 2015; Murphy, 2000; Furedi, 2008; Lee et al., 2010; Beck-Gernsheim, 1995). While a wealth of literature researching parenthood, parental practices and parenting culture can be found in Western societies (Oakley, 1980; Apple, 1995; Shirani et al., 2012; Lee et al., 2016; Schmied and Lupton, 2001; Lee et al., 2010; Thomson et al., 2011; Murphy, 2000; Furedi, 2008; Knaak, 2010; Hays, 1996; Crighton et al., 2013), little existent literature addresses similar topics in China, a country with a recent history of state-directed modernisation. The modernising processes including individualisation, marketisation and a neoliberal reform of the health care system have reconfigured the ‘cultural experience’ of individuals (Barker, 2012: 185) such as parents, shifting their childrearing activities towards a modern, self-managed set of practices based on individual family resources Binah-Pollak, 2014; Davis and Sensenbrenner, 2000: Author). The ‘experiences’ of new parents in urban China are characterised by anxieties which are linked to uncertainty, ambiguity, risk and continual change (Author). They are further compounded by a recent population policy in China allowing urban couples to have a second child. Against this backdrop, this paper aims to make contribution to this body of literature by investigating how dominant frames of parental practices have shifted in popular culture in China since 1980.

Theoretical review

This paper draws on Foucault’s (1974, 1991, 2003) work on governmentality and biopolitics to bring together and engage with a number of parenting issues including medicalisation,
responsibilisation, self-management and intensive parenting. Foucault (1991: 102) argues that
governmentality is a complex form of power exercised by ‘the ensemble formed by the
institutions, procedures, analyses and reflections, the calculations and tactics’. In the 18th
century European states targeted their citizens by policing various aspects of their ‘life’ and
‘body’, extending the power of control to their ‘biological existence’. The states monitored
and managed their citizens’ life processes including birth, deaths, sexual relations, sickness,
disease, and body hygiene to ensure that their wealth, health and welfare are maximised
(McHoul and Grace, 1997: 61; Foucault, 1979: 143). The power over living beings –
biopower – helps the states to achieve their control over the life processes of the population
and related economic and political problems (e.g. shortened working week), as well as the
environment of the population (Foucault, 2003: 240-245; Foucault, 1979: 140). These areas
of control form the main domains of biopolitics, ‘a new technology of power’ (Foucault,

In Lupton’s reading of Foucault’s governmentality concept in relation to modern risk society,
she argues that governmentality is a ‘strategy of social regulation and control’ (Lupton,
1999a: 87). Modern neoliberal states rely on ‘normalisation’, or ‘a method by which norms of
behaviour and physical health of members of population are measured and reproduced’ to
monitor and control the populations (Lupton, 2008, 124). The normalisation is often
embedded in techniques for monitoring life processes such as calculating, collecting and
disseminating fertility statistics, life expectation tables and mortality rates (Lowe, 2016;
Murphy, 2000; Lupton, 1999b). An integral part of the biopolitics is expert knowledge which
provides guidelines and normalities for the population to be surveyed, compared against and
trained to adhere to (Lupton, 1999a: 88; Murphy, 2000: 292). Another integral part of the
biopolitics is the ‘idealised autonomous and self-regulated citizen’, or ‘neoliberal subjects’
who actively engage with expert advice to fulfil and maximise their biological and socio-political needs and potential (Murphy, 2000: 293; Lupton, 2008: 124). As citizens voluntarily internalise expert guidance and exercise prudent choice (O'Malley cited in Murphy, 2000: 293) in the power-knowledge network which defines rules and practices for them, social regulation and control is achieved through individual responsibilities rather than through coercive forms of control (Lupton, 1999a: 87).

Foucault’s historical account of biopower originates from Western European nation-states but can be used beyond the original context (Salter and Waldby, 2011, p.287). Salter and Waldby (2011, p.287-288) argue that the concept can be used in countries with completely different historical and political trajectories where the states use particular ways to mobilise the population to ‘support or contest national-building through biomedical development’. These new forms of social regulation in return enrich the concept of biopolitics by offering evidence of the ‘manifolds ways that life and power can be entangled’ (Salter and Waldby, 2011, p.287).

China’s One-child policy is one of the most notable cases of political control over life exercised by contemporary states, with an aim to drastically reduce the size of the population and improve its quality (Greenhalgh and Winckler, 2005; Greenhalgh, 2009). It is expected that high-quality singletons born following the policy were to become ‘superior (yousheng) children and, in time, workers and citizen’, ready for modern China’s nation-building project (Greenhalgh, 2009, p.211). And within this policy initiative, two types of biopolitics are observable - ‘Leninist biopolitics’ which relied on coercive measures to trim the size of the population in the 1980s and ‘neoliberal biopolitics’ which is built around notions of free market, consumer choice and individual responsibility in the 2000s (Greenhalgh and
Winckler, 2005). Greenhalgh (2009, p.207) argues that the shift from the ‘Leninist biopolitics’ to ‘neoliberal biopolitics’ is a result of China’s re-enter into the capitalist world economy following its economic reform and open-door policy.

