

**EXPERIENCES OF CHINESE IMMIGRANT WOMEN
FOLLOWING *ZUO YUE ZI* IN THE LOWER MAINLAND OF BRITISH
COLUMBIA**

by

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Abstract

There are increasing numbers of women emigrating from China and Taiwan who chose to follow Chinese traditional post-partum practices which refers to “*zuo yue zi*” in the lower mainland of British Columbia. However, there are insufficient Canadian studies and a paucity of qualitative studies explicitly exploring women’s experiences with *zuo yue zi*. I used a qualitative description design to obtain narrative data on the perspectives of experiences with *zuo yue zi* from 13 mothers residing in the Greater Vancouver region. The development of the core theme, Chinese women’s novel encounters with *zuo yue zi*, incorporated women’s expectations of *zuo yue zi*, their struggles with the practices, and the modifications of their expectations. The Chinese women followed some traditional practices and modified others depending on their level of comfort with potential health effects and support from family and paid helpers. They needed to consider their own and their infants’ wellbeing, considerations for family members, their previous experiences, and structural limitations in their new environments. Based on the study findings, I suggest nursing implications for clinical practice, education and research starting in the prenatal period and into the postnatal period. I also make recommendations in terms of supporting new immigrant mothers who wish to follow traditional practices and addressing regulatory guidelines to protect their newborns from unregulated paid care providers in their new adopted homeland.

Preface

Ethics approval for this study was granted by the University of British Columbia, Behavioural Research Ethics Board, UBC BREB Number H14-02416.

I recruited all participants for the study and conducted interviews with all thirteen participants. Data collection and analyses were undertaken concurrently. My thesis project supervisor, Dr. Hall and I undertook ongoing analysis and write up of the findings and discussion chapters. The other two thesis committee members, Dr. Campbell and Lily Lee, contributed their feedback for the research proposal and the thesis chapters.

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Glossary

Zuo yue zi: The Chinese traditional post-partum practice known as *zuo yue zi* (tso-yueh-tzu), translated as “doing the month” or “lying in”. Zuo yue zi” refers to Chinese postpartum traditions that include a number of practices such as requiring a woman to stay at home, eating a stricter and healthier diet, refraining from performing housework and touching cold water.

Traditional Chinese Medicine (TCM): Traditional Chinese Medicine which originated in China and has evolved over thousands of years. TCM applies a holistic system to diagnose problems and includes various forms of herbal medicine, acupuncture, and massage to ease and/or cure the illnesses.

Post-partum Doula: also known as *yue sao* is employed as a maid for a few hours a day or as a live-in assistant with the host families. They assist Chinese women following *zuo yue zi* with food preparation and newborn care.

Post-Partum Centre: A location that provides room and food following principles of *zuo yue zi*. The range of post-partum services generally can be extended according to the pay for services.

Chinese Breast Massage Therapist: also known as Tong Nai Shi or Cui Nai Shi is commonly required to massage breasts as initiating breastfeeding or when new mothers experience breast engorgement.

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Chapter 1: Introduction

In this chapter, I present the background describing Chinese immigrant women's traditional post-partum practices. Furthermore, I describe the significance of exploring immigrant Chinese women's experiences of traditional post-partum practices and a problem statement that supports the exploration of that experience. Finally, I outline the study purpose and research questions.

1.1 Background to the Problem

Chinese culture has been in existence for more than 5,000 years. As a result, there are some customs and practices that are, at times, regarded as necessary prescriptions in areas of Chinese society. The Chinese traditional post-partum practice known as *zuo yue zi* (tso-yueh-tzu), translated as “doing the month” or “lying in” requires a woman to stay at home, eat a stricter and healthier diet, refrain from performing housework and touching cold water. It is seen as a time to strengthen the health and well-being of the post-partum woman (Brathwaite & Williams, 2004; Cheung, 1997). In the Chinese tradition, women are considered to be in a weak and vulnerable condition after giving birth and are required to have four to six weeks' rest in order to regain their strength and to restore their bodies to balanced states (Cheng & Pickler, 2009; Chu, 2005; Dennis et al., 2007; Holroyd, Twinn & Yim, 2004). According to the Chinese philosophy of yin and yang or hot and cold, *zuo yue zi* is believed to be a traditional practice which represents a “golden opportunity”. It is a time to recognize a woman's reproductive contribution, while facilitating her physical recovery and protecting health. Part of the practice includes the belief that by adhering to prescribed actions, the woman can avoid developing chronic illness and strengthen her intra-family relationships (Cheung, 1997; Chu, 2005).

As stated in a report by Holroyd and colleagues (2004), during the early post-partum period, some middle class women in China delegated the care of their newborn children to their mothers or in-laws. In addition to receiving support from their immediate family members, these women also employed a maid or post-partum doula to assist them with food preparation and newborn care. In contrast, some Chinese women in Taiwan prefer to stay in post-partum maternity care centres for at least one month after birth (Chen, Tsai, Tseng, & Wang 1994).

Dennis and associates (2007) emphasized the importance of culturally appropriate post-partum care because if women do not follow prescriptions, “in some cultures, women feel they need to have another pregnancy and post-partum care in order to correct their health status” (p. 495). The literature suggests that Chinese women, who adhere to particular belief systems, have to follow traditional post-partum care to be healthy; if they are unhealthy in the post-partum period or later in their life, it is because they did not follow the practice of *zuo yue zi*. The way to rectify their state of health would be to follow the prescribed practices in a future pregnancy.

Chinese women, with certain traditional post-partum beliefs, practice rituals during the first four to six weeks of the post-partum period that include eating traditional dishes that are believed to benefit the health of a woman (Brathwaite & Williams, 2004; Cheung, 1997; Dennis et al., 2007). Ginger root is one of the recommended post-partum dietary supplements because it benefits the immune system and is believed to reduce the possibility of catching a cold (Chan, Nelson, Leung & Cheung, 2000; Holroyd et al., 2004). As a result, ginger-fried rice and ginger-based soups are some of the most popular post-partum dishes. Another example of a suggested post-partum dish, which was included in Dennis et al.’s (2007) systematic review of traditional post-partum practices and rituals, is pork feet stew with

soybeans or peanuts. This is widely believed to increase the production of breast milk in women during the post-partum period.

Post-partum rituals that some women ardently follow include avoiding hot and cold food, wind and water, and adhering to specific food prescriptions and prohibitions (Holroyd et al., 2004). The main principles of “*zuo yue zi*” for a post-partum woman are to: a) avoid washing herself or her hair [for four to six weeks]; b) avoid going outside for the month; c) avoid eating raw or “cold” (yin) foods; d) avoid eating chicken or “hot”(yang) foods; e) avoid the wind; f) avoid walking or moving a great deal; g) refrain from visiting others; h) avoid getting sick during the month; i) stop reading and; j) avoid crying (Pillsbury,1978, p.12-14).

There is insufficient information regarding whether or how Chinese immigrant women engage in and manage their traditional post-partum practices in new settings following migration, and their perceptions about effects of not following or being unable to follow these practices in their adopted countries. In addition, based on this researcher’s observations and anecdotal information, there are four popular approaches that Chinese immigrant women in Vancouver use to support their traditional post-partum care practices: a) maternity post-partum care centres, b) post-partum home meal delivery services, c) post-partum doula home services, and d) maternal care providers (often close relatives). Despite this anecdotal information, there is a lack of empirical data that captures the types of acceptable post-partum services that Chinese immigrants use in Vancouver.

1.2 Significance

According to Statistics Canada (2006), Chinese people are the largest visible minority group in British Columbia (BC). In 2006, there were 432,435 Chinese people in BC, which made up 10.6% of the total population. Statistics from the BC Perinatal Data Registry (2008)

indicate there have been 40,000 births per year in BC since 2000. During this time period, the estimated annual delivery rate among Chinese immigrants in Vancouver, Richmond, and Surrey was around 2,641 (Tse, 2010) which is 6.6% of the total births per year in BC.

Researchers have examined Chinese women's post-partum practices in other jurisdictions. Ninety percent of Chinese women in Hong Kong practice "*zuo yue zi*", with 66% of these women living with their in-laws or parents (Lee et al., 1998). Kit, Janet, and Jegasothy (1997) also reported that 85.7% of their sample of Chinese, Malay and Indian mothers in Malaysia adhered to a special diet after giving birth, and 78.8% of Chinese women had relatives or friends who provided care and support for them during the post-partum period. In a study conducted in Sydney, Australia, researchers concluded that 90.2% of 102 participants of Chinese descent followed traditional Chinese cultural practices after giving birth (Matthey, Panasetic, & Barnett, 2002).

In Vancouver, Canada, we have not studied the nature of Chinese immigrant women's practices in the post-partum period or the potential effects of their experiences if they are unable to follow traditional practices. The increase in the Chinese population in British Columbia and the frequent use of traditional practices in other countries supports the importance of health care providers' understanding of Chinese traditional post-partum practices. Such understanding can afford providers the means to better advocate for patients to find the necessary resources to support their traditions and ensure that appropriate post-partum care is offered (Grigoriadis, Robinson, Fung, Ross, Chee, Dennis & Romans, 2009; Hyman & Dussault, 2000).

Lopez and Willis (2004) argued that, "it is important for nurse scholars to develop knowledge that is culturally relevant and respectful of the realities of those living within the situation" (p. 726). Adherence to Chinese traditional post-partum care relies on external

support, understanding of the importance of the tradition, health beliefs, and linking Chinese immigrant women to community resources. As such, awareness of the different aspects of Chinese traditional post-partum care can assist nurses to tailor their care to promote the wellbeing of Chinese immigrant women. Immigrant women, who are separated from their extended families, represent a vulnerable group that is disadvantaged with regards to the experience of childbirth (Gagnon et al., 2006). For example, many new immigrant mothers must cope with multiple family responsibilities, such as performing household chores or caring for other children while experiencing loneliness and isolation (Krueger, Sword & Watt, 1999; Shin & Shin, 2006).

In addition to social isolation, immigrant women may encounter: limited transportation options to access community resources, a lack of community support for infant feeding, and language barriers which expose “immigrants to a greater risk for poorer health than their native-born counterparts” (Sword et al., 2006, p.717). Lack of knowledge of cultural differences and insensitivity about appropriate cultural care cannot be separated from factors that influence women’s health. A qualitative research study of women’s experiences of “*zuo yue zi*” has the potential to illuminate problems that could be used to inform policies required to integrate new immigrants and to demonstrate respect for immigrant communities.

1.3 Problem Statement

As stated previously, 10.6% of the BC population comprises individuals self-identifying as Chinese. Immigrant women from mainland China, Hong Kong, and Taiwan give birth to a significant proportion of babies in British Columbia. Furthermore, traditional post-partum customs and practices are embedded in Chinese culture, consisting of a common tradition, with slight variations by country, known as *zuo yue zi*. Although the existing evidence

suggests that immigrant women's process of childbearing can include significant physical, financial, and emotional challenges, there is minimal understanding about how Chinese women practice their traditional post-partum customs in Canada. Two studies about Chinese immigrant women who have given birth in Canada describe *zuo yue zi* including Yin-Yang food regimes, beliefs about personal hygiene, rituals of post-partum care, and post-partum depression (Grigoriadis et al., 2009; Strand, Perry, Guo, Zhao & Janes, 2007). While there is strong evidence that traditional post-partum practices are followed by Chinese women in their own countries, limited published research studies have examined Chinese immigrant women's approaches to *zuo yue zi* or other elements of their post-partum experiences in their new countries. Increased understanding about the postpartum care obtained and experienced by Chinese immigrant women during their first four to six weeks post-partum in Vancouver in British Columbia, Canada is required to better understand the health care needs of this population.

1.4 Purpose

The aim of this study is to explore the experiences of Chinese women emigrating from mainland China, Hong Kong, and Taiwan in regards to how they approach their first four to six weeks of post-partum practice in their new home city of Vancouver, BC.

1.5 Research Questions

To avoid simple and under-developed answers, Sadala and Adorno (2003) suggested researchers should structure and word questions for qualitative studies to obtain in-depth data about experiences. Therefore, open-ended research questions are as follows:

- What are Chinese immigrant women's experiences of post-partum practices (potentially *zuo yue zi*) during the first four to six weeks post birth?
- What resources are utilized by Chinese immigrant women during the first four to six weeks post birth?

1.6 Chapter Summary

In the first chapter, I described the background and significance of the study about certain traditional post-partum beliefs and practice rituals and provided research questions for exploring Chinese new immigrant women's post-partum experiences. I also described Chinese women's decisions to approach their first four to six weeks of post-partum practice in their newly adopted homeland. In chapter 2, I will synthesize the literature and describe major risk factors for immigrant Chinese women. The concepts of cultural shock, cultural shock experiences, and awareness of cultural differences are incorporated in the review. In chapter 3, I will provide an overview of my research method including study design, sampling plan, data collection procedures and plan for data analysis. I will also include in chapter 3 some ethical considerations, and possible challenges and limitations associated with the study. In chapter 4, I will present my findings. Finally, in chapter 5, I will discuss the findings and their implications for practice, education, administration and research.

Chapter 2: Review of Literature

Immigrants are exposed to various challenges while they are establishing their lives in a newly adopted homeland. In this chapter, I present my literature review guided by cultural shock theory (Oberg, 1960) to illustrate how immigrant women can encounter challenges and barriers during the process of adapting to a new culture. I highlight challenges in accessibility of the health care system, awareness of cultural differences in traditional Chinese traditions, and provide specific examples of immigrant women's experiences with the health care system.

2.1 Cultural Shock Theories and Adaptive Models

When considering the practice of *zuo yue zi*, which is a practice unique to the Chinese culture, it is likely that the practice involves adapting specific ideals to remain true to the beliefs in a new culture. Migrating from one culture to another is usually accompanied by a degree of cultural shock, a concept first introduced by Oberg (1960). Winkelman (1994) also emphasized that “cultural shock reactions may provoke psychological crises or social dysfunction when reactions to cultural differences impede performance” (p. 121). Austin (2005) illustrated the symptoms of cultural shock which include confusion, disorientation and disheartenment as well as the following:

Psychological and emotional strain due to work required to adapt to new cultures result in: a sense of loss; feelings of deprivation due to having given up a certain status, wealth, and privilege in another culture; feelings of rejection by, or rejecting members of the new culture; confusion regarding roles; reduced self-identity; increased anxiety and indignation after becoming aware of differences between the home culture and the adopted culture; and feelings of powerlessness and diminished locus of control (p.134).

Cultural shock theories generally consist of two broad themes, “cultural-learning” and “stress-coping” (Austin 2005). The first theme emphasizes the significance of learning a new culture which requires extensive time and effort to adjust to new customs and conventions. The stress-coping theme views cultural shock as a specific life stressor that requires individual strategies to adapt and adjust to new realities.

Oberg (1960) emphasized the four-stage adaptive model. There are elements of learning and stress and coping at the different stages. In stage 1, the honeymoon, there is an initial and superficial fascinating impression with the new culture. Stage 2 is the crisis stage, recognition of differences between the new and previous culture, which involves some negative feelings such as confusion, frustration, impairment, and anger. Stage 3 is the stage of recovery which suggests resolving the crisis through knowledge of the new culture, with improved verbal and non-verbal communication skills. Stage 4 is the adjustment stage in which immigrants become comfortable; they enjoy life and are able to blend with the mainstream of society.

As with many theories there are limitations in their generalizability and a lack of specificity for populations. Nonetheless, evidence has shown that these themes have been applicable to many cultures. Therefore understanding cultural shock theories and cultural shock experiences can inform our study of how immigrants adapt to new cultures physically and psychologically.

2.2 The Accessibility of Health Care System

Another important concept to examine for immigrants is the accessibility of the health care system. Basic health care accessibility is often a concern for individuals regardless of their background. Researchers have linked several factors to immigrant women’s abilities to access the health care systems in their newly adopted homelands. These factors revolve

around issues of settlement including: language and cultural barriers, low socioeconomic status, unemployment, under-employment, limited social support, difficulty understanding and navigating health care information, and the experience of racism and/or discrimination (Balneaves, Bhagat & Grewal, 2008; Bollini, Kupelnick, Pampallona & Wanner 2009; Gagnon et al., 2010; Newbold, 2005). Furthermore, these factors have significant impact on immigrant women's maternity health care needs because of difficult access to the health care system and lack of healthcare services that are responsive to diversity there is the potential to ineffectively address the needs of immigrant women and increase health risks associated with inadequate care and treatment (Gustafson & Reitmanova, 2008). In addition to the stress of adjusting to a new culture and country, an absence of access to acceptable health care may significantly affect a woman's hormonal and immune responses which can increase some immigrant women's vulnerability to unfavorable childbearing outcomes, such as pre-term labour and low birth weight (Gustafson & Reitmanova, 2008). Therefore, it is important to sensitize the researcher to potential factors affecting Chinese immigrant women's adaptation when giving birth in a new cultural setting, while maintaining their traditional cultural practices.

2.3 Awareness of Cultural Differences

An individual's beliefs and culture affect how she or he views health and the delivery of health care services because each individual has been influenced by that background. Acton and Walker de Felix state, "I may speak many languages, but there remains one in which I live" (1986, p.20). Each person is unique, and it is important to not only be aware of a person's cultural identity but also his or her relationship with other individuals of a new culture and their current environments. Chinese women who believe in traditional post-

partum practice may take up ‘doing the month’ in different ways. Two Chinese women from the same geographic area may present different post-partum beliefs depending on their exposure to other cultures and experiences before immigrating to Canada. In other words, particular Chinese women may have developed cultural post-partum beliefs that vary from those of others. Jenni and O’Connor (2005) emphasized that culture is not monolithic because “all cultures are partial, in the sense that they select for certain human preferences and possibilities and omit (or never even imagine) others” (p. 205). Therefore, awareness of inter-individual cultural differences is foundational to the everyday practice of health care providers.

While enacting cultural practices, health care providers need to be aware of their own cultures, values, and beliefs and how these affect their views of other cultures. Health care providers should be reminded that putting a patient into a stereotypical cultural group rather than viewing the person as an individual may lead to the use of generalization, which is an inability to consider or acknowledge each individual’s unique characteristics (Ridley et al., 1994). This could be relevant to “*zuo yue zi*”. Using stereotypical approaches further compounds one’s ability to understand others, and also creates obstacles for health care providers to establish understanding and provide holistic care for an individual. As Leininger (1988) emphasized, care and culture are linked together and cannot be separated.

Awareness of cultural differences involves the recognition that clients do not represent a monolithic culture and that they participate in cultural elements in their own unique and creative ways. A person’s culture represents a personal belief system that is important and meaningful to his or her own personal well-being (Jenni & O’Connor, 2005). It is important to acknowledge that Chinese women from China, Hong Kong and Taiwan, who will participate in this research study, may have different experiences of *zuo yue zi* that are

influenced by geographical, political and other factors and to be sensitive to how those elements might operate.

2.4 Experiences and Barriers in Immigrant Women's Encounters with Health Care

There is often limited assistance for new immigrants adapting to a new country (Newbold, 2005); lack of assistance can enhance negative impacts of the immigration experience and limit immigrants to lower skilled employment and constrained economic opportunities. Newbold also indicated that female immigrants with low incomes are at greater risk of experiencing poor health when compared to Canadian-born females. She suggested that poor housing and nutrition and unhealthy lifestyles are risk factors associated with low socioeconomic status.

In some research studies, immigrant women have reported they received insufficient healthcare information about pregnancy issues, such as physical and mental changes, diet, and exercise (Gustafson & Reitmanova, 2008). Women's perceptions of receiving insufficient information have resulted from problems of language barriers which have affected women's awareness about what information they have received and what they need. For example, in a stratified random sample of 6421 women in Canada, 16.8% of recent immigrant women (i.e., those who have lived in Canada for five years or less) reported that they could not speak English well enough to conduct conversations with health care professionals throughout their pregnancy, delivery, and post-partum periods (Kingston et al., 2011).

As a result of limited language skills and poor access to health services, immigrant women start prenatal care later and attend care less regularly than their native counterparts (Kingston et al., 2011). New immigrant women are less likely to take folic acid before

conception or during pregnancy, which may increase the risk of neural-tube defects (Reynolds, 2006). Kingston and colleagues also reported that immigrant women who have arrived recently tended to place their infants to sleep on their stomachs which may expose infants to Sudden Infant Death Syndrome (SIDS).

Researchers have also indicated that women migrating from areas of low economic status, domestic wars, human rights abuses, and countries prone to natural disasters are more likely to have gestational diabetes because of disruption of normal dietary habits; they are also more likely to experience postpartum depression due to lack of support in the postpartum period (Kingston et al., 2011; Oldroyd, Renzaho & Skouteris, 2010). In addition to language and communication difficulties, immigrant women find accessing health services challenging because family responsibilities, jobs, lack of transportation, and gaps in child care interfere with their mobility and time availability (Newbold, 2005; Renzaho et al., 2010). It is important to explore the postnatal practices of Chinese women who have immigrated to Canada to understand how engaging with *zuo yue zi* might affect their access to health care and health information.

Some studies have demonstrated immigrant women's dissatisfaction with their hospital care (Small et al., 2002). Their dissatisfaction is often attributed to "cultural differences in women's expectations of hospital care in their newly adopted homeland, and to the difficulties of hospital staff acknowledging and accommodating women's traditional cultural practices" (Small et al., 2002, p. 275). Some researchers have suggested that women's exposure to different cultural practices, through contact with health care professionals, such as washing and exercising which are contrary to "*zuo yue zi*", may put Chinese women at risk for attributing physical problems later in life to their failure to follow traditional practices (Barnett, Matthey & Panasetic, 2002). Without understanding how Chinese women approach

and manage the postpartum period, particularly with regards to *zuo yue zi*, it is difficult for health care providers to offer culturally sensitive care.

Low socioeconomic status, limited access to health information, separation from previous social support, and language and cultural barriers are all disadvantages that immigrant women face that may reduce maternal health and well-being (Gustafson & Reitmanova, 2008). Such disadvantages affect not only immigrant families and their children in the immediate transitional immigration period but also have consequences for long term health. This is particularly the case for *zuo yue zi* because some Chinese women attribute poor longer term health outcomes to failure to follow traditional practices. Thus, it is important for health care providers to understand Chinese immigrant women's expectations about adequate post-partum care and their views about potential problems arising from unmet expectations.

2.5 Chapter Summary

The challenges that immigrants experience while establishing their lives in a new culture and the tremendous difficulties that immigrant women encounter with the health care system during the childbearing period are described in numerous studies (Gagnon et al., 2006; Krueger, Sword & Watt, 1999; Shin & Shin, 2006).

Nonetheless, empirical literature that specifically examines the postnatal experiences of immigrant Chinese women in British Columbia could not be located. There is also a paucity of studies about Chinese immigrant mothers' efforts to manage their postnatal periods through the practice of *zuo yue zi*. There is little known about the expectations of Chinese immigrant women who prefer to follow traditional Chinese post-partum practices. In the absence of such support, we do not understand resulting challenges that affect Chinese

immigrant women and their newborns. Because many unaddressed questions remain, this research study will endeavor to provide more understanding about Chinese immigrant women's experiences in Vancouver during the first four to six weeks of the post-partum period, in particular, the practice of *zuo yue zi*. This research study also aims to sensitize providers about appropriate interactions with regards to the awareness of cultural differences, and also aims to promote the overall well-being of Chinese immigrant women in the post-partum period.

Chapter 3: Research Method

This research study explores the experiences of *zuo yue zi* in the post-partum period among Chinese immigrant women who are currently living in Vancouver. This chapter describes research methods including study design, ethical considerations, sampling plan, data collection, data analytic plan and rigor.

3.1 Research Design

Because the study aimed to develop in-depth understanding of the postnatal practices of Chinese immigrant women, in particular *zuo yue zi*, I used a qualitative design. “Descriptive qualitative studies enhance researchers’ understanding of not only the natural phenomena but also the why of their occurrence” (Polit & Beck, 2012, p. 131). Qualitative methods were particularly appropriate for describing Chinese immigrant women’s experiences of their first four to six weeks of post-partum care in their newly adopted country because they involve reflection and require inquiry “based on the realities and viewpoints of participants’ realities - viewpoints that are not known at the outset” (Polit & Beck, 2012, p.487). A qualitative approach helps to enhance the nursing profession’s understanding and perceptions of patients’ concerns, problems, situations, experiences, and/or potential solutions to problems (Polit & Beck, 2012). Moreover, qualitative research methods are ideal “when an exploration of meanings of phenomena as experienced by individuals themselves is undertaken” (Ek, Idvall & Wahlin, 2006, p. 371). The meaning of phenomena is important because meaning is conveyed by using a literary structure to report findings, which consists of situating the richness of participant commentary in a qualitative approach (Carpenter & Streubert, 2011). In other words, the subject gets to tell their stories through qualitative data.

The qualitative method used for this study was an inductive descriptive design, which is a specific approach to inquiry. Sandelowski (2000) indicated that qualitative descriptive studies offer a comprehensive and valued “summary of an event in the everyday terms of those events” (p. 335). The researcher conducting a qualitative descriptive study is required to stay close to the words and events described by participants. Sandelowski provided questions that reflect this qualitative descriptive approach such as: what are people’s concerns and responses including thoughts, feelings and attitudes toward an event? Who uses a service or procedure and when? What factors operate as advantages or disadvantages in an event?

By using a qualitative inductive descriptive method, I endeavored to capture the variation within Chinese immigrant women’s experiences of *zuo yue zi* and to present a rich description about their perceptions of their first four to six weeks of traditional post-partum practices. Utilizing this methodology also highlighted perceived advantages and disadvantages of post-partum services used by Chinese immigrant women in Vancouver, in relation to *zuo yue zi*, and obstacles and difficulties these immigrant women encountered in their pursuit of traditional practices.

3.2 Ethical Considerations

I obtained ethics approval for the study from the University of British Columbia Behavioural Research Ethics Board. Ethics approval was based on the Tri-Council Policy Statement Guidelines. Before proceeding with this study, prior approvals were also obtained from three physicians working in obstetrical clinics in Vancouver. This approach permitted me to achieve maximum variation sampling (Polit & Beck, 2012). Maximum variation

sampling means that women from a variety of settings had opportunities to volunteer for the study.

The recruitment posters and pamphlets displayed in various settings contained the researcher's contact information, which included a mobile phone number and email address. After contacting the researcher, potential participants were informed about the purpose of the study through the participant letter by email (Appendix A), and were asked if they wanted more in-depth information about the study. If the potential research participants indicated an interest in the study, the researcher explained the study in more detail and answered their questions. Following contact with me, potential research participants were given a minimum of 24 hours to consider whether they wished to participate in the study. A consent form (Appendix B) in both English and Mandarin that outlined the study in greater detail was provided for participants to sign at the time of the interview. Women were offered a choice to conduct the interview in Mandarin or in English.

Informed written consent was obtained from each of the Chinese immigrant women who agreed to participate in this study. There were no known risks associated with this research for participants. If a participant became emotionally distressed when discussing their experiences in their new country, the interviewer would stop the recording and provide time for them to recover. The interviewer also prepared a list of potential community resources for women if they seemed to be experiencing significant distress. Of the thirteen participants in this study, none of the women indicated that they experienced any emotional distress when sharing their post-partum experiences in Vancouver.

To ensure the confidentiality of the participants, any identifiers were removed from their transcripts. I kept the list of participants and their contact information separately from the transcripts in an encrypted file. All audio recordings and transcripts were stored securely in a

filing cabinet inside a locked office. All study data will be kept in a locked office at UBC following completion of the study and will be destroyed five years after completion of the study. I kept reflective journals throughout the research study process for auditing purposes which I shredded following completion of the study.

No form of coercion to gain a participants' cooperation in this study was used. There were no penalties or significant rewards associated with withdrawing from or participating in this study. A small baby towel as a thank-you gift was offered to participants. The women may have benefited from opportunities to describe their early post-partum experiences, in particular, *zuo yue zi* and to share their feelings about the experience. The participants were advised that they could choose not to answer any questions. If other family members were present in the home or the clinics, the researcher checked the interviewee's comfort level with interviewing in terms of privacy and confidentiality. The researcher requested some participants' family members or post-partum doulas leave the area where interviewing occurred or selected an alternate location for the interviews.

During the interview process, the participants could elect to discontinue participation in the study. In these circumstances, interviews would be stopped immediately and participants' interview data would be omitted from the study. Thirteen participants engaged in face-to-face interviews, while nine of the 13 participants had telephone follow-up interviews in order to clarify and validate interview content. I translated all of the ethics materials into Mandarin, including the consent forms, and conducted the interviews in Mandarin. All the participants felt comfortable expressing their feelings about and experiences of their post-partum period during either face-to-face or telephone interviews.

3.3 Inclusion & Exclusion criteria

3.3.1 Inclusion criteria.

Participant inclusion criteria for this study were: BC residents who are ethnic Chinese (from mainland China, Hong Kong, and Taiwan), are aged 19 or older, were born and/or lived in mainland China, Hong Kong, or Taiwan, and have immigrated to and lived in Canada within the last five years. The participants primarily spoke Mandarin (Mandarin is the official language in mainland China) with English as their second language, and had given birth within the last six weeks. The participants could be either a primipara (have only had their first child) or parous (have had more than one child), who had given birth to a term singleton by natural or assisted delivery including vacuum, forceps delivery, and caesarean section within the last six weeks.

3.3.2 Exclusion criteria.

Participant exclusion criteria for this study were women who: gave birth to multiples, reported pregnancy complications, delivered premature infants or infants with any kind of anomaly, or developed infections or other illnesses that required hospitalization or significant post-partum complications such as sepsis, eclampsia or psychosis.