The shift towards the ‘persuasive’ model of biopolitics in 2000s entails a stronger focus on developing ‘human capital’ in the form of health, education, skills, and so on. As the ‘human capital’ is embodied in people themselves (Greenhalgh, 2009, p.207), the Chinese government, like any other neoliberal states, is keen to generate initiative ‘on the part the people’, inducing them to become ‘self-governing, self-enterprising persons’ who manage aspects of the lives such as health, work and everyday wellbeing (Greenhalgh, 2009, p. 211, 216). The rising autonomous and self-regulated ‘bio-citizens’ observed in China is often seen in academic literature discussing health governance, risks and individual responsibility in Western neoliberal societies. Works focusing on reproductive health, pregnancy and maternal identity has particularly drawn on Foucault’s work to empirically analyse situated parental experiences. For pregnant women with unborn foetus, self-regulation and surveillance are directly applied to the maternal body that is perceived as vulnerable and pathologised, yet is considered ultimately responsible for foetal and maternal health and wellbeing. For parents with born young children, they are charged with responsibilities of surveillancing, monitoring and measuring their children’s development, growth and health (Lupton, 2008; Lupton, 2013).¹ Children’s everyday activities such as eating, sleeping and bowel movements are

¹ In this paper, I discuss media construction of parental practices based on the assumption that children are vulnerable, susceptible to harms brought by external threats such as germs and viruses. It is important to acknowledge that a growing body of literature has demonstrated that children are capable and resilient, and can act as active agents in their own health care. See Brady, et al. 2015. Brady G, Lowe P and Lauritzen S. (2015)
closely monitored (Lupton, 2008), and some of these activities have been linked to problems or even ‘risks’ that need to be carefully managed (Lee et al., 2010: 294; Murphy, 2000).

Beyond these, parents are held responsible for children’s education, safety and other areas of ‘concerted cultivation’ (Vincent and Ball, 2007; Lupton, 2008). The expanding remit of parental responsibilities aligns with neoliberal ideas of family and society which increasingly place emphasis on individuals (parents) rather than social institutions to prepare good future citizens. However while parents are charged with the responsibility of monitoring and managing their children’s health, everyday activities, future successes and life course risks, they are also seen as ‘inadequate risk managers’ in need of expert advice or assistance (Lee et al., 2010; Apple, 1995: 161; Murphy, 2000). Parents, in particular mothers, experience profound anxieties, fear, worries and other emotional distress manifested in self-doubt, guilt and self-blame (Astrom, 2015; Lupton, 2008; Theodorou and Spyrou, 2013; Layne, 2015). Many argue that these negative and sometimes disempowering parental experiences pervade neoliberal societies and contribute to an intensive and anxious parenting culture (Phoenix et al., 1991; Furedi, 2008; Francis, 2012; Mak, 2016; Lupton, 2008; Hays, 1996).

While we know the neoliberal governance of health can produce disempowering parental experience in the West, we know little about parental experience in the Chinese context as well as its socio-cultural dimensions. For example how the changing forms of biopolitics are manifested in everyday practices and experiences; how the making of high-quality children and related issues of disease and risk management are represented in popular culture; whether

---

the media representation has any influence on parental experiences and perceptions, and whether the above contribute to shifting parenting culture in China?

*Parenting Science (Fumu bidu) Magazine*

To explore parenting culture in the Chinese context, this paper analyses a popular parenting magazine as a ‘reflector’ as well as a ‘reinforcer’ of dominant cultural ideas about parenting and childrearing in China (Clarke, 2013: 418). In this section, I briefly introduce the history of the magazine, *Parenting Science (Fumu bidu)*. The Chinese title of the magazine, *Fumu bidu*, is translated as ‘a must read for parents’. The magazine was launched in 1980, following the recommendation of the Deputy Minister of the Central Propaganda Department of the Chinese Communist Party. The magazine’s Chinese title was autographed by Ms. Song Qingling, the Vice President of China (editor cited in Unauthored, 2010). The English title of the magazine *Parenting Science* followed by a subheading ‘professional childrearing information (*Zhuanye Yuer Zixun*)’, first appeared on its cover in 2007. The magazine inaugurated in April 1980 and the first issue printed 100,000 copies and was sold at ¥ 0.19 (approximately £0.02). In less than ten years, the subscription reached between 700,000 and 800,000 towards the end of 1980s (editor cited in Unauthored, 2015). The magazine did not publish any recent figures on its readership or subscription, possibly due to the proliferation of new media platforms from where the magazine can be accessed, and the difficulty of gathering readership information from these platforms. However, the membership figures of two online communities that partner with the magazine – Doctor Cui Yutao’s clinic (five millions) and Hong Haizi (Red kids) maternal and infant shopping channel (two million) –

---

2 This issue later printed another 260,000 copies due to high public demand.
indicate that the magazine and its spin-off services reach sizeable audiences, most of whom are pregnant women and new mothers (Unauthored, 2010).

In recent years, the magazine regularly claims that since its launch in 1980, it has ‘influenced two generations of parents’, making it the ‘most influential parenting magazine in China’ (editor cited in Unauthored, 2010). In the magazine’s 30 years anniversary issue (April issue in 2010), the keynote editorial acknowledges that ‘the Chinese society and parenting rationale have changed in the past 30 years and so has the magazine’ (Editors, 2010). Over the years, the magazine has developed significantly through strategic repositioning, internationalisation and service expansion. The early issues of the magazine covered parental issues and topics for children and adolescents (e.g. infants and teenagers). In 2003 the magazine collaborated with a French parenting magazine Enfant, and repositioned itself as an early childhood and parenting magazine, focusing on children aged between 0+ and 7. Upon collaborating with Enfant, the magazine ran half-monthly between 2004 and 2006, publishing 24 issues per year (two issues per month). The materials of the added issues are directly translated from French to Chinese. In 2007, the magazine resumed its monthly publication schedule, with each issue expanding to around 160 pages (from around 80 pages previously). From 2006, the magazine started digitalising its materials and in 2008 all content was made available on its digital platform. In 2011, the magazine developed into a multi-layered media platform, supporting as well as drawing synergy from its five key areas of service: 1. the magazine as the flagship service, 2. an interactive online parenting forum, 3. a parenting book publishing house, 4. a marketing and PR company, and 5. a parenting research institute. This paper focuses on its flagship service and analyses the content of the magazine including editorials, feature articles, standard articles, Q&As, letters to the editor, adverts and other short items.
Method

This paper uses qualitative content analysis to analyse the magazine. Content analysis is a popular research method widely used in media, communication and culture studies. It provides ‘an objective, systematic quantitative description of the manifest content of communication’ (Berelson cited by Hansen and Machin, 2013: 91). Qualitative content analysis as a variant, or a distinct method as some may argue, is defined as a method for ‘systematically describing the meaning of qualitative data’ by assigning the ‘material to the categories of a coding frame’ (Mayring and Schreier cited in Schreier, 2012: 170). Both qualitative and quantitative content analysis rely on a systematic coding frame to code the material (Schreier, 2012). The main difference between them lies at different types of meaning that these two methods focus on and how these two methods explain the meanings. For Schreier (2012: 173), the quantitative content analysis usually focuses on manifest meanings by testing hypotheses, and the coding frames are designed in a ‘concept-driven way’. Whereas the qualitative content analysis focuses more on latent and context-dependent meanings by ‘providing a detailed description of the material under analysis’ (Schreier, 2012: 173). While both methods make use of statistics (e.g. frequency count, inferential data) to present findings, the qualitative method is generally more data-driven with a key objective of providing a good description of the material (Schreier, 2012: 176).

As the first issue of the magazine was launched in April in 1980, in the following years, anniversary editorials are often published in April issues to review the magazine’s past developments and achievements and forecast its future prospect. From an analytical point of view, the April issues are more important than the January issues as they showcase the magazine’s position, values, rationale and mission. For this study, the magazine is accessed
from an e-magazine platform Wuxizazhi.net which offers the digital version of the magazine with a subscription fee.\textsuperscript{3} The sample of this study consists of all 37 issues published in April from 1980 to 2016.\textsuperscript{4} All items including editorials, feature articles, standard articles, Q&As, letters to the editors, news digests, adverts and other items (e.g. cartoons or short stories) from these issues were included in the analysis. In total 2,295 items were included in the qualitative content analysis, and the unit of analysis is the magazine item (e.g. an editorial or advert). The coding schedule consists of 25 variables which investigate various aspects of the content including year of publication, types of magazine items (e.g. feature stories, advert), categories of author, main theme, mention of specific pathology, person responsible, and so on.\textsuperscript{5} Each item from the magazine was coded according to a coding schedule based on the 25 variables using the Statistical Package for the Social Sciences (SPSS 22). Three main frames surrounding parental practices are identified in the sample – 1) the medicalisation of children’s health problems, 2) the rise of expert authority, 3) and the responsibilisation of parents. In the remaining part of the paper, I discuss these three frames with supporting evidence from statistical analyses of the variables (e.g. frequency count and cross tabulation) and textual analyses of the quotes from magazine items.

The medicalisation of children’s health problems

\textsuperscript{3} This digital platform can be accessed from \url{http://wuxizazhi.cnki.net/}. Wuxizazhi is part of the China Knowledge Resource Integrated Database (CNKI), the largest digital database in China.

\textsuperscript{4} In most years, the magazine publishes monthly and runs twelve issues per year. The exceptions are in 1980 (three issues), 1981 (six issues), 1982 (eight issues) and 2004-2006 (twenty four issues).

\textsuperscript{5} The design of the variables is informed by Foucault’s theorisation of biopolitics and governmentality as well as their contemporary development in concepts of neoliberal management of children’s health (Clarke, 2013; Lupton, 2008; 2013). e.g. ‘pathologies’ as opposed to ‘normal’/’normalisation’; ‘author’ of the article indicating knowledge and authority; and ‘person responsible’ as ‘self-regulated citizens’.
One of the key findings of the qualitative content analysis is that there is a rising number of magazine items discussing children’s health issues including physical and psychological development, and specific physical and psychological pathologies. As Figure 1 demonstrates, the number of magazine items dealing with children’s physical development (indicated by the green line) has increased significantly, rising from 21 pieces in the five issues published between 1996 and 2000 (approximately 4 pieces per issue) to 117 pieces in the six issues published between 2006 and 2010 (approximately 20 pieces per issue). Another two themes that are gaining prominence are children’s wellbeing and happiness (indicated by the purple line) and their specific physical health problem (indicated by the red line). The increasing attention directed at children’s health issues, is also reflected in the expansion of the magazine’s ‘Healthy Kids’ section which is dedicated to discussing health issues. This section first appeared in the September issue in 2006 including only three articles, in the April issue in 2015, it became the largest section of the magazine with nine articles, covering 27 pages.