3.4 Sampling

Originally, the participants for this study were to be recruited purposively from three community obstetrical clinics in Vancouver. Posters and pamphlets used for recruitment were written in both English and Mandarin. The posters were displayed in the waiting areas of obstetricians' offices, and pamphlets were placed on the front desk so that the office assistants had an opportunity to inform potential participants about the study. Unfortunately,

one obstetrician only scheduled appointments for post-partum patients after eight weeks. Therefore, the post-partum patients from this particular clinic did not meet the inclusion criteria for this study. Snowball (network) sampling was used as a recruitment method to maximize the purposive selection process (Polit & Beck, 2012). The researcher applied the snowball technique by asking participants who initially participated in the study to refer other Chinese women who met the inclusion criteria. Snowball sampling reaches a broader segment of the population and community and helps researchers to build trusting relationships with new participants (Polit & Beck, 2012).

3.5 Data Collection

I recruited 13 Chinese immigrant mothers in order to provide an adequate sample to reach data saturation for this qualitative descriptive study. Saturation refers to the repetition and confirmation of elements in the previously collected data (Carpenter & Streubert, 2011). In other words, when data saturation is achieved, the researcher will be able to recognize the repetition of themes from the interviewed Chinese immigrant women and determine that no further novel information has surfaced. Because it was necessary to obtain more detailed descriptions from 12 participants they were contacted for a second interview; however, four participants indicated they were not available. The second interviews were conducted within three months post-partum. Eight participants were asked for a second interview to provide more detailed descriptions based on the data from their first interviews. Data collection continued until there were no longer new themes emerging from the additional data provided by participants.

Participants were also given a choice of an interview location that offered them the greatest comfort. Five interviews were conducted in a spare room in the obstetrician's clinics.

The researcher visited other mothers to conduct interviews in their homes. Descriptive data were collected from participants through a demographic tool (Appendix C), and the qualitative data were collected through semi-structured interviews (Appendix D), with a specific set of questions. The researcher also observed participants during the interview process. The second interviews were telephone interviews. The researcher had developed some rapport with participants during the face-to-face interviews and perceived that mothers felt more relaxed with telephone interviews as a second round of data collection. The participants' responses were recorded with digital recorders.

All interviews were conducted in Mandarin. The researcher translated all of the interviews to English. That process took, on average, 15 hours per interview. The first interviews averaged about 20-30 minutes and the second interviews were approximately 40-50 minutes long. The interviews were completed over five months.

3.6 Data Analysis

My data analysis was undertaken concurrently with data collection. Pope and colleagues (2000) emphasized that the “analytical process begins during data collection as the data already gathered are analyzed and shape the ongoing data collection” (p.114). The transcripts of the face-to-face interviews were carefully reviewed by the researcher and compared with the audio recordings. My analytic process required continuous reflection about the phenomena of interest. The translated interview transcripts were also reviewed by the thesis supervisor.

The steps of data analysis were undertaken based on Elo and Kyngas' (2007) description of their study methods. The raw text was translated word by word or line-by-line carefully from Mandarin to English. It was important for me to immerse myself in the data to capture

how Chinese immigrant women approached their first post-partum month and how they followed or modified the traditional practices of *zuo yue zi* in their new home city.

The open codes, which are the notes and headings from the content of the data, were created by examining the similarities and differences among women's experiences within and between interviews. Both I and my supervisor generated open codes from the translated data. As concurrent data collection and analysis continued, I sorted and grouped similar codes which generated the categories (Elos & Kyngas, 2007). Each category was bounded by a definition unique to that category and exclusive from other categories (Elos & Kyngas, 2007). My supervisor assisted with generating categories. Sub-categories were grouped together to create higher level categories. In turn I clustered the higher level categories to formulate the themes that described the essence of the context of the research phenomenon. The purpose of developing categories for this study was to increase understanding and generate knowledge about the nature of Chinese women's post-partum experiences and how they followed and/or modified traditional post-partum practices, specifically *zuo yue zi*, in their newly adopted homeland.

For example, in the analysis of my data, I developed the following codes. The codes: existence of heating systems indoors, favorable climate and availability of transportation to indoor parking formulated the category of change in climate and improved living conditions. The codes: followed the science and discarded traditional post-partum practice, followed some of the early tenets but changed beyond the first two weeks, and believed not following *zuo yue zi* did not lead to illnesses, supported the category of incorporating some principles of *zuo yue zi* in modifications. Then, I clustered these categories into the theme of modifications of expectations.

3.7 Rigor

Although there are no set guidelines for interpretation in a qualitative study, “the goal of rigor in qualitative research is to accurately represent study participants’ experiences” (Carpenter & Streubert, 2011, p. 48). The researcher applied Guba and Lincoln’s (1994) framework to support the trustworthiness or rigor of this qualitative research study; their framework includes four criteria: credibility, dependability, confirmability and transferability. According to Carpenter and Streubert’s (2011) explanation of the four criteria, credibility indicates the probability of credible findings. In other words, credibility refers to “confidence in the truth of the data and interpretation of them” (Polit & Beck, 2012, p.585). Dependability is a criterion that is similar to the validity or reliability in quantitative research and is built upon the credibility. In other words, the explanation of the women’s experience seems valid. Confirmability indicates a process that clearly illustrates evidence leading to the conclusions or data supporting the findings in ways other individuals can follow. Lastly, transferability indicates the applicability and probability that the findings have meaning to other groups or others in similar situations (Carpenter & Streubert, 2011). In other words, the researcher needs to provide adequate descriptions for future researchers to possibly transfer data to examine conclusions reached in other contexts.

I planned to provide an opportunity for each participant to review the contents of their interviews to confirm the statements are accurately transcribed. Twelve participants were contacted for clarification in follow-up interviews to enhance the credibility, dependability, and transferability of the study. I also shared my transcripts and coding with my supervisor who reviewed all of the transcripts, the coding, and the higher level categories. My supervisor’s participation supported the credibility, dependability and confirmability of the research findings.

Awareness of potential researcher bias was essential for this particular research study in order to respect the life experiences of the Chinese immigrant women who practiced traditional post-partum customs. I had particular perspectives on ‘*zuo yue zi* or doing the month’ arising from my practice experiences and being a prenatal educator and intended to sustain openness and sensitivity towards participants’ perspectives. Therefore, throughout this research study, I took notes myself to reflect and understand Chinese immigrant women’s post-partum experiences, specifically *zuo yue zi*, in their newly adopted homeland to enhance the research process. Polit and Beck (2012) emphasized that to achieve confirmability “findings must reflect the participants’ voice and the conditions of the inquiry, not the researcher’s biases, motivations, or perspectives” (p.585). I believed that I achieved the confirmability toward the end of this research project.

3.8 Chapter Summary

This chapter presented a description of the study design. An inductive qualitative descriptive approach was utilized. Ethical considerations were described. Purposeful maximum variation and snowball (network) sampling were presented as the sampling methods used. Data collection involved some demographic data and recorded interviews. The chapter also included a description of data analysis and how rigor was addressed.

Chapter 4: Presentation of Findings

In this chapter, I present the findings of the study. The central theme is Chinese immigrant women's novel encounters with *zuo yue zi*. I begin by describing participants' characteristics. This is followed by sub-themes developed from women's perspectives including: the importance of *zuo yue zi*, factors reinforcing women's efforts to practice *zuo yue zi* and affecting the experience of *zuo yue zi*, implementation of *zuo yue zi*, factors that enhance *zuo yue zi*, modifications of *zuo yue zi* practice, and the rationale for some not to follow *zuo yue zi*. This chapter begins with a description of the study sample.

4.1 Description of Sample

Thirteen mothers, who followed various degrees of *zuo yue zi*, participated in the study. Five mothers from an obstetrician's clinic responded to my study after being contacted by the receptionist regarding the poster advertisement (see Table 4.1). Eight of the participants learned about the study through word of mouth, either from a social network group or contact with another mother.

All mothers in the study met the inclusion criteria. Eleven participants ranged in age from 25 years to 35 years. Two participants were over 35 years of age. All of the participants were married and lived with their partners. Only one participant lived in the same household with her mother. Five participants had extended family, such as a mother-in-law, that stayed with them temporarily for a few weeks before and after delivery.

As for the geographical background of the participants, they were from Mainland China, and Taiwan. The self-reported areas of origin for participants were in Northern China (8%), and Southern China (4%). One participant was from Taiwan. One mother indicated she had lived in Japan for seven years before coming to Canada.

The occupations of the participants varied. One mother stated that she was a housewife in China. Five mothers reported that they were students before immigrating to Canada. The rest of the participants' previous occupations before immigration were nurse, sales representative, accountant, manager, software engineer, teacher and hospital public relationship. Of all the participants, four mothers held a job in Canada and the other participants defined themselves as housewives.

All the infants ranged from 4 to 6 weeks of age at the time of the first interviews. They were all healthy at birth and full term gestation (thirty-seven completed weeks or more). Nine infants in the study were first-born children in the family. Four families had more than one child at home. Four mothers delivered their babies by caesarean section and the rest had spontaneous vaginal deliveries.

All the participants indicated they were new immigrants because they had been in Canada for less than six years. None of the participants identified themselves as having excellent English language skills. Eight participants indicated they were fluent in English. Five participants had poor English language skills. All the participants reported having at least post-secondary education. Five participants indicated they had achieved graduate degrees.

Family income was reported by three participants as more than CAD \$60,000 annually. Three participants reported that their family incomes were between \$41,000 and \$60,000 per annum. Four participants reported their family incomes were between \$20,000 and \$40,000. Three participants reported their family incomes were less than \$20,000.

The mothers expressed a variety of views about their knowledge of *zuo yue zi* customs. Fifty-four percent of mothers indicated that they were familiar with traditional Chinese post-partum practices while 5% expressed some familiarity. One participant indicated that she was

not familiar with these customs at all. All of the mothers indicated that they were practicing *zuo yue zi* customs to the best of their knowledge.

In terms of accessing support services, none of the participants chose maternal post-partum care centres for their most recent *zuo yue zi*. Two participants chose post-partum home meal delivery. Six mothers hired post-partum doulas, of which three were live-in and the other three were half-day doulas. Five participants had their mothers or mothers-in-law as the main caregiver during *zuo yue zi*. Two participants received help from mother and/or mother-in-law in addition to arranging paid post-partum services.

Table 4.1: Participants’ demographic characteristics

Maternal age	Number	Percentage
25-29	4	30.8%
30-34	7	53.8%
>34	2	15.4%
Shared home with extended family		
Yes	5	38.5%
No	7	53.8%
Not answered	1	7.7%
Geographical background:		
Mainland China	12	92.3%
Taiwan	1	7.7%
Time in Canada:		
1 – 3 years	6	46.2%
4 – 6 years	7	53.8%
Fluency in English:		
Poor	5	38.5%
Maternal age		
Good	8	61.5%
Highest level of education:		
Some postsecondary courses	4	30.8%
Undergraduate degree	4	30.8%
Graduate degree/PHD	5	38.4%

Current family annual income:		
< CAD \$20000	3	23.1%
CAD \$20000 - \$40000	4	30.7%
CAD \$41000 - \$60000	3	23.1%
> CAD \$60000	3	23.1%
Number of children:		
1	9	69.2%
2	4	30.8%
Type of delivery:		
Vaginal delivery	9	69.2%
Caesarean section	4	30.8%
Maternal age	Number	Percentage
Familiarity with traditional practices:		
Yes	7	53.8%
No	1	7.7%
Not sure	5	38.5%
Sought Post-partum services:		
Post-partum home meal delivery	1	7.7%
Post-partum home meal delivery	1	7.7%
Live-in Post-partum doula	3	23.1%
Live-in Post-partum doula	1	7.7%
Part-time Post-partum doula	3	23.1%
Maternal care providers	4	30.7%

4.2 Chinese Immigrant Women's Novel Encounters with *Zuo yue zi*

The core theme of my study was participants' novel encounters with *zuo yue zi* in a new country. The encounters were novel because the women were bringing expectations from their countries of origin about *zuo yue zi*, which arose, in some cases, from prior experiences of giving birth, but were also transmitted by family members and friends continuing to reside in their countries of origin. Although expectations were communicated by others, as a result

of their migration, the participants were not immersed in cultures where everyone was following the principles of *zuo yue zi*.

The participants' encounters with *zuo yue zi* were also novel because the resources available in their new country were not equivalent to what was available in their countries of origin. The women had to make adjustments to their relationships with paid assistants and families. The women were participating in *zuo yue zi* in circumstances where health care professionals and others they encountered were not as familiar with *zuo yue zi* as in their countries of origin. One participant shared:

Because I had a Caesarean section, the air conditioning in the hospital was relatively stronger and colder and the room is relatively small so the conditions do not look so good, so it's not necessarily appropriate for mothers to bathe in there. Not only was her facial expression, her tone of voice was quite obvious to make me feel very uncomfortable. She really cannot understand! (P8)

As elements of novel encounters with *zuo yue zi*, I created three themes. The first theme involved the mothers' expectations about practicing *zuo yue zi* in Greater Vancouver. The second theme captured their struggles with reality as opposed to mothers' expectations. The third theme captured mothers' modifications of their expectations in Greater Vancouver in response to the facilitators and challenges they encountered.

Table 4.2 Women’s novel encounters with *zuo yue zi*

Sub-Themes	Supporting Categories
Expectations about <i>zuo yue zi</i>	<ul style="list-style-type: none"> ● Reinforcement to follow guidelines of <i>zuo yue zi</i> ● Perceived effects of <i>zuo yue zi</i> ● Organizing <i>zuo yue zi</i>
Struggles with Reality as Opposed to Expectations	<ul style="list-style-type: none"> ● Relationships with others ● Disagreement with elders
Modifications of Expectations in Response to Facilitators and Challenges	<ul style="list-style-type: none"> ● Accommodating climate and living conditions ● Modifications to original plans ● Evaluating principles of <i>zuo yue zi</i> in modifications ● Considerations for family members ● Influences of previous experiences

All study participants described being aware of the guidelines for *zuo yue zi* and its potential positive and negative effects. They indicated their awareness was rooted in Chinese culture and reinforced by TCM (TCM; Traditional Chinese Medicine which originated in China and has evolved over thousands of years. TCM applies a holistic system to diagnose problems and includes various forms of herbal medicine, acupuncture, and massage to ease and/or cure the illnesses). The women’s awareness was also transmitted through their Chinese contacts. Most of the participants indicated they expected to practice at least some elements of *zuo yue zi* as they stressed its contributions to recovery in the post-partum period. In their new country and changed circumstances they also described struggling with a new

reality where family members were not always available and mothers were uncertain about the quality of services provided. These new mothers indicated they faced challenges which they ascribed to being in a 'vulnerable state'. In situations where family members were visiting and resources differed from their home countries the women described relationships with hired external helpers and surrounding family members were not meeting expectations.