The above trend corroborates a key finding from a focus group based study with Chinese parents and grandparents conducted between 2010 and 2015. New parents and grandparents who are involved in child care believe that children’s health care has occupied a central position in their everyday child care tasks (Author). Furthermore, the magazine’s coverage of health and development (physical and psychological) issues is characterised by a tendency of ‘medicalisation’, defined as ‘a process by which nonmedical problems becomes defined and treated as medical problems, usually in terms of illnesses or disorders’(Conrad, 1992: 209). In
previous studies of magazine coverage of health issues, medicalisation has been analysed in connection with a trend of ‘pathologisation’ in which itemised, specific, named health problems are increasingly being identified and treated as diseases (Clarke, 2013; Barker, 1998: 1069). A cross tabulation analysis of two variables (‘specific pathology mentioned’ and ‘publication period’) of this study sample indicates that specified pathologies mentioned in the magazine items have been on the increase, reaching 65 counts in the last period (2011 - 2016).

[Insert Table 1]

A closer look at how health professionals address these ‘pathologies’ reveals more details of the medicalisation process. In 2003 (issue 4, p.72) an article authored by a paediatrician (Zheng Yuqiao) teaches mothers (as indicated in the accompanying visual image, a baby in a woman’s arms) a few ‘tips on how to clear your baby’s blocked nose’. In this article, a blocked nose, a common problem has become a medical one that requires expert attention. The authorship of the article by a health professional authorises the definition of such everyday problems as ‘medical’ problems, reinforcing a ‘pathologizing’ and ‘medicalized’ view of childhood (Garey, 2011; Francis, 2012). Household laundry, another everyday, mundane task, when inappropriately done, may cause skin problems that need to be attended by a doctor. In an article in 2015 (issue 4, p.30-31) ‘Have you done it right? – your baby’s laundry), a short quiz is offered to readers to find out if they are doing their laundry correctly. The quiz is followed by expert advice that points out several ‘misconceptions’ in doing laundry including using too much washing liquid, using adults’ washing liquid for children’s clothes, and using antibacterial laundry cleanser.
In addition to these general everyday experiences that have been problematised and medicalisation, children’s body has also been associated with risks which need to be carefully ‘managed’, with a concerted effort from parents and experts. In the early issues of the magazine, children’s growth was discussed without mentioning associated pathologies such as obesity or anorexia. The first issue of the magazine in 1980 provides a growth chart for young children aged between 1 month to 7 years (p.68). This chart is inserted in a page as a stand-alone piece without accompanying expert commentary or context, e.g. the prevalence of the problem of child obesity. The growth chart contains only two categories of information – age and weight ranges. Although one can argue that the weight ranges are examples of the ‘normalisation’ technique, in which norms of physical health of children are measured and reproduced (Lupton, 2008), the presentation of the growth related information is relatively neutral, with no persuasive or suggestive content. It is offered merely as a reference, and the readers are left alone to decide how to use this piece of information. While the use of specific medical terms to describe body weight issues started to appear in the magazine in 1999, using expert approach to manage and control the issues has become more evident only in recent years. For example, the growth ranges are emphasised in a feature article written by a nutritionist in 2015 (issue 4, p.19). The mention of the ranges is contextualised in the discussion of ‘weight management’ to prevent future risk of obesity. The recommendation offered by the expert is rigid, as it asks parents to ‘fight to the death’ to ensure that the weight gain does not exceed the ‘normal’ ranges, which again can be seen as an example of the ‘normalisation’ technique for monitoring and controlling the health of the children. However the linguistic features of the expert advice is notable. Her word choice underpins the authoritativeness of the advice. The Chinese word, ‘si shou’ (translated as ‘fight to the death’), is originally used to describe soldiers risking their lives to defend a line or a front in battles, a situation requires tremendous courage and bravery. The word choice indicates that
the same is required of parents to avoid over-feeding children in order to control unnecessary weight gain and minimise future risk of obesity.

Similar language used to describe situations in battles such as ‘sniping chickenpox’ and ‘eliminate allergens’ has been used to discuss how these ‘medical’ problems must be monitored and controlled. The tone found in the discussion of pathologies is often characterised by a sense of urgency and severity. As discussed elsewhere (Author), words and phrases expressing imperative mood such as ‘do not’, ‘stop’ and ‘let’s’ urge readers to recognise health issues and take immediate actions (e.g. eliminate allergens at home). Words expressing obligation are also used to indicate that parents, addressed in second-person (‘you’) as the direct listener, are compelled to know or do certain things (2015 issue 4, ‘You MUST know these problems’). It also suggests the absolute authority of the medical expertise which appears to be undisputed and unchallenged. Parents are no longer treated as capable and resourceful individuals who can rationally make use of the information as they see fit. Rather, they are asked, and sometimes demanded, to closely follow the instructions of the expert without any deviation.