Participants described disagreements regarding the expectations surrounding *zuo yue zi* and newborn care between generations. All mothers described making modifications to their original plans. They developed rationale to support their practices of *zuo yue zi*; for example, stopping the intake of prescribed Chinese herbal medicine, hiring 24-hour post-partum doulas after they recognized their additional needs for care, and going outdoors before the completion of *zuo yue zi*. Central to the participants' early post-partum experiences of *zuo yue zi* was what they described as their needs for support that was provided in ways different from their countries of origin.

4.3 Expectations of *zuo yue zi*

The participants' decisions to follow traditional post-partum practices began with their understanding of what they regarded as the effects of *zuo yue zi*. They made their decisions during the antenatal period. As the participants prepared for *zuo yue zi*, they researched information to add to their knowledge of the practice. In part, they were relying on information transmitted to them through family and friends. The women intended to follow the guidelines and recommendations. They anticipated that they would recuperate with adequate rest as well as sufficient help with newborn care via post-partum doulas, post-partum meal delivery, post-partum centres and family members. Their expectations arose from their belief in TCM and the principles of *zuo yue zi*.

4.3.1 Reinforcement to follow guidelines of *zuo yue zi*.

The women's efforts to engage in *zuo yue zi* were reinforced by multiple factors: the influence of the older generation, friends' shared experiences, online information from China, and information from books. Participants also described the availability and the accessibility of some resources enabling them to accomplish *zuo yue zi* in Vancouver as a factor in deciding to follow the practice.

Most participants regarded information from their mothers and grandmothers to be credible.

They also indicated that their cultural beliefs were deeply embedded.

One participant particularly emphasized this point.

For women giving birth to babies, *zuo yue zi* is essential after giving birth. Despite receiving education in the West these years, I still feel that I am Asian; on the physical and other levels, I still have the traditional concepts. (P5)

4.3.2 Perceived effects of *zuo yue zi*.

Most of the participants believed that, without *zuo yue zi*, they would experience long term health problems. They believed it was critical during *zuo yue zi* to have others look after them and their babies. Mothers believed that without rest, they would not overcome weaknesses and would experience bodily discomfort.

Almost all the participants discussed their understanding of the effects of avoiding *zuo yue zi*.

The experiences of friends also contributed to the reinforcement of *zuo yue zi*.

I have a classmate. She really has joint pains. She is the same age as me and a very good friend of mine. She did not listen to the elderly, so the last time I heard she said that her joints are painful...but her character is such that she does not believe what the elderly say. (P4)

The women believed that outcomes included lower back pain, joint soreness, headaches, teeth or gum sensitivity, and impaired vision. Most of the participants described their understanding as being influenced by TCM, which explained effects of *zuo yue zi* or not practicing *zuo yue zi*.

After women give birth, their bone sutures are open. After the sutures are open, it is easy for cold air to enter. If the cold air enters, you will get joint pains, and afterwards other diseases may remain because of this. It must have been from the older generation because all Chinese medicine has this theory. (P10)

In response to potential effects the participants described being advised to limit their contact with cold water and cold wind. One participant talked about her sore wrist from a previous *zuo yue zi* because she touched cold water: “it was a very painful wrist! ...I guess it was during the last *zuo yue zi*, I was exposed to cold water” (P10). Another participant said, “my mom told me that she was in a strong cold wind when she did *zuo yue zi* before so she often gets headaches” (P12).

During *zuo yue zi*, the women indicated that TCM links wind and cold entering into the body to taking showers and/or baths. If taking a shower or bath could not be avoided, it was preferable to add ginger water and higher concentration wine to the basin used for a sponge bath. “You have to add ginger, Asian mugwort, Kaoliang wine to take a bath and wash your hair” (P9).

So in case you were exposed to the wind, adding ginger and wine to the bath water will enable you to release it from your body ...do not touch cold water. You can take shower but the water that is used for showering needs to be brought to a boil then cooled down before using. (P9)

In addition, one participant described discomfort of her left arm resulting from a

previous exposure to the cold during *zuo yue zi*.

It's because my left arm was exposed to the cold. When I compared my two arms, it was obvious which arm felt uncomfortable ...As soon as the temperature lowers slightly, my left arm would feel cold...so every time you would feel the need to take something to cover your left arm. Also, it's obvious that your left arm does not have the strength so your mood will not be good. ... It's because our bodies are weaker.

(P12)

Most participants described *zuo yue zi* as a crucial time for the weak body to recuperate. The women portrayed effects on body parts including arms, eyes, and joints. They outlined precautions required to ensure that the body was not overly exhausted such as: "lying down as much as possible, not walking, [and] do not hold the baby." (P9). One participant said when she was a baby, "my mom ... [was] holding me night after night, so heavy lifting is very difficult, even painful, for my mom now; the pain comes when it is cloudy or rainy too!" (P5). Several mothers were warned to avoid watching TV and using cell phones. One participant emphasized that she wore sunglasses to protect her eyes: "When I went out, I covered myself, including the eyes. If the sunlight directly shines into my eyes or if my eyes are exposed to cold wind, they would become teary. Therefore, I wore sunglasses and a hat" (P7).

Another participant stressed that she struggled to follow prescriptions about not crying during *zuo yue zi* because the postpartum period was demanding and she was exhausted.

You are totally unprepared. At that time you experience great physiological changes and need to be restored. The body is very weak, and you cannot get a good night's sleep, which is really very grueling...Your mental state would be particularly poor ...I would guess that there isn't any mother who did not cry during *zuo yue zi*. The elderly

would say, “Do not cry! It’s not good for your eyes if you cry.” (P5)

A few participants shared others’ experiences of suffering from gum sensitivity, due to eating hard and cold foods during their *zuo yue zi*. One participant stated “during her *zuo yue zi*, my grandmother particularly wanted to eat pear, and at that time my grandfather could not resist so he gave her to eat a small piece. Now just by eating pears, her teeth will ache” (P5). During *zuo yue zi*, a mother felt that her gums had required extra protection, which she did not follow. She attributed her ongoing sensitive gums to her failure to follow traditional practices.

My mother told me not to brush my teeth during *zuo yue zi*, but I couldn’t stand not to brush my teeth so I still did. I didn’t change to a soft-bristled toothbrush and ended up with bleeding. Even now while brushing my teeth, it is easy to get bleeding. At that time my body was very weak, so the gum of the teeth was also fragile. Once it’s hurt, it’s hard to recover. (P12)

Most participants also stressed that illnesses contracted before or during *zuo yue zi* could be healed during a new period of *zuo yue zi*. In other words, a new experience with following *zuo yue zi*, would enhance the condition of their bodies.

As the traditional saying goes, the illness in *zuo yue zi* can only be cured during *zuo yue zi*. This means that if you were in the cold wind in the yard and caught illnesses such as rheumatism, the next time you *zuo yue zi*, if you do it well, you have a chance to recover from it. (P8)

One mother was pleased that her current *zuo yue zi* has strengthened her lower back.

My lower back used to feel especially cold, the kind of cold that makes you uncomfortable. I had to use hot pads at home ...I’m getting better and better physically and also being restored to a good condition. (P12)

Another example from one participant; “[my left wrist] was not painful during my *zuo yue zi* this time ...this time it was fine. I did not do much work this time ... [or] touch cold water to wash things either” (P10).

A few participants emphasized that the timing of *zuo yue zi* was critical in terms of the extent of their post-partum recovery. After three months of *zuo yue zi*, some participants felt that they had attained only 50% of their previous state. Two participants indicated that they would have extended their period of *zuo yue zi* if they had been more aware of the demands for physical recovery and newborn care.

Following traditional prescriptions appeared to be a mixed experience for some of the women. A few participants described experiences of negative effects after completing their *zuo yue zi*. When mothers followed prescriptions to stay inside and rest they found they developed physical weaknesses that restricted their daily activities such as walking and taking a shower after *zuo yue zi* was completed.

I will feel a little out of breath that I must walk slowly. After all, within this month after giving birth, you have only been moving around indoors, have not contacted fresh air, and have had little physical activity, you really need a period of time to adjust ... I felt that I can finally take a bath, so I adjusted the water temperature to very high. But even with the high water temperature, I still felt a cool breeze from somewhere as I was bathing, and then after showering I felt particularly weak. (P5)

4.3.3 Organizing *zuo yue zi*.

All participants acknowledged the importance of organizing their *zuo yue zi*. Planning for *zuo yue zi* enhanced the comfort and support associated with their post-partum experiences. One mother emphasized, “good preparation at the earlier stage can make the

later stage more comfortable” (P11). Almost all the participants had their family members present in their newly adopted homeland, mainly their mothers. They requested mothers come to share the household chores, take care of older children, help with cooking; and help with newborn care. One participant ordered one month of post-partum home meal delivery in addition to relying on the presence of family members. She affirmed her decision prior to her birth by visiting the central kitchen of the post-partum meal provider.

Because I have gone to the home of the people who make these post-partum meals to sample the food and it was also recommended by a friend, so their sanitary condition is good. Every container they use is made of glass and the kitchen is pretty clean. I’ve eaten them [the meals] so I felt they’re quite good. If they were not good then I would not have ordered their post-partum meals. I would have ordered from another place.

(P4)

One mother described taking the post-partum doula training in China in order to prepare for her own *zuo yue zi* in Vancouver; “The training lasted one week from morning to evening. The obstetricians and pediatricians were the ones giving us some professional knowledge. There were also lessons about how to make post-partum meals and how to look after newborns” (P11).

The participants’ ability to access the internet for support is a new concept in the world of the traditional *zuo yue zi* practice. Mothers in this study indicated it enhanced their ability to practice *zuo yue zi* here in Canada. Using the internet, they shared their concerns and learned from each other. In China, because the majority of the population may have practiced *zuo yue zi* women could observe what other mothers are doing. In Canada where there are many different cultures and practices the women recognized that *zuo yue zi* practice is not mainstream. They used social media such as Wechat groups to prepare for their *zuo yue zi*

experiences. One mother indicated “Wechat group is very important! We have such a convenient technology for the benefits of the public (P5)”.

One participant described preparing questions from online research prior to interviewing a post-partum doula to attend to her following her birth. Because the doula was not known to the mother and she was aware that doulas were not regulated in Canada she wanted to ensure honesty and professionalism.

You will have a sense about this person when you meet her face-to-face. You could probably tell whether this person was honest and professional during the conversation ...I wanted to know whether she knew what she would be doing. I searched online beforehand to find out how to test a post-partum doula’s professional knowledge. There are some fundamental questions available online. (P12)

All of the participants raised serious concerns regarding the qualification and liability of the private paid post-partum services in Greater Vancouver as they were preparing for their *zuo yue zi*. Mothers expressed concerns because of the absence of a government licensing body to ensure the quality of services delivered by postpartum doulas. They were uncomfortable with their inability to access a police authority to request criminal record checks of these service providers to protect families and babies. Because the differences in their expectations of *zuo yue zi* had to be modified from their home countries; they had to pay attention to more details.

I will not hire, will not dare to hire her, because there is no guarantee for the post-partum doula’s health. Without a license, you cannot be sure whether they have any infectious disease, mental illness, or violent tendencies...In China, yes. She will show proof of her state of health and a training diploma. There is formal support by her

company so if there is a problem you can go to her company. If a post-partum doula without a license says she will help you take care of the baby, who would dare let her?

(P1)

Most of the participants who hired helpers prior to their births sought recommendations from their friends. A participant expressed many reasons for her hesitancy to hire a paid helper including the requirements to pay prior to the work, a lack of company support for contracts, and postpartum doulas' lack of worry about poor reputations.

Actually, I would worry! [The post-partum doula] has been paid in cash already, and she does not have a license or belong to a post-partum organization, so it is completely non-binding. And we cannot do ten *zuo yue zis* in a lifetime, unlike going to restaurants, whether you would go eat there tomorrow affects the restaurant greatly. To Chinese people, *zuo yue zi* is done once or twice at most three times, so post-partum doulas do not mind whether they have recurring customers. I don't think the reputation among post-partum doulas and post-partum meals in Vancouver is that important! You have heard a lot of bad reports After all, in this market the supply is less than the demand, that is, there are more mothers seeking post-partum doulas and there are less post-partum doulas. (P8)

One participant and her mother-in-law tried each dish from a post-partum recipe book before giving birth.

So I bought a lot of recipe books, constantly studying them, including the parenting books. I kept reading them and we even practiced making the meals in the recipe books, taking note of which ones we can cook, which ones taste better, and how to make improvements; we studied that for a long time. (P5)

In addition to the physical practices associated with *zuo yue zi*, a few mothers stressed the

importance of their 'state of mind' in terms of mental preparation for *zuo yue zi* so they would maintain mental wellbeing. “Another importance of the preparation for *zuo yue zi* is the preparation of the mind. If the mind is not prepared, you may experience some depression or mood swings” (P11). Two participants shared how they modified their expectations prior to their *zuo yue zi*: “I don’t think my standard was very high. I did not expect to do nothing during *zuo yue zi*, or that I must have Taiwanese post-partum meals. Overall, I’m still satisfied with this *zuo yue zi*” (P8).

Another mother described adjusting and preparing her expectations of *zuo yue zi* and feeling less pressure because she resided in Vancouver where *zuo yue zi* is not followed by the majority of the society.

Although *zuo yue zi* is very important... being here, I feel it can be done to about 70-80 percent so that it does not affect you; this is enough. In China, you can do *zuo yue zi* as well as it can be done but here if you do it according to the best measures, it’s actually fine! (P4)

One participant indicated that by reading more books, she felt that she was better prepared to empower herself about her *zuo yue zi*: “I bought many books during pregnancy, since as a book editor myself, I believe that you can find all the relevant knowledge you want from books. They can equip you to face many challenges and give you confidence” (P5).

A participant with health care training was confident about detecting any problems specific to herself and her newborn’s care during *zuo yue zi*, which made her preparation of *zuo yue zi* easier.

...because I was a nurse in China...many people do not understand, they are not aware of it due to a lack of experience. They don’t know that they need to follow up on these things. (P1)

All participants emphasized the financial constraints operating during their preparation for *zuo yue zi*. Their modifications to *zuo yue zi* and decisions about the type of services they required to perform *zuo yue zi* primarily depended on their financial situations. Financial support from their families made organizing *zuo yue zi* easier. Some participants stated that, without their family's support, they would not have been able to afford the post-partum home meal delivery in Vancouver.

For me [the home meal delivery] was a little expensive! The problem with new immigrants is that over here, they cannot do the work that they previously did, so my salary is not very high. Therefore, I feel that \$3500 is a little expensive! Actually my parents gave me a sum of money, like a red envelope, money for *zuo yue zi* or for children. Nevertheless I still feel the cost is quite burdensome. (P13)

The "One-Child" policy was attributed by some participants to receiving family financial support. The women indicated that after financial concerns were eliminated by supportive families, they could choose the services of *zuo yue zi* according to their preferences.

For most Chinese people, when they have their first child, it is the parents who support them financially. For some... the parents will give them money and they will go to post-partum centres. We are all the only child [in the family]; we never had younger siblings so we don't know how to take care of children. If the family is well-off, [and] her parents do not want to worry about this or be burdened with this, they will give you money to go to the post-partum centre or to hire someone. Therefore, even if both [parents] are international students with no income, even if it's with a work permit, she will go to the post-partum centre, because she has other sources of money to support her. (P1)

Lack of substantial family income and access to money from parents elsewhere eliminated the choice of post-partum centres to support practicing *zuo yue zi* in Vancouver.

If my annual income is \$100,000 Canadian or more, I would definitely go to the post-partum centre. There is hardly anyone with such income here so no one goes to post-partum centres ...In China, you can hire one with \$500 Canadian ...If the two of us earn 100,000 Canadian annually in China, then I spend 3,000 Canadian dollars to hire a post-partum doula, I would not be worried. If it's around one third of our combined income, I do not worry. If our financial situation is not good, I would not hire a post-partum doula. (P1)

Because adhering to *zuo yue zi* was regarded as important, almost all participants asserted that their family would try their best to accomplish the expectations of *zuo yue zi* in Vancouver. One participant emphasized “*zuo yue zi* is [such] a major event... people will not try to save money in this area” (P6).

4.4 Struggles with Reality as Opposed to Expectations

The study participants indicated that their experiences of *zuo yue zi* were not typically smooth. All participants described encountering some challenges along the way. Although most of the mothers had family members present to assist them, pre-ordered meal delivery, and/or hired part-time or full-time post-partum doulas, their physical conditions during *zuo yue zi* did not meet their expectations. Most of the mothers described their experiences as more difficult than they expected because they felt more physically tired. They contrasted their experience in their new country with believing that they would have had more support in their previous settings. Even those participants who were able to purchase resources in Canada felt that they would have had more options if they had not immigrated to Canada, and

their adherence to TCM would have been easier. They also trusted the resources more in their previous locations where postpartum doulas were regulated because in Canada that was not the case. On the other hand, they also indicated they would have been under more pressure to conform in a location where all mothers were doing *zuo yue zi*.

One participant ordered prepackaged TCM because she expected it would enhance the process of recuperation. Unfortunately, the standard prepackaged prescribed medicinal herbs did not meet her needs; instead, she attributed taking them to developing constipation and hemorrhoids during *zuo yue zi* because they were not customized Chinese herbal medicine.

I only did *zuo yue zi* for one month. I had planned to have six weeks but I could not carry on. ...The post-partum meals made my body really heated and I couldn't take it. ...The food contained a lot of ginger which made me hard to have bowel movements. I also suffered from the hemorrhoids. Therefore, as soon as it reached the one month, I stopped *zuo yue zi*. ...the hemorrhoids are still there. I really don't know what to do about it. (P6)

Some participants linked their exhaustion from labour and delivery to limited mobility and needs to adjust their home settings in the first four to six weeks. The support available to them was not adequate for their recovery during *zuo yue zi*.

I didn't think it would require so much energy and manpower to practice *zuo yue zi*. I just thought it would be sufficient to take care of the baby by myself and hiring a post-partum doula. I didn't think I would not be able to go downstairs for meals. I had to ask my husband to buy a table and place it upstairs for dining or else the bed was too low for eating. (P12)

4.4.1 Relationships with others.

As part of struggling with the reality of doing *zuo yue zi* in Canada the participants described challenges managing their relationships. Although none of the participants felt forced to practice *zuo yue zi* their relationships with post-partum doulas, professional health care providers, and other family members contributed challenges to their experiences of *zuo yue zi*.

The participants described difficulties adjusting Chinese practice in a Western culture while encountering differences in expectations from person to person. Not only did the participants have varying expectations of acceptable practices but also their paid doulas and family members did not always share participants' expectations about appropriate food and child care.

Mothers had to search for paid helpers that understood their customs and fit with their expectations. For example one mother stressed that the hiring of a doula was difficult if she did things differently from her understanding of appropriate practices for *zuo yue zi*.

From the first week to the fourth week, I hired a 24-hour post-partum doula but I didn't agree with her way of caring for the baby so I switched to another post-partum doula from Guangdong. She was good at cooking, stewing soup and she loved babies.
(P12)

Because mothers were practicing *zuo yue zi* in a new country with less established regulations for registering postpartum doulas trust relationships between families and their post-partum doulas were challenging. One participant described a relationship with her post-partum doula that was not beneficial. She indicated that her experience of *zuo yue zi* was ruined by this individual's personality and lack of professionalism. She felt a lack of harmony with a doula is particularly difficult when mothers are feeling unwell during the postpartum

period.

My problem was that the food that I was eating was totally opposite from my usual eating habit. During the *zuo yue zi*, my post-partum doula cooked fish and meat which were considered greasy food. I have heard that if you eat relatively greasy food, your release of breast milk is poor from older people from Northern part of China ...Because of the food I wasn't supposed to eat, I still feel a bit weak, and have cold sweat if I walk a bit more at the present 6th week ...We didn't feel comfortable of letting her look after our baby because he cried when he heard her voice. I didn't think she was professional ...Not sure if it was because I didn't not have a good *zuo yue zi* or because of the cesarean section that caused my "qi" to be destroyed. I also needed to spend some time to restore the health of my uterine. My friends told me that it will take half a year. (P7)

One participant reported that her family was disappointed with her post-partum doula who could not manage all her daily assigned duties. Her lack of efficiency gave the family the sense that the doula was frantic and rushed.

Because if you give too much work to one person, she may not be able to complete all the tasks, this post-partum doula may feel overly exhausted at the end of the day.

Perhaps a more professional and better post-partum doula may not be in such a frantic rush or confusion. (P6)

Another participant expressed that during her previous *zuo yue zi*, she felt depressed and contemplated suicide and felt that she was beyond help and understanding. Her post-partum doula was so focused on completing her defined list of services that she did not have time to listen to the mother's feelings of depression. Some participants suggested that post-partum doulas could make you feel like you were nagging them for attention and your concerns were

not valid.

[The post-partum doula] can only help you take care of the baby. But you still have to chat more with others, talk about positive things, contact more of the outside world, and watch TV or surf the Internet. If you try to talk to the post-partum doula, when she tells you she feels that you keep nagging her, your pressure will increase.” (P1)

In another example, one participant shared that during each *zuo yue zi* mothers and families need to adjust to what paid post-partum doulas are prepared to do rather than expecting them to follow family guidelines. By respecting post-partum professionals, it made her experiences in the early post-partum period smoother. “What [the post-partum doula] cooked was totally different from the recipes I looked at. Because each post-partum doula has her own set of operating procedures, it varies from doula to doula” (P5). Because the family trusted their post-partum doula’s professionalism and adapted to what she advised this mother described her post-partum experience as being enhanced by the positive relationship with her doula.

I think it’s very helpful if you could find a favorable post-partum doula ...Don’t be anxious; don’t panic. It will be fine if you find a post-partum doula beforehand. You really need to have the professionals to come do things professionally. Post-partum doulas will deal with matters more sensibly because they are experienced. (P5)

All of the participants appreciated the municipal health care services such as post-partum home visits provided by the public health nurses because they offered good advice on breastfeeding, newborn care and were available for further support according to each family’s needs. Also, the visits did not require mothers to leave their homes so they could follow *zuo yue zi*. Mothers agreed that Canadian community health nurses were patient and professional in terms of breastfeeding establishment and close observation of newborn growth.

The community nurses here visits about one hour each time. They would recommend a better place to breastfeed, which posture is better, and they would check if the baby is feeding correctly. She would help you like a post-partum doula. The second time they will call first to ask if you need anything. If there is a need, she will come again. (P1)

Many participants stated that they gradually accepted and understood how community health nurses here made their assessments according to maternal and newborn needs, and believed in nurses' professionalism and experiences throughout their interactions with nurses.

At first I would feel that whatever I asked, [the nurse] would say that this is normal. Why is it like that? Later, I asked myself, she has seen countless babies, she must have seen a lot of similar cases, and that the babies were all fine proves that mine will be fine. (P5)

Two mothers expressed that they trusted the community health nurse because of her connection with Chinese culture. One participant felt comfortable having her nurse because the nurse was Asian from Hong-Kong. In addition to the enhanced comfort of interacting with a community health nurse of Chinese descent, all mothers agreed that because the community nurses in general in Vancouver have had more exposure to Chinese culture, they are more open, accepting and less judgmental to different cultures.

Now that they have had more contact with Asians, they have some understanding of Chinese post-partum practices. She will only say, "Pay attention to the ventilation and air circulation." She will not force you or say that you must do something a certain way. She will just remind you that it should not be too hot inside the house so the baby does not have hyperthermia. (P1)

Only one participant described feeling pressured about refusing to take a shower in the

hospital due to the nurse's lack of cultural awareness when she received post-partum care.

[The nurse said]... "Why do you not take a shower?" I felt I was being judged and thought of as "How come you're so dirty?" Not only was her facial expression clear, her tone of voice was quite obvious to make me feel very uncomfortable. (P8)

Most of the participants' obstetricians were Chinese. The mothers indicated that they appreciated their doctors of Chinese descent because they had more understanding about *zuo yue zi* and tended to respect the principles of *zuo yue zi*. For example, a mother reported that her decision to stay at home for the first four to six weeks and have other family members accompany the baby for the first few regular newborn appointments was an understandable occurrence for her Chinese physician.

My husband and my mother-in-law went with the baby. The doctor even asked why the mother didn't go because he wants to do a check-up on the mother. My husband replied that I am in *zuo yue zi*. My family doctor is Chinese too, can speak Chinese, so it was understandable. (P5)

In addition to participants' relationships with hired post-partum doulas and health care professionals, the mothers indicated that interactions and relationships with family members were also crucial during *zuo yue zi*. A few participants agreed that the process of post-partum recovery could be helped by family members, especially their partners. They felt that couples who tried to understand each other and were committed to their marriage, relationships, and well-being would see lasting benefits from *zuo yue zi*.

On one hand, the psychological level, the *zuo yue zi* period may be a test for a couple's relationship. If during *zuo yue zi*, couples are able to work together to survive and to take care of the baby, this may solidify the couple for the future. In the early stage of becoming parents, if two people are truly able to understand each other, this

may be a help to their future, because the wife may not understand her husband's expression of love, but she can experience the process of re-shaping the family values.

(P5)

All of the mothers indicated that a challenge that new fathers encountered was, during *zuo yue zi*, they were designated to purchase ingredients for cooking and other necessities. They felt it created a gap for fathers to engage with fatherhood because they were focused on providing physically and financially for the family rather than on bonding with their children. In addition, mothers regarded elder family members as taking the role of experienced parents and authorities for how to provide care during *zuo yue zi*. They noted that elders were reluctant to allow mothers and fathers to care for their newborns at such an early stage without receiving their input.

Because both grandmothers are there, plus the help of the post-partum doula, only recently did the two of us really have a chance to hold the baby and play with him, ...now the elders are willing to let you hold the baby ...During *zuo yue zi*, the father is usually left at the back; the role of the father during *zuo yue zi* is the shopper. So he would be slower in entering the role of the father in taking care of the baby. [The father] may watch the baby from afar and desire to hold him, but one reason [not to] is that the elders may not feel assured in the father's capabilities and another is that the father himself might also be somewhat timid. This [bonding] may really require a process. (P5)

Participants practicing *zuo yue zi* indicated that extra help from extended family members and paid post-partum doulas reduced their access to the baby which added to the time necessary for them to adjust to their new roles. This was one struggle that was not necessarily envisioned by participants when having the added support during *zuo yue zi*. One

mother stated, referring to her husband, “he was slower in entering [his role], but he still has this heart to help. If the elders were not there and I only had the post-partum meals, it would be more perfect!” (P4).

In terms of developing relationships with others, mothers indicated that they required time for themselves (apart from newborns) to socialize and interact with other adults. They believed that contact helped prevent feelings of depression and encouraged them to avoid staying in bed or in isolation. All participants believed that isolating mothers to perform *zuo yue zi* could contribute to depression. They felt they needed to interact with the outside world. Furthermore, a few participants emphasized the importance of building relationships with others to avoid feeling trapped with repeated chores such as feeding the baby and changing diapers. They believed that being in a culture with access to people and technology, such as online social media, contributed to a faster recovery in the post-partum period.

It can get a bit boring because I feel like I’m doing the same thing every day. A friend of mine came to see the baby just last Sunday; she came over to our house to eat and chat. I felt I wasn’t in a bad mood that day at all, but the visit made things better! I feel that there is some variation to my life that day! (P13)

You still have to chat more with others, talk about positive things, contact more of the outside world, and watch TV or surf the Internet... After about three months in China, you can feed baby solid food after 100 days, you can have one to two hours of time to yourself and you can go out to chat with people, meet up with friends, so I felt better. (P1)

One participant compared her previous experience of *zuo yue zi* to her novel experience in Canada and felt that she had reduced feelings of depression as she gained familiarity with this country: “I’m much more familiar with the environment this time, so my post-partum

depression was better this time” (P10).

Another mother also compared her previous and current *zuo yue zi* experiences. She described differences in friends’ and family members’ support; she suggested higher levels of support could help prevent mothers from feeling depressed not only by providing physical care but by distracting and diverting mothers’ attention from common stresses after having a baby. This mother was caring for her newborn and first child but she felt this improved her experience of *zuo yue zi*.

My mindset is not the same [as with my previous *zuo yue zi*]. Plus, I have my [older] daughter to take care of; she divides my attention and she would talk to me every day. And you can go out every day here; there are not so many restrictions. I watch TV every day and I can use my phone to surf the Internet. Also, it is very good that there are several classmates abroad who have babies around the same time as me so we can chat with one another so it’s been a lot better. (P1)

4.4.2 Disagreement with elder family members.

All participants described conflicts with their elder family members around their expectations of *zuo yue zi* and implementation of newborn care. The mothers indicated that their conflicts were unforeseen, challenging, and interrupted their experiences of *zuo yue zi*.

I told my mom, “do not give the baby water to drink”. Although my mother also agreed...but then at the mothers’ party she would ask other moms, “do you give water to your baby?” The inherent concepts in people are very very persistent...if she suspected me, she would not say it directly, but she would go and ask someone else. (P.8)

The participants indicated that being with elder family members involved additional

patience and understanding. The women wanted time to learn to understand other perspectives because: “despite having lived with my in-laws for ten years, neither of us ever needed care from one another so desperately. There are still some different habits in daily living” (P11).

Because their mothers and mother-in-law had differences in interpretation of *zuo yue zi*, a few participants felt anxious about refusing to practice what their mothers expected them to follow. The women described struggling with satisfying their own wishes in addition to their elder family members’ expectations.