**The rise of expert authority**

As briefly touched upon in the last section, the medicalisation of children’s health issues is often linked to the rise of expert authority manifested in their advice on these issues. Parents, especially mothers, in late modern societies have been found to ‘require’ expert guidance for their everyday, routine, and mundane child care tasks (Clarke, 2010; Lee et al., 2010; Jeong, 2014; Furedi, 2008; Lupton, 2008). In the Chinese *Parenting Science* magazine, there has been a noticeable trend of the rise of expert opinions. As argued elsewhere (Author), in 1980
the magazine’s advisory panel consists of 17 experts with background in ‘higher education, primary education, art, literature and health care’. In that panel, only two members were health professionals, whereas in the current advisory panel, only two types of experts exist – medical experts (21 members) and educational psychologists (14 members) (Author). Within the medical expertise, there has been a trend of further specialisation such as nutrition and ophthalmology. As children’s health and other (behaviour) problems are being defined as specific pathologies, health professionals from specific medical background are being asked to give advice on these problems. In the early issues published in 1980s and early 1990s, questions in the Q&As were handled by one general paediatrician, Dr. Zhang Muxi. In more recent issues, questions are usually divided among several health professionals with specialties in, for example, general medicine, nutrition, dentistry, respiratory disease, orthopaedics, and dermatology and so on.

The rise of expert authority is also demonstrated by an increasing number of magazine items written by various types of experts ranging from health professionals, educationists (e.g. linguist, mathematician, researcher on physical education), and psychologists. Figure 2 below shows the numbers of magazine items contributed by different groups of authors.

[Insert Figure 2]

[Insert Table 2]

Statistics in Table 2 show that the number of items contributed by health professionals has been increasing over the years. On the contrary, the number of items contributed by educationists has been decreasing (with the exception of the last period 2011-2016). The
contrasting trends can be explained by the magazine’s repositioning strategy that has shifted its focus from academic achievement of children to their physical and mental health. The last six years (2011-2016, no.=93) saw a rise of authorship by educationists from the previous period (2005-2010, no.=39), but this is because a large number of items are contributed by educational psychologists. It is noticeable that the fastest growing group of authors are editors/journalists. This is partly because a large number of unaccredited adverts are coded as authored by magazine editor/journalist. On the other hand, journalists and editors are now assuming the role of childrearing experts. In 2014 the magazine launched its own research institute ‘Fumu bidu Childrearing Science Institute’ as one of its service areas. Its current editor-in-chief, Ms. Xu Fan, trained as a child psychologist in Beijing University while she was working as an editor for the magazine. From 2007, she started giving advice in Q&A sections, not only as the deputy editor-in-chief, but also as a ‘child psychology expert’ (April issue, 2007, p.106). From 2014 onwards, the magazine carries many articles with parenting advice offered not by external experts such as health professionals working in hospitals, but by its own editors (see analysis below).

In many expert-authored magazine articles, specific instructions, usually presented as bullet point items, are provided. These instructions are often given in a more ‘accessible’ format, using simpler words, fewer texts and bigger fonts. In an article (‘What [hygiene habits] you should keep and what you should abandon’, p.62) written by a magazine editor Qin Jing in April 2014, eight hygiene habits are listed as bullet point items for parents to keep. These habits are basic personal hygiene habits that a normal person would have, rather than special habits that require expert knowledge. The layout – a two-page spread – of the article is

---

6 These habits are: wash hands after using toilet, take showers and change clothes, clip fingernails, no spitting, not littering, change toothbrush and towels regularly and change duvet covers.
presented in a simple style, with key messages summarised on the left page. The eight habits are described by simple phrases made of between six to twenty Chinese characters. Some of the phrases (e.g. ‘no spitting’) are short but forceful, indicating warning or command. The textual information is accompanied by a background visual image showing a laundry basket and a woman’s back. The layout of the article as well as the simplistic presentation of expert advice, assisted by a visual illustration, share similar features of mass commercial publications such as tabloid newspapers and magazines. The simpler, shorter phrases printed in bigger fonts are ostensibly more engaging and reader-friendly but often implicitly embed a patronising tone that talks down to the readers.

It can be argued that the above magazine article is embedded with a sense of superiority. The underlying assumption is that parents need additional help to be able to comprehend information and apply instructions in a real-life context. This superior, and sometimes patronising, attitude is also identifiable in the ways in which expert advice are offered – parents’ common sense knowledge and proven ability are placed under medical scrutiny and then taught back to them. For instance, in 2010 (issue 4, p.60) the magazine carries a feature article on whether/how to ‘sunbathe your child’. The article advises parents to give the child ‘the best sunlight in spring’ as it introduces the ultraviolet light, the exposure to which helps with calcium and phosphorus absorption. In addition to explaining the rather technical process of chemical synthesis, the article also offers advice that is based on common sense knowledge. For example, it advises parents to ‘take their child home when the child is tired’. One could argue that some of the advice draws on specialist knowledge on sun exposure and nutrition. However, other part of the advice which is in fact common-sense, treats parents as inadequate and incapable in their everyday child care tasks. Mothers and expectant mothers
in particular, have been treated as incapable not only in managing the health of their children or foetus, but also in managing their own bodily functions.\footnote{The construction of pathologised pregnant body will be discussed in another article (Author, in preparation).}

The rise of the experts in connection with medicine’s increasing ‘cultural authority’, and the declining authority and confidence of parents have been argued by some commentators as key factors contributing to parental ‘paranoia’ (Barker, 1998; Furedi, 2008). In an attempt to overcome the ‘paranoia’, Furedi (2008) recommends that parents should ignore all expert advice. However, in reality the attempt to disregard expert advice is difficult to succeed in a risk-centred parenting culture (Lee et al., 2010). As statistics in Table 2 suggest, in a sharp contrast to the increasingly prominent expert authorship, items authored by other groups of people who look after or work with children on a daily basis such as nursery nurses, school teachers, and community workers have decreased or ceased to exist. This indicates that grassroots, day-to-day and experiential knowledge about children and child care possessed by these groups is marginalised, reflected in their (teachers in particular) very limited voice in the magazine.