Overall, I’m still satisfied with this *zuo yue zi* but my mother is not very satisfied with it, because she feels that I toiled more compared to what she had expected, like only sleeping [and nothing else] aside from breast-feeding. Because I took care of my baby myself, my mom thinks that it’s more difficult for me. My case was unlike other people who pump their milk and then let the family or the post-partum doula feed the baby; my mother would probably be a little more satisfied if this was the case. She [was] distressed and said, “Oh! You didn’t *zuo yue zi* well; you didn’t rest well” (P5).

Another participant shared her feelings of being pressured by elders to follow her mother’s expectations of *zuo yue zi* or ending up with feeling unwell.

When it comes to the psychological aspect, I would say it is the pressure from my mother’s side. The older generation will keep nagging, saying, “You must do *zuo yue zi* well. Our circumstances were not good back then.” My mom is telling me this as someone who has experienced this so if I do not do according to her words, then I would feel bad. So you are afraid of doing *zuo yue zi* poorly and of becoming like what she described. (P4)

By virtue of doing *zuo yue zi* participants relied on elder family members to provide

support and care which created difficulties when the women and elders were in conflict during *zuo yue zi*. Participants believed some mothers or mothers-in-law were “quite strongly opinionated... [and] adhered to the parenting concepts in China such as feeding the baby water...” (P10). Such adherence to Chinese concepts made mothers’ experiences more difficult.

For small families, usually there are two people. When influenced by traditional ideas of *zuo yue zi*, her mother or her mother-in-law will come to help. You’re prone to get into small conflicts with the elderly; under awful conditions it’s easy to seriously upset your emotions. This is basically a major reason that affects the mood, especially when the concepts of nursing the baby differ between the two generations, there are prone to be conflicts. (P8)

One mother explained that her next *zuo yue zi* would involve requesting her parents stay at home because, “the grandparents’ love and care sometimes is a hindrance, it would cause more trouble”. She provided an example of her friend who hired a post-partum doula in a foreign country during *zuo yue zi*; “everything went very smoothly!” (P5).

4.5 Modifications of Expectations

Several participants described making modifications from usual principles of *zuo yue zi* because of the different weather and living conditions, as well as personal preferences and family needs. They described contributing factors to them feeling less pressured during their first four to six weeks post-partum in their adopted country. Firstly, mothers felt less cultural pressures because they were away from their home country where the practice was common but in Vancouver where it was not: “Because we are not in China, we will not *zuo yue zi* one hundred percent according to the *zuo yue zi* methods in China. It’s fine as long as I feel okay

about it in my heart” (P4).

Secondly, some participants described feeling more comfortable with their mothers helping them during *zuo yue zi*, as opposed to their mothers-in-laws. They felt their mothers could make more allowances for their temperament. The women indicated that, with mothers-in-law, they could not easily modify the way they chose to practice *zuo yue zi* because communication and negotiation with their in-laws was more difficult.

I am the type of person that if I do not eat something, I just do not eat it no matter what, and my mom understands my temper. If it were the post-partum doula or my mother-in-law they do not understand me so well. I might feel pressured. For instance, some mother-in-law would say you need to eat pork hocks to help promote lactation. But if you are a person like me who does not eat pig hocks, then there may be some pressure there! (P8).

There were factors that supported *zuo yue zi* in terms of modification by making *zuo yue zi* last longer. Several participants indicated if their financial support allowed: “it’s better to have *zuo yue zi* for at least four weeks. However, if the financial situation is good, doing it for two months would be the best” (P2). In addition to their preference of extending the practice of *zuo yue zi*, they would have asked their family members to extend their stays in Vancouver.

I didn’t think it would require so much energy and man power to *zuo yue zi*. I just thought it would be sufficient to take care of the baby by myself and to hire a post-partum doula. ...I would be prepared with more support in terms of man power. If my family is around, I would not let them leave in such a short time. Instead, I would ask my mother-in-law to stay for at least three months. I will not tell her to go after only one month of *zuo yue zi*. (P12)

Two participants actually continued to have part-time post-partum doulas to help during the daytime after the month of *zuo yue zi* to reduce their feelings of fatigue, particularly for husbands.

Since the post-partum doula only comes during the day ... [my husband] has to get up at six or seven in the morning and when he gets home from work around five or six in the evening, he has to help me take care of the baby so he is already quite exhausted. If there is no one to help us, it will truly be tiring and not good for our health. (P12)

A few participants continued healthier eating habits after *zuo yue zi*; they ate lighter, not so greasy foods. “Especially since eating lighter recently, my body actually feels very comfortable. But rather, after *zuo yue zi*, when I returned to eating more salty foods, I actually felt unaccustomed to it!” (P8). One participant continued to cook soup daily after the 30-day post-partum home meal delivery ended. She believed cooking and eating the homemade soup conferred benefits for her baby. “The nutrients in my milk are adequate [for the baby] because the soup is cooked really well. So I still continue to stew a pot of soup each day because I am still feeding my baby all breast milk” (P4).

4.5.1 Accommodating climate and living conditions.

The women commented on differences in climate and heating methods between their home countries and Canada. A warmer climate and central heating required mothers to make adjustments for themselves and children. During *zuo yue zi* the participants expressed their appreciation for the moderate indoor temperatures.

Of course I have to adjust! Because I live in an apartment so I have an electric heater; I can have all the temperatures adjusted to 25 degrees. The temperature of the house

has been 24 or 25 degrees, very warm, so I only wear a single layer of clothes at home. Also, my mother told me that when I was little, I would often cry at night; she did not think much of it then but later she realized it may be that it was too cold in the north. So why do babies like the mother to hold them to sleep? It's because it was too cold. Now, it's not the same. Our baby only wears a sleeper, the single-layer kind. When he goes to sleep, we give him a thin layer of cloth as a cover. He would sweat even with that while sleeping so I turn the heater down a bit. So these are the differences. It's much more convenient nowadays so those problems do not exist anymore. (P5)

Some participants commented that they did not need to dress as warmly in their new country compared with wearing sweaters and knitted hats indoors in Northern China during *zuo yue zi*.

I didn't wear socks, and my heels were not sore as long as you didn't catch the cold. ...it would be better to have *zuo yue zi* in Vancouver than in Northern part of China because it's cold during this season in China. The body should be no problem because the weather is nice here. (P7)

4.5.2 Modifications to original plans.

The participants indicated that medical practices in Vancouver were not always favorable to their intention to follow traditional Chinese post-partum practices. Almost all the participants felt that they were pressured to modify their practice of *zuo yue zi* due to scheduled routine check-ups for newborns. As a result some mothers did not feel respected

concerning their beliefs of *zuo yue zi*. Rather than following the principles of *zuo yue zi* where mothers would stay indoors for a full month to restore their energy as much as possible, the participants described taking newborns for doctors' appointments in Vancouver; "I went with the baby [to see the doctor]! Normally speaking, you don't go out for a month, but there's no way for that here" (P9).

Mothers indicated that they appreciated their opportunities to stay at home when the midwives/nurses could provide care in the clients' homes.

My midwife will come to my house, so I do not need to go out. In the ten days after giving birth, I did not need to take the baby to the post-partum clinic. I know that some new mothers have to take the baby to see a pediatrician after five days. My midwife... felt that I was relatively weak due to having a Caesarean, so in the ten days after giving birth, she came to my home three times, that's why I did not need to go out to see the pediatrician on my own. (P8)

One participant's practice of *zuo yue zi* had to be postponed because of her newborn's required admission to emergency. The mother recalled that she was constantly in an anxious state about her baby's condition for the first week of *zuo yue zi*; "therefore, relatively speaking, I [actually] started *zuo yue zi* from the third week" (P5). Thus, despite the women regarding *zuo yue zi* as an important practice, unexpected occurrences affected their abilities to start or continue the practice.

A few participants also described having to leave home to see their doctors for follow-up and blood tests as well as for infections in the perineum or cesarean incisions. When mothers were having difficulty with recovery, they looked to TCM and followed their prescriptions. One mother applied specific TCM beliefs and modified her original plan of *zuo yue zi* in response to her feeling of weakness and her low mood.

I felt very weak and it was the third week already ...I was a little afraid, so I asked my TCM friend to take a look ...because my sleep and rest were not good, I felt kind of depressed every day... I felt very unhappy every day and then felt fatigued every day. Because I have always trusted TCM, I asked my doctor friends in China then they wanted to look at the tongue coating, so I take pictures to show them. He said, “Your tongue coating is really bad,” he said “then you must quickly nurse your health.” I found my TCM friend and sure enough he said that I had too much accumulated in the body, we must discharge it. We cut out the Chinese herbs from my diet and my TCM friend helped me do acupuncture ...there was a great improvement. (P5)

I think I should find a way that is more suitable for my body ...They use this Taiwanese-style TCM package for all kinds of physique ...I drank less and less of the soups later on because I found that I had excessive internal heat when I drank them, and I did not want to make my body more heated. I did not want to be over-nourished, so I drank less towards the end. (P6)

A few participants described modifying their expectations based on the limitations of their doulas. The post-partum services for Chinese immigrant mothers to access in Greater Vancouver are not supervised or overseen by authorized organizations, which caused the women to question their quality and doulas' liability. The women felt that the lack of regulation led to potentially corrupt services being offered for financial gain of the provider which were not truly supportive of these mothers and their health in the post-partum period.

4.5.3 Evaluating principles of *zuo yue zi* in modifications.

Some mothers indicated they discarded traditional beliefs because they evaluated them as being irrelevant. As a result, in their novel circumstances, they attributed any mood and physical changes to recovering from birth rather than not doing *zuo yue zi*.

In the first few months, there are a lot of changes; your mood and spirits will be affected. So they think that having headaches and back pains is due to not having done *zuo yue zi* well. This is mainly related to the psychological impact; the problem is their traditional concepts and beliefs. Maybe she caught a cold in the wind one time then she thinks it's because *zuo yue zi* was not done well. (P1)

Some participants clearly stated that not following *zuo yue zi* did not lead to illnesses.

I think the importance of this month to me is not as important as to my mother and my grandmother, so I did not especially focus on finding information... because I do not care that much about this matter of *zuo yue zi*. (P13)

The study participants described modifying *zuo yue zi* by following some of the early tenets but then doing what was comfortable for them beyond the first two weeks. They used evidence about physiological effects of bedrest from readings to challenge the beliefs and values of *zuo yue zi* that they did not want to follow

I've read a report before about lying in bed and not getting out of bed... [which] will cause your waist and legs to be sore. If you lie in bed and not get out of it... then your waist and legs deteriorate from disuse. No exercise at all would cause calcium loss because you don't use it. (P1)

One participant not only drew from science for her reasons to resist part of *zuo yue zi* but also maintained her personal preference for her food ingredients.

Zuo yue zi in Taiwan has become a *zuo yue zi* industry. They will tell me why I have

to eat certain foods! [Making] it sound more scientific. For example, eating sesame oil chicken is for such and such reason; eating red bean soup is for discharging dampness [But] because I personally do not eat intestines, those sesame oil pork liver and sesame oil pork kidney, those more mainstream Taiwan post-partum meals, I did not eat... because I do not eat pork liver and kidney these kinds of intestine things myself, so I did not particularly eat them just for *zuo yue zi* (P8).

Although traditional Chinese practice avoids taking a shower for thirty days to prevent the cold from entering the body, most participants shortened that period and/or reduced their frequency of showers to once a week.

My post-partum doula said...nowadays most of the girls born in the 80's can't persist for so long. She said among all the families she has done *zuo yue zi* with, only a total of three mothers [did] not take a bath or washing the hair for an entire month. (P5)

4.5.4 Considerations for family members.

Some participants' mothers came to Canada specifically to help for the period before and during *zuo yue zi*. The women were aware that their mothers' involvement required a lot of work and could be tiring. Thus, the women described the need to entertain their mothers while they were in Canada to demonstrate their appreciation. For example, some participants indicated they accompanied their mothers to go out to shopping malls; sometimes feeling the need to do this before the end of their *zuo yue zi*.

In the third week, I accompanied my mother to go out, that is, going out once or twice ...In fact, the reason I went out was because my mother came to stay with me as I do *zuo yue zi*. It's her first time to come here, and her stay was only a short time, so...my mom did not really go out and then she has to return... I asked my mom to go

out together. I ...convinced my mother to go out and walk around. (P4)

One participant said that she did not rest as much as her mother requested because she wanted to spare her mother from too much effort. She stated: "I don't want my mother to become overly exhausted" (P8). This particular participant modified her practice of *zuo yue zi* for fear that her mother would be overwhelmed by housework.

When having their second babies the mothers practicing *zuo yue zi* indicated that they had to modify some principles of *zuo yue zi*. One participant described needing to take care of her first child so that going out was inevitable.

In fact, I hardly followed the regimes of *zuo yue zi*. This year my older daughter has to go to kindergarten. Starting from about the tenth day after I gave birth to the second baby, I took my daughter to school every day. I waited for one hour and brought her home after classes finished. I had to go out every day and touch the cold air. It is considered that I had no *zuo yue zi*. (P1)

4.5.5 The influences of previous experiences.

After adjusting and modifying their current practice some mothers often reflected on their previous experiences of *zuo yue zi*. They used their past experiences as a basis for how they conducted *zuo yue zi* their next time. They were aware that they could not manage two children very easily and follow the practices of *zuo yue zi* so they hired help. One participant said:

I hired a part-time post-partum doula after I gave birth to the second baby. The post-partum doula came to my house four hours a day. She helped me do household chores, prepare food for my family and myself, and took care of my first son ...I was looking after my first child by myself, and it was harder. I'm not able to take care of

two children at the same time, so I hired a post-partum doula this time. (P2)

One experienced mother shared her intention to exclusively breastfeed with her first child during *zuo yue zi*. She described feeling depressed during the postpartum period following her first birth because she was not able to produce enough milk. She indicated it was different with this child because she was willing to use a mix of breastfeeding and formula so she could persevere and she did not feel depressed: “because I had to take care of the first child and I was busy and exhausted, I chose mix feeding for the second baby” (P1). She was satisfied with her decision.

4.6 Chapter Summary

In this chapter, I presented the findings of my study by describing the characteristics of my sample. I presented the major theme of my study: Chinese immigrant women’s novel encounters with *zuo yue zi*. The subthemes I presented included women’s expectations of *zuo yue zi* in their new circumstances, their struggles with their new reality as opposed to their expectations, and their modifications of expectations in response to facilitators and challenges. In the next chapter, I will discuss my study findings and provide suggestions for nursing implications as they relate to clinical practice, education and research.

Chapter 5: Findings Summary, Discussion, Implications for Nursing and Conclusion

In this chapter I present a brief summary of my study findings and a discussion of the findings, and the strengths and limitations of my study. Based on the study findings, I provide suggestions and recommendations for clinical nursing practice, education and research.