**The responsibilisation of parents**

Statistics from cross tabulation analysis also suggest that parents, in particular mothers, are being identified as responsible for managing children’s physical and mental problems. The increasing number of responsibilities expected of parents, or the responsibilisation of parents, is particularly notable from the late 1990s.
Figure 3 shows that between 1980 and 2000, in most cases, both parents (indicated by the camel line) are held responsible for managing their child’s problems. Overall, the number of both parents being identified as the responsible persons has been decreasing from 1995, making only a small recovery between 2010 and 2016. On the other hand, from 1996 onwards, there has been a sharp increase of incidents where mothers (indicated by the purple line) are solely identified as the responsible person. In the last period (2011-2016), mothers are by far the most prominent group of people (among other groups such as both parents, grandparents, teachers, government, and so on) who are identified responsible. The above statistics have outlined the general assumptions of who hold main responsibilities for managing children’s problems between 1980 and 2016. A closer look at how the responsibilities are assigned and communicated in the magazine, tells us more about how the frames surrounding parental responsibilities have shifted. In the early years, parental responsibilities are clearly laid out by the magazine which tells parents what they should do and should not do. With regard to the latter, the magazine is rather paternalistic, sometimes using sarcasm and mockery on its readers. It openly reprimands and criticises parents who have failed their responsibilities and expectations. The magazine issues in the 1980s and early 1990s, which had more focus on children’s virtue, moral values and academic achievements, regularly published cartoons and short stories to derogatively describe parents’ bad habits, inappropriate behaviours, and ‘incorrect’ parenting practices such as physical punishment. Satire and mockeries are used to describe parents who do not set a virtuous example for their children. For instance, in a cartoon published in 1986 (issue 4, page 42), children of parents who gamble in Majiang games are portrayed to turn into juvenile delinquents and are locked behind bars. In another cartoon, parents who discipline their children for poor personal
hygiene but who themselves spit in public are criticised for their ‘double-standard’ (issue 4 in 1982, page 35).

The paternalistic approach of the magazine is also identifiable in other items such as standard articles and Q&As which tell parents what they should do. These items are usually supported by medical and educational advice. The unequal position of parents and experts is particularly notable in Q&As where direct dialogues between the two groups take place. Parents are often the inferior group in the face of authoritative and superior experts who sometimes accuse parents of causing problems for their children:

Q: My 7-month old doesn’t want to go to sleep even though she’s very tired. Sometimes she cries for two hours and then sleeps in our arms. What shall I do?
A: Your child’s bad sleeping habit is the result of your wrong method. She’s only 7-month old and this can still be corrected. Please do not let her sleep in your arm during the day and this helps with her sleep at night. (Italics my emphasis)

In the excerpt the expert took a rather paternalist approach to the mother. His choice of words (‘bad’, ‘wrong’) conveys a strong message of disapproval. Moreover, the advice offered here indicates a clear division between right and wrong practices, as well as an expectation of the latter to be corrected. This expectation is based on the view that children’s sleeping routines are uniform, and the advice does not accommodate individual situations which are often contextualised and different. The expert advice, based on universal assumptions about children and their problems, is a manifestation of ‘normalisation’, a key technique used to motivate parents to measure their children and their own practices against the normalised account.
The paternalistic tone of the magazine can be partly explained by the economic, political and sociocultural conditions of China in the early 1980s. When the magazine was first launched, China was recovering from material and spiritual deprivation, resulting from the chaotic and disruptive Culture Revolution (1966-1976). Cultural products such as books and magazines were in short supply. Being the only specialised magazine targeting parents in mainland China, *Parenting Science* monopolised this niche market. However, the monopoly was challenged in the 2000s when the Chinese media industry experienced a rapid process of marketisation and globalisation known as the ‘market turn’ (Donald and Keane, 2002). Various media content providers including magazine publishers have proliferated since the new millennium. The shares of the parenting magazine market have been taken up by newcomers including *Mum and Baby* (launched in 1998) and *Clever Baby* (launched in 1999). The market was further divided by new media platforms as major Chinese internet portals such as Sina, Sohu and QQ all provide their own mother and/or baby website/channel. To maintain their competitiveness in the market, *Parenting Science* needed to have a cosier relationship with its readers who financially support the magazine (priced at ¥15 in 2016), treating on a more equal footing, at least on the surface level. The openly paternalistic tone and belittling remarks have disappeared in the magazine since then.8

From 2000 onwards and following the ‘market turn’, the magazine has become more reader-oriented. Expert advices are still being offered to parents but in a friendlier manner. The approach has shifted from telling parents what they should or should not do to aspiring them

8 However, the magazine’s ‘market turn’ does not fundamentally eliminate its authoritative and superior undertone, although its overall approach has become more reader-friendly. See the analysis of the magazine article on hygiene habits in the last section.
to a greater set of parental ideals, for example, being an art critic, a chef, a gardener, and perhaps more importantly, a doctor. The wider set of desirable parental skills and knowledge is premised upon a moralised discourse of parents (mothers in particular) that they are ultimately responsible for providing the best conditions possible to protect and nurture the ‘sacred child’, so that her/his success can be ensured (Lupton, 1999b: 67; Hays, 1996: 41). This, as Lupton and others (1999, p.68; Hay, 1996) argue, requires a great deal of agency, labour and energy, and financial resources from parents, not only to educate the child to a ‘perfect child’, but also to educate parents to perfect parents. Examples of these desirable parental ideals abound in *Parenting Science*. For instance, in the April issue in 2010, an article titled ‘Visiting art gallery - mum’s homework’ highlights a few tasks that mothers need to do including reading about the background of the artwork and helping her child appreciate the artwork. Although the article does state that parents do not necessarily have to do these, the following tasks described – introducing and explaining the artwork – indeed require parents’ pre-visit preparation. The word - ‘homework’ - chosen to describe the tasks indicates that effort and time, and sometimes dread rather than pleasure, is needed for the ‘homework’.

In addition to advising parents to develop their cultural capital and intellectual assets such as knowledge of art, cookery and gardening, the magazine is keen to educate mothers to acquire basic medical knowledge. Since 2012, a column named ‘mummy-doctor boot camp’ has been launched in the ‘Healthy Kids’ section. In every issue, a medical professional is invited to supervise the ‘boot camp’, and to train mothers to deal with everyday health problems such as

---

9 The chef skills expected of mothers will be discussed in a separate paper as part of the gendered construction of parental roles (Author, in preparation).

10 Children’s homework in China is known to last for a long time (2-3 hours) and cause stress for both children and parents who supervise.
mosquito bites, minor head injury, upset stomach, nappy rash and so on. The word choices of ‘boot camp’ xunlianying and ‘training officer’ jiaoguan are of particular interest. The meanings that are associated with boot camps are harsh discipline, strong will power and determination, often seen in advertising jingles for fitness clubs and weight-loss boot camps. Organising ‘boot camp’ for mothers indicates that children’s everyday health problems are being taken seriously in that the same discipline, will power and determination are expected of the mothers to tackle these problems. These meanings are further reinforced as the health professionals are addressed as ‘training officers’. The word jiaoguan is used to refer to soldiers sent from military units to train first-year students in Chinese universities.11 These desired roles introduced and taught to parents can be viewed as an extended process of responsibilisation in which specialised skills and knowledge are expected of them. Parents are increasingly expected to go above and beyond to fulfil additional roles and responsibilities that are normally assumed by experts.

Conclusion

In this paper, I have demonstrated how Parenting Science, representing the dominant sociocultural ideas of childhood and parenthood in the Chinese society, has constructed frames of parental practices relating to the health and development of young children. By analysing 2,295 items from 37 issues of the magazine (one issue every year from 1980 to 2016), this paper has identified three major frames: 1) the medicalisation of children’s health problems, 2) the rise of expert authority, and 3) the responsibilisation of parents. Within and

---

11 The military training, known as junxun in Chinese, is a special programme held in universities for new first-year students only. The programmes usually last about a month and are designed to teach students about discipline, hard work and independence.
across these frames, we see increasing attention directed to children’s health and development issues. Parental practices are dominated by language and content that conceptualise children’s everyday problems medicalised and sometimes pathologised. It has been constructed that expert guidance, especially medical guidance, is needed for parents to carry out their daily duties successfully. To a great extent, parents are expected educate themselves to become experts to fulfil their parental responsibilities with specialised knowledge and skills. Meanwhile, non-expert experiential knowledge and proven ability of parents and other groups of people who look after children on a daily basis are denigrated and marginalised. The result of this is diminishing parental confidence and skills in managing children’s everyday problems. The disempowering effect is further exacerbated by the rise of expert authority which relies on scientific knowledge, measures, and techniques of normalisation to solicit the submission of parents.

Although the above three frames have been identified and analysed separately, they overlap and co-exist in many examples discussed in this paper. For instance, the trend of medicalisation often goes in tandem with the prevalence of expert advice, and a big part of the responsibilisation of parents requires parents to possess medical knowledge in their everyday child care tasks. The denigration of parents, mothers in particular, can be identified in the medicalisation frame, as well as in the advice of experts about how parents should fulfil their roles. This presents a set of ‘contradictions’ in the reframes, similarly found in other neoliberal societies (Hays, 1996), that on the one hand parents are expected to take independent actions to self-manage the health and development of their children. On the other hand, expert advice dumped down on parents takes away their agency and proven ability and disempower them even more. Nonetheless, these three frames are intricately linked, coherently contributing to an anxious and intensive parenting culture that embodies the
notions of responsibility, self-care, and expert knowledge in Foucault’s concepts of
governmentality and biopolitics.