5.1 Summary of the Findings

Thirteen immigrant Chinese mothers participated in this qualitative study. Their initial interviews were commenced during the period of their first 4 to 6 weeks post-partum. My data collection and analysis began in October 2014 and was completed in June 2015. In this study, the core theme of novel encounters with *zuo yue zi* was represented by four subthemes with supporting categories. These subthemes included: expectations of *zuo yue zi*, struggles with realities as opposed to new Chinese immigrant women's visions of *zuo yue zi*, modifications of expectations, and the challenges encountered during *zuo yue zi* in Greater Vancouver.

The beliefs of *zuo yue zi* are deeply implanted in Chinese culture. Most of the women described continuously practicing the customs of *zuo yue zi*, albeit in novel ways, in their newly adopted homeland. The importance of recuperation during early post-partum is emphasized during *zuo yue zi* according to the principles of TCM. Equally important is having the accessibility of resources to practice these customs. The importance of rest during this period and the need to have support at home, combined with the understanding that the practice of *zuo yue zi* can be complex all supported the development of the core theme of this study: Chinese immigrant Women's novel encounters with early post-partum experiences of *zuo yue zi*.

5.2 Discussion of Findings

The core theme of Chinese immigrant women's novel encounters with *zuo yue zi* adds to the limited literature describing Chinese immigrant women's experiences in adopted countries. It is the first study to describe their experiences in Canada. No Canadian studies have captured the types of post-partum services available to Chinese immigrants who wish to practice *zuo yue zi*.

A number of qualitative studies have explored the integrated set of traditional post-partum practices for Chinese mothers not only in China and Taiwan but also in foreign countries, such as Australia, Scotland and the United States (Cheung, 1997; Chu, 2007; Kit, Janet & Jegasothy, 1997). For example, Cheung (1997) refers to facilitating the physical recovery of mothers to prevent chronic illness and also to strengthen their intra-family relationships. She has some detail about strengthening the intra-family ties, especially between the woman and their own mothers or mothers-in-law and short and long-term effects on the psychological well-being of Chinese women postnatally and in their future life. Cheng & Pickler (2009) refer to how culturally relevant care may help new mothers manage their depressive symptoms and promote post-partum maternal health. Chu (2005) identifies reasons for increased risk of post-partum stress because of unmet cultural post-partum needs in the adopted country Australia. Holroyd et al. (2011) point out the younger Chinese mothers, although encountering enforcement of traditional practices by family members, found highly individualized ways of negotiating traditional practices. However, none of these studies have documented how Chinese immigrant women approach traditional post-partum care, the obstacles they encountered, and modifications they were forced to make in their newly adopted homelands. The important contributions of my study findings are about conflicts between elder family members and women, the need for women to plan ahead to

effectively manage *zuo yue zi*, the challenges of managing financially to cover assistance, Chinese fathers being burdened with shopping and unable to engage fully with their neonates, and the difficulties with the lack of regulation of services the mothers needed to access. *Zuo yue zi*, which is influenced by the principles of TCM, remains popular among the Chinese community. Indeed, regardless of the geographic or socioeconomic differences, many Chinese women still choose to practice traditional rituals of *zuo yue zi* during their early post-partum experiences. Most of the mothers in this study felt they were compelled to follow certain traditional post-partum rituals. This study finding is consistent with those of other studies (Chen, 2011; Strand et al., 2007) where some concepts of *zuo yue zi*, such as being weak after giving birth, avoiding cold temperatures and confinement indoors during the first few weeks post-partum, also strongly influence women's practice of their post-partum care.

Participants in my study were pleased that most of the Chinese herbal medicine and ingredients required for post-partum meals were accessible for purchase locally in Vancouver. This enabled them to meet their expectations and practice *zuo yue zi*. However, the availability of Chinese herbal medicine and ingredients required during sitting in the month are not documented in any studies of Chinese immigrant women's *zuo yue zi* in other foreign countries.

From my study results, participants' experiences of *zuo yue zi* were influenced by physiological experiences, relationships with others, adaptations to the changed relationship with spouse, confidence in newborn care and connections with the outside world. A Few research studies focused on relationships between mothers and/or mothers-in-law during sitting in the month (Chen, 2011; Holroyd, Lopez & Chan, 2011; Strand et al., 2007).

Several mothers in the study described challenges to their relationships with their

spouses during *zuo yue zi*. My study findings reflected the understanding that the relationship between wives and husbands during *zuo yue zi* could put more strain on their marriages due to lack of direct help in their newly adopted homeland. This challenge of marriage was also highlighted and addressed in Chen's (2011) research study about sitting the month in Taiwan. Her findings indicated women's autonomy and authority of obtaining their own way of *zuo yue zi* did not depend on their education, employment and income. Instead, the relationships with their husbands and mothers-in-law were the most important factors that influenced their decision making. Therefore, "sitting in the month" is the first important circumstance that young couples encounter after the marriage. However, my study adds information about positive impact toward the relationships between spouses during *zuo yue zi*. A few participants in my study indicated that *zuo yue zi* strengthened their relationships by considering each other's needs, making decisions together, and overcoming obstacles to accomplish the wives' expectations of *zuo yue zi* during the period of "sitting in the month". Most of the participants in this study described an experience of less cultural pressure during *zuo yue zi* because of the absence of mothers-in-law in their newly adopted homeland, e.g., eating certain foods or ingredients recommended by recipe books for *zuo yue zi*. This study result adds to Holroyd et al.'s (2011) report that younger women decided to draw on post-partum knowledge from their mothers as opposed to their mother-in-law. Their study also indicates "a shift from the past, where the kinship obligations of daughters drew on a Confucian-informed mother-in-law relationship" (p.51) in this modern era.

As evidenced in my study findings, participants emphasized that their preparation for *zuo yue zi* was influenced by family members, particularly their mothers, in-laws, and grandmothers, as well as through their friends and on-line information.

The concepts of 'sitting the month' have been fundamental to the Chinese culture, and

these expectant mothers received further reinforcement about the beliefs of *zuo yue zi* during their perinatal period by their family members, friends and on-line information. The participants prepared for *zuo yue zi* by requesting their mothers to come to Vancouver from China to share house chores, help with cooking, and provide newborn care. One mother chose to take formal post-partum doula training prior to immigrating to Canada. Almost all the participants had to access the internet for support in terms of *zuo yue zi* practice given their newly adopted homeland and the lack of typical resources they would have had in their countries of origin. This finding highlights the importance about using the internet to connect with other mothers and to do research about effects of some of the practices.

My finding is consistent with other studies that reported elders, especially mothers-in-law, in the family dynamics, possess the primary authority to decide for their daughters or daughters-in-law the intensity and adherence to which they practice *zuo yue zi* (Chen, 2011; Holroyd, Lopez & Chan, 2011; Strand et al., 2007).

Several mothers in the study described challenges to their relationships with their spouses during *zuo yue zi*. My study findings reflected the understanding that the relationship between wives and husbands during *zuo yue zi* could put more strain on their marriages due to lack of direct help in their newly adopted homeland. This challenge of marriage was also highlighted and addressed in Chen's (2011) research study about sitting the month in Taiwan. Her findings indicated women's autonomy and authority of obtaining their own way of *zuo yue zi* did not depend on their education, employment and income. Instead, the relationships with their husbands and mothers-in-law were the most important factors that influenced their decision making. Therefore, "sitting in the month" is the first important circumstance that young couples encounter after the marriage. However, my study adds information about positive impacts toward the relationships between spouses during *zuo yue zi*. A few

participants in my study indicated that *zuo yue zi* strengthened their relationships by considering each other's needs, making decisions together, and overcoming obstacles to accomplish the wives' expectations of *zuo yue zi* during the period of "sitting in the month".

Most of the participants in this study described an experience of less cultural pressure during *zuo yue zi* because of the absence of mothers-in-law in their newly adopted homeland, e.g., eating certain foods or ingredients recommended by recipe books for *zuo yue zi*. This study result adds to Holroyd et al.'s (2011) report that younger women decided to draw on post-partum knowledge from their mothers as opposed to their mother-in-law. Their study also indicates "a shift from the past, where the kinship obligations of daughters drew on a Confucian-informed mother-in-law relationship" (p.51) in this modern era.

Some participants mentioned their dilemmas during early post-partum of not meeting their mothers' expectations of getting enough rest or appropriate care for their newborns during *zuo yue zi* and experiencing conflicts between paid doulas and their mothers. My study results were similar to those of Grigoriadis et al. (2009) and Strand et al. (2007) about effects of lack of positive support from mothers-in-law or a poor relationship with mothers, in terms of Chinese mothers resisting *zuo yue zi*, with the beneficial effects being depleted.

Chinese immigrant mothers in this study not only experienced some unforeseen situations with their family members who interrupted their experiences of *zuo yue zi*, but also suffered from unfulfilled expectations of *zuo yue zi* because of their disappointment with their paid post-partum services. Although the participants were aware that postpartum doulas were not regulated or trained in Canada they were unprepared for postpartum doulas' low levels of competence and accountability. My results contribute to the literature because no other studies have examined women's expectations about available care in their adopted countries and their reactions to sub-optimal care.

In order to better assist Chinese immigrant mothers' ability to practice their beliefs of traditional post-partum care in their newly adopted homeland, some participants arranged paid assistance in addition to the help provided by their family members during *zuo yue zi*. Most of the mothers in the study took verbal referrals about the available services from friends because hiring outside helpers for post-partum services was difficult given no authorized regulatory bodies in Canada. These findings illustrated structural features affecting new Chinese immigrant women's expectations of *zuo yue zi* in Canada. These participants' negative experiences and concerns have not been reported in any other studies. Compared to other immigrant groups, the participants in my study had access to many more resources from family members here and overseas. The women in my study described financial aid from extended family members and direct support.

The participants in my study indicated that they designated their husbands to purchase ingredients for cooking and other necessities during *zuo yue zi* in addition to their daily work activities. The men made daily trips for specific supplies, and fresh medicines and foods during *zuo yue zi*. The women indicated that their partners' response to the increased workload impressed them because they received so much support from their spouses; that support reinforced their confidence in their marriages and relationships. Unfortunately, the participants also described a delay in their husbands' transition into fatherhood, as a result of extra demands and the presence of elders or post-partum assistants. To my knowledge, this finding has not been reported in any other studies.

Experienced mothers in my study juggled the complexity of caring for their first children by adjusting and adapting their expectations of *zuo yue zi*. No other studies were located that described the modifications made by multiparous women to *zuo yue zi*. My findings also indicated that women felt weaker when mobilizing again and feeling depressed

is an unintended consequence of doing the month that women feel more isolated in the context of adherence of certain traditional post-partum practices and thus experience more depression. Similarly to the findings in my study, Liu and her colleagues (2014) argue that traditional practices such as activity restriction during *zuo yue zi* has negative effects on women's aerobic endurance and increases their postpartum depression. My findings also add to Holroyd and her team's (2011) research result as they were examining the postnatal practices of two generations of Chinese women. Their findings also indicated that young Chinese women felt pressured to adhere to certain practices from family expectations rather than their personal preferences (Holroyd, Lopez & Chan, 2011).

Almost all the participants in this study indicated the importance of connecting to the outside world which enhanced their experiences of *zuo yue zi*. Mothers accessed the internet and social network such as "Wechat". The participants in my study felt strongly supported and helped by the shared experiences of the mothers in the Wechat groups. Some participants found so much support through the internet that they argued it could not have been replaced by visits from relatives and friends or return to country of origin. This is the first study to report Chinese women's efforts to connect on the internet with other mothers having similar experiences during *zuo yue zi*. The findings of my study add to claims that social networking enhances the feelings of connection to the world outside new mothers' homes and may improve new mothers' well-being (McDaniel, Coyne & Holmes, 2012). Hall and Irvine (2008) explored mothers using E-communication among mothers of infants and toddlers in a community cohort in British Columbia. Their findings indicated that mothers exchanged strategies, provided knowledge and information, shared mothering experiences, facilitated learning and expressed feelings by using the electronic communication to build a local community. Their research study also suggested that the cohort-based electronic

communication is particularly important for parents when travel is restricted and access to professional support is limited.

Specific modifications of expectations to *zuo yue zi* were demonstrated by participants throughout the study. Participants attributed some modifications to the accommodating climate and living conditions in Vancouver, for example in-home heating systems. For example, they felt comfortable shopping in shopping centers before they completed their thirty days of *zuo yue zi*. Some participants indicated that because their mothers were prepared to accept modifications to *zuo yue zi*, they washed their hair and took showers much earlier than principles recommended through the TCM. This finding is also consistent with the research results illustrated by Strand and his team (2007) and Holroyd et al. (2011) about changes in forced agreement to traditional customs, with individual variation. These study findings add depth of understanding to specifically explain the Chinese immigrant woman's experience of *zuo yue zi* in the Greater Vancouver district of B.C.

5.3 Strengths of the Study

This study is the first of its kind, a qualitative study undertaken in Canada that focuses on new immigrant Chinese women. Individuals of Chinese ethnicity represent the largest visible minority group in British Columbia. I used Mandarin to advertise this study, capitalized on my working relationships with Chinese obstetricians, and conducted interviews in Mandarin which likely gave me unprecedented access to Chinese women practicing *zuo yue zi*. Furthermore, my Chinese background and use of Mandarin enhanced recruitment, trust and rapport with participants which permitted detection of subtle nuances in women's experiences.

The research design I used developed rich information to contribute to the body of

literature regarding Chinese new immigrant women's experiences of recuperation during their post-partum period with the influence of traditional Chinese post-partum practice.

5.4 Limitations of the Study

There were some study limitations. First, important information may have been lost during the translation of interviews from Mandarin to English. Words used by the participants to describe their experiences often did not have an English equivalent. As indicated by other authors when interviews are translated into English, "the terminology and subtitles of different Chinese languages and dialects are very difficult for an English speaker to contextualize" (Cheung, 1997, p.58). For example, one participant in my study described her feeling by using two Chinese words: Yu Jie which means feeling of some unhappiness, some degree of depression, and some feeling of being not able to move forward both emotionally and physically. In addition, there were probably some linguistic differences between the translator and the participants. As Majumdar, Keystone and Cuttress (1999) indicated, different socio-economic and educational status can affect how the translator interprets and translates the information even where there is a shared language and/or shared cultural background. The researcher's use of the Mandarin language, although the official language in mainland China and Taiwan, could have created differences in the use of the Mandarin language between Chinese people from mainland China and Taiwan which could create challenges around translation and interpretation.

Another limitation was the subtle differences in the beliefs and lifestyles of Chinese people from different geographical areas. Mainland China, Hong Kong and Taiwan are three areas that have had different historical influences through civil wars and politics; cultural differences are very real and should be acknowledged and respected by the researcher. The

small sample size required for a qualitative descriptive study created challenges in describing any nuances arising from countries of origin in women's post-partum practices.