Having discussed how *Parenting Science* represents children’s medical problems, parental responsibility and self-management and how it engages with readers via articles, adverts and Q&As, it is important to reflect on these frames in the light of China’s biopolitics oriented towards improving the quality of the population. Greenhalgh (2005; 2009) argues that there has been a clear shift from ‘Leninist biopolitics’ to ‘neoliberal biopolitics’, with the former relying on coercive measures (penalties such as imprisonment and fines) and the latter relying on individual choices (of commodities and ideas). The magazine has clearly made contribution to the neoliberal biopolitics because of its influence on millions of its readers.12 Frames and ideas constructed by the magazine guide parents to voluntarily subject themselves and their children to the medical ‘gaze’ of ‘problems’ or ‘risks’ which are often offered with market solutions (e.g. infant formula, nutritional supplements, and sun creams advertised in the magazine). They have helped to create an intensive parenting culture centred around a number of ‘bio-anxieties’. As part of China’s biopolitical realities, the ‘bio-anxieties’ experienced by parents are shaped by political, economic and cultural factors (Sleeboom-Faulkner, 2011) that contextualise the works and operations of *Parenting Science*. These factors are brought together by the grand national development plans in the 1990s and 2000s, prioritising marketisation, commercialisation and privatisation. The neoliberal reform of the health care system in the same period has dramatically increased the costs for medical treatments. Little authoritative guidance and reliable information is available to parents due to

12 The empirical study of the paper did not research audience directly. However previous research on urban Chinese parents has found a link between parental anxieties and media representations (e.g. advert, news reports, forum and websites) (Author 2013, 2016, 2018).
lax government regulation and market oriented child healthcare industry. Against this backdrop, parents are more susceptible to the frames constructed in the magazine – they are more risk averse, less sceptical of the experts and more responsible for their only child.\textsuperscript{13} While most of these parental experiences are shared by parents of Western countries, China’s One-child policy have certainly exacerbated the anxieties of some Chinese parents.

One could argue that the reason for the frames of the magazine to have become powerful tools of biopolitical control is precisely because of the role of the state in orchestrating its national development plans which have accelerated the development of neoliberalism in health care system and children industries. The governmentality exercised in the process brings together multiple cultural (e.g. \textit{Parenting Science}), economic (markets) and government (e.g. public health care system) institutions and has thus made the biopolitical control very effective. In less than 30 years, childrearing and children’s health care have shifted from a set of practices based on public service towards practices based on individual responsibilities and resources (Binah-Pollak, 2014; Davis and Sensenbrenner, 2000: Author). Limited civic and political rights in China means few public-minded and collective actions are permitted. Parents are even more isolated and under-supported as there are few effective channels to communicate parental concerns to their peers or to the authority (Author, p.169).

\textsuperscript{13} The magazine is closely linked to the state-directed neoliberalism as China has been maintaining ideological control of all media outlets (including magazine) since its inception. It is therefore not surprising to find the magazine promoting government ideologies. The magazine’s own development trajectory was shaped by the national development plan in the 2000s, aggressively developing marketisation, privatisation and internationalisation. This national plan trickled down to the media industry, forcing media outlets including \textit{Parenting Science} magazine to seek funding support from advertisers and readers.
China’s biopolitical control clearly has its downside and is creating far-reaching impact on the society. A number of problems have been identified in relating to parenting and children’s health care including risk averse individuals, children obesity, spoiled singletons, and ageing society (Cameron, et al, 2013; Cheng, 2013, Nie, 2016). Due to limited space, these issues cannot be addressed here. This paper has also highlighted gendered construction of child care and parenthood. These are all important topics that need to be explored in further research and publications.

Acknowledgement

Withheld to facilitate blind peer review.

The author declares that there is no conflicts of interest.

Reference


Appendix 1 Figures

Figure 1 Numbers of magazine items by main theme (1980-2016)

Figure 2 Numbers of magazine items by author in a chart (1980-2016)
Figure 3 Person identified responsible for children’s problems (1980-2016)
### Appendix 2 Tables

#### Table 1 Numbers of specific pathology mentioned 1980-2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26</td>
<td>33</td>
<td>41</td>
<td>42</td>
<td>49</td>
<td>54</td>
<td>65</td>
<td>310</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>N/A</td>
<td>294</td>
<td>243</td>
<td>277</td>
<td>203</td>
<td>268</td>
<td>325</td>
<td>366</td>
<td>1976</td>
</tr>
<tr>
<td>Total</td>
<td>321</td>
<td>276</td>
<td>319</td>
<td>246</td>
<td>317</td>
<td>381</td>
<td>435</td>
<td>2295</td>
</tr>
</tbody>
</table>

Table 1 Numbers of specific pathology mentioned 1980-2016

#### Table 2 Numbers of magazine items by author in a table (1980-2016)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Magazine editor/journalist</td>
<td>30</td>
<td>25</td>
<td>27</td>
<td>40</td>
<td>83</td>
<td>177</td>
<td>178</td>
<td>560</td>
</tr>
<tr>
<td>Expert (health professional)</td>
<td>46</td>
<td>40</td>
<td>51</td>
<td>39</td>
<td>60</td>
<td>64</td>
<td>86</td>
<td>386</td>
</tr>
<tr>
<td>Expert (educationist, psychologist)</td>
<td>70</td>
<td>76</td>
<td>90</td>
<td>59</td>
<td>61</td>
<td>39</td>
<td>93</td>
<td>488</td>
</tr>
<tr>
<td>Teachers (nursery and school)</td>
<td>10</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Other (e.g. parents)</td>
<td>32</td>
<td>32</td>
<td>21</td>
<td>33</td>
<td>54</td>
<td>46</td>
<td>28</td>
<td>246</td>
</tr>
<tr>
<td>Mixed (e.g. parent and expert, Q&amp;A)</td>
<td>10</td>
<td>16</td>
<td>26</td>
<td>12</td>
<td>24</td>
<td>45</td>
<td>37</td>
<td>170</td>
</tr>
</tbody>
</table>

Table 2 Numbers of magazine items by author in a table (1980-2016)