Unfortunately, there were no participants from Hong Kong and only one participant from Taiwan who met the inclusion criteria. Because immigrants from Hong Kong and Taiwan have been established in Canada longer than immigrants from Mainland China, they would be less likely to follow Chinese traditional post-partum practices. Nonetheless, some of the women from Mainland China described adopting Taiwanese practices because it was simpler for them to do so in their current setting. None of the participants chose post-partum centres to practice their *zuo yue zi*, which could have affected the findings.

Another limitation was the potential to access a small group of homogeneous friends, through snowball sampling. My background as a maternity nurse and childbirth educator could have influenced the findings through nonverbal facial reactions or body language.

5.5 Implications for Nursing

The implications for nursing including nursing practice, nursing education and nursing research derived from this research study will be presented in the following sections.

5.5.1 Implications for nursing practice.

My study findings provided valuable insights for nursing practice. In order to promote quality post-partum nursing care for new Chinese immigrant women, nursing care in terms of respecting Chinese immigrant women's expectations for the post-partum period should be developed during the prenatal period. Nurses can initiate discussions with Chinese immigrant women about the practices they would prefer during their postnatal periods. Nurses can be informed by the study findings to develop an assessment tool to distinguish each new

immigrant woman's needs to provide suitable professional care. Group discussions about preparation for post-partum care, specifically *zuo yue zi*, for new Chinese immigrant women can be facilitated by nurses on a regular basis so that the resources available for health care in the community and the Canadian health care system can be introduced. Nurses could also lead group forums to gather and reflect concerns and questions regarding post-partum services in recommending to provincial governments the regulation of postpartum doulas. Therefore, nurses could bridge and facilitate communications between new immigrant mothers and regulatory bodies. Because new Chinese immigrants are likely unaware of available prenatal education provided by professional registered nurses, nurses could institute communication strategies specifically targeted with new Chinese immigrants in mind. Because expectant parents who are practicing *zuo yue zi* will likely engage with elder family members, nurses could provide evidence-informed information in an appropriate format to be shared with elder family members. The information could include the important support role that family members play as well as implications of differences in views about adequate feeding and newborn care. As Svensson, Barclay and Cooke (2006) suggested expectant and new parents need opportunities to discuss and learn from peers and professionals.

Because of the limited language skills and access to resources, nurses could create written documents in Mandarin which include advertisements, posters, pamphlets or brochures. They could approach physicians who see Chinese immigrant women or groups such as SUCCESS to locate the information.

Because study participants explained regarding their preferences for professionals who are Chinese or of Chinese descent practicing nurses could approach agencies to offer prenatal classes taught by Chinese nurses.

Most of the participants expressed concerns about the lack of respect from health care

providers about their choices to follow *zuo yue zi*. They felt forced to leave their homes for their newborns' regular check-ups. Having health care providers in the form of midwives or public health nurses who would visit women and their newborns on several occasions to assess their wellbeing would permit women to regard their traditional practices as being respected. Nurses could develop an outreach home visit program for new immigrant mothers who choose to follow Chinese traditional post-partum customs. Nurses could also offer weekly postnatal drop-in parent-infant discussion groups in Mandarin to assist the new parents to learn from professionals about self and newborn care and to extend their social networks.

For new immigrant Chinese women, current home visit practices by community health nurses could be modified. Rather than one home visit during the first five days after discharge from the hospital, the same nurse could arrange visits every seven to ten days until the period of *zuo yue zi* was complete. The implications for nursing are consistent with Tarkka, Paunonen, and Laippala's (1999) recommendation that mothers expect nurses to provide them advice on child's growth and development. The affirmation and encouragement from the public health nurses are crucial for new mothers as they learn to recognize and respond to the needs of their children through development of coping skills and confidence. Providing the 'Nurse Line' with a direct dedicated number for a nurse who spoke Mandarin could provide assistance for new Chinese immigrant mothers who lack access to resources and have limited communication skills.

5.5.2 Implications for nursing education.

My study provided clear direction for not only nursing education but also interprofessional development to provide skills to meet new Chinese immigrant mothers'

needs because nurses alone in the interdisciplinary team would not be able to provide adequate perinatal care with cultural sensitivity.

In addition to learning about providing cultural care, it also requires interprofessional perinatal services team members including hospital, public health, clinic professionals to learn about the importance of social support to avoid exposing immigrant women to significant additional stress (Cheng & Pickler, 2009; Hyman & Dussault, 2000). As stated by some authors, “globalization may negate any culturally existent relations” (Grigoriadis, et al., 2009, p.839). First of all, to avoid distancing some immigrant women who adhere to their traditional cultural rituals, all health care professionals require communication skills and knowledge that permits them to be open to women expressing their concerns when they are confronted by individuals with culturally insensitive practices (Grigoriadis, et al., 2009). Secondly, all health care providers should be taught communication skills to engage in discussion, clarify individual needs and build a non-judgmental environment between the professional care providers and the new immigrant expectant mothers. Therefore, interprofessional team members can recognize the potential for stereotyping individuals and their contributions to the team. Lastly, Majumdar, Keystone and Cuttress (1999) reinforced the importance of cultural sensitivity while communicating and establishing professional relationships with clients. Majumdar and his team described the cultural sensitivity training for health care providers by using simulated patients and providing videos as teaching aids to introduce new teaching and learning principles. In conclusion, it is crucial to include the literature reviews about cultural awareness and cultural care in the curricula of interprofessional education and to provide opportunities to apply those concepts to practice settings.

5.5.3 Implications for nursing research.

This is the only Canadian study about early post-partum experiences of Chinese immigrant women. Further qualitative studies would enhance understanding of Chinese new immigrant mothers' circumstances and their satisfaction regarding their early stage of post-partum care. Future Canadian studies would contribute to the evidence-based literature about the knowledge of the needs that are urgently requested by new Chinese immigrant women. Further studies could utilize the qualitative findings of my study to reach more new Chinese immigrant mothers to obtain broader perspectives about their decision-making processes with expectations of first four to six weeks post-partum practices.

All of the participants raised the same concern about the qualifications and liability of their paid services including Chinese post-partum doulas. Due to the variations in qualifications, lack of preparations and licensure of post-partum doulas, the quality of women's experiences in *zuo yue zi* can be greatly affected. The findings of my study would suggest that there is a need to understand the perspectives of post-partum doulas in providing services to women experiencing *zuo yue zi*. A study among post-partum doulas can help clarify perceptions of their role in meal preparation, baby care, mother care or providing medical care for women in *zuo yue zi*. Such studies can inform policy makers to discuss and develop legislation about the scope of practice and regulation of standard requirements for paid post-partum doulas. In addition, more studies need to be conducted on post-partum services in Greater Vancouver, including home meal deliveries and post-partum centres to determine the availability of these services for women who choose to practice *zuo yue zi*. In addition to the paid resources of post-partum services, research examining practices used by paid breast massage therapists could highlight practices that require attention from relevant authorized organizations such as BCLCA (British Columbia Lactation Consultant

Association). A thorough questionnaire about paid breast massage therapists and their services could be developed and distributed to mothers postnatally to have a detailed understanding about what breast massage therapy involves and the use of breast massage therapy among Chinese immigrant mothers.

Most of the participants in my study had their family members, mainly their mothers or mothers-in-law, helping during their post-partum period, and many of the participants described their post-partum experiences as being significantly influenced by these family members. It would be beneficial to gather data about the needs of new immigrant extended family members using an open-ended questionnaire.

5.6 Conclusions

The beliefs of Chinese *zuo yue zi* are still embraced by many Chinese women who migrate to Canada. This study bridges the limited research about their experiences and identifies the need for more support to better understand Chinese traditional post-partum practices. These study findings add to the literature regarding the current popular approaches to post-partum care including post-partum home meal deliveries, post-partum doulas and post-partum centres used by Chinese immigrant women in Vancouver to support their traditional practices. This study also provides an important perspective on Chinese immigrant women's early post-partum experiences, in particular their modifications to traditional practices and encounters with extended family members and paid help. Furthermore, this study highlights the need for professional health care providers to support immigrant Chinese women who wish to follow traditional practices and to address regulatory guidelines to protect mothers and their newborns from unregulated paid care providers in their new adopted homeland.

References

- Austin, Z. (2005). Mentorship and mitigation of culture shock: Foreign-trained pharmacists in Canada. *Mentoring & Tutoring: Partnership in Learning*, 13(1), 133-149. doi: 10.1080/13611260500040666
- Brathwaite, A. C., & Williams, C. (2004). Childbirth experiences of professional Chinese Canadian women. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 33(6), 748-755. doi: 10.1177/0884217504270671
- Bollini, P., Pampallona, S., Wanner, P., & Kupelnick, B. (2009). Pregnancy outcome of migrant women and integration policy: A systematic review of the international literature. *Social Science & Medicine*, 68(3), 452-461. Retrieved from <http://dx.doi.org.ezproxy.library.ubc.ca/10.1016/j.socscimed.2008.10.018>
- British Columbia Perinatal Health Program. (2008). *Caesarean Birth Task Force Report 2008*. Retrieved from http://www.powertopush.ca/wp-content/uploads/2010/05/CBTF_REPORT.pdf October 30, 2014.
- Chan, S. M., Nelson, E. A., Leung, S. S., Cheung, P. C., & Li, C. Y. (2000). Special postpartum dietary practices of Hong Kong Chinese women. *European Journal of Clinical Nutrition*, 54(10), 797-802. doi: 10.1038/sj.ejcn.1601095
- Chang, H. (2012). *Assignment for Theoretical Foundations of Nursing Practice*. Beginning Exploring of A Practice Relevant Concept—Cultural Sensitivity. University of British Columbia, BC Canada

- Chen, S. S. (2011). *Zuo yue zi. Sitting the Month in Taiwan: Implications for Intergenerational Relations* (Doctoral dissertation). Case Western Reserve University. Retrieved from [file:///C:/Users/Sylvia/Downloads/case1283313483%20\(2\).pdf](file:///C:/Users/Sylvia/Downloads/case1283313483%20(2).pdf). October 12, 2011.
- Cheng, C. Y., & Pickler, R. H. (2009). Effects of stress and social support on postpartum health of Chinese mothers in the United States. *Research in Nursing & Health*, 32(6), 582-591. doi: 10.1002/nur.20356
- Cheung, N. F. (1997). Chinese *zuo yue zi* (sitting in for the first month of the postnatal period) in Scotland. *Midwifery*, 13(2), 55-65. Retrieved from [http://dx.doi.org.ezproxy.library.ubc.ca/10.1016/S0266-6138\(97\)90057-7](http://dx.doi.org.ezproxy.library.ubc.ca/10.1016/S0266-6138(97)90057-7). January 9, 2013.
- Chu, C. M. Y. (2005). Postnatal experience and health needs of Chinese migrant women in Brisbane, Australia. *Ethnicity & Health*, 10(1), 33-56. doi: 10.1080/1355785052000323029
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124-130. doi: 10.1207/s15430421tip3903_2
- de Felix, J. W., Waxman, H. C., Paige, S., & Huang, S. Y. L. (1993). A comparison of classroom instruction in bilingual and monolingual secondary school classrooms. *Peabody Journal of Education*, 69(1), 102-116.
- Dennis, C. L., Fung, K., Grigoriadis, S., Robinson, G. E., Romans, S., & Ross, L. (2007). Traditional postpartum practices and rituals: A qualitative systematic review. *Women's Health*, 3(4), 487-502. doi:10.2217/17455057.3.4.487

- Elo, S., & Kyngas, H. (2007). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107-115. doi: 10.1111/j.1365-2648.2007.04569.x.
- Gagnon, A. J., Wahoush, O., Dougherty, G., Saucier, J., Dennis, C., Merry, L., ...Stewart, D. E. (2006). The childbearing health and related service needs of newcomers (CHARSNN) study protocol. *BMC Pregnancy and Childbirth*, 6(1), 1-18. doi: 10.1186/1471-2393-6-31
- Gagnon, A., Carnevale, F., Saucier, J., Clausen, C., Jeannotte, J., & Oxman-Martinez, J. (2010). Do referrals work? Responses of childbearing newcomers to referrals for care. *Journal of Immigrant and Minority Health*, 12(4), 559-568. doi: 10.1007/s10903-009-9242-y
- Grigoriadis, S., Robinson, G. E., Fung, K., Ross, L. E., Dennis, C., & Romans, S. (2009). Traditional postpartum practices and rituals: Clinical implications. *Canadian Journal of Psychiatry*, 54(12), 834-840.
- Grewal, S. K., Bhagat, R., & Balneaves, L. G. (2008). Perinatal beliefs and practices of immigrant Punjabi women living in Canada. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 37(3), 290-300. doi: 10.1111/j.1552-6909.2008.00234.x
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of Qualitative Research*, 2, 163-194.
- Hall, W., & Irvine, V. (2008). E-communication among mothers of infants and toddlers in a community-based cohort: A content analysis. *Journal of Advanced Nursing*, 65(1),

175-183. doi:10.1111/j.1365-2648.2008.04856.x

Holroyd, E., Lopez, V., & Chan, S. W. (2011). Negotiating “Doing the month”: An ethnographic study examining the postnatal practices of two generations of Chinese women. *Nursing & Health Sciences*, 13(1), 47-52. doi: 10.1111/j.1442-2018.2011.00575.x

Holroyd, E., Twinn, S., & Yim, I. W. (2005). Exploring Chinese women's cultural beliefs and behaviours regarding the practice of “doing the month”. *Women & Health*, 40(3), 109-123. doi:10.1300/J013v40n03_08

Hyman, I., & Dussault, G. (2000). Negative consequences of acculturation on health behaviour, social support and stress among pregnant Southeast Asian immigrant women in Montreal: An exploratory study. *Canadian Journal of Public Health*, 91(5), 357-360.

Im, E. O. (2008). The situation-specific theory of pain experience for Asian American cancer patients. *Advances in Nursing Science*, 31(4), 319-331. doi: 10.1097/01.ANS.0000341412.02177.77

Jenni, O. G., & O'Connor, B. B. (2005). Children's sleep: An interplay between culture and biology. *Pediatrics*, 115(Supplement 1), 204-216. doi:10.1542/peds.2004-0815B

Ingston, D., Heaman, M., Chalmers, B., Kaczorowski, J., O'Brien, B., Lee, L. B., Dzakpasu, S. & O'Campo, P. (2011). Comparison of maternity experiences of Canadian-born and recent and non-recent immigrant women: Findings from the Canadian maternity

experiences survey. *Journal of Obstetrics & Gynaecology Canada*, 33(11), 1105-1115. Retrieved from http://www.jogc.com/abstracts/full/201111_Obstetrics_3.pdf.
January 31, 2014.

Kit, L. K., Janet, G., & Jegasothy, R. (1997). Incidence of postnatal depression in Malaysian women. *Asia-Oceania Journal of Obstetrics and Gynaecology*, 23(1), 85-89. doi: 10.1111/j.1447-0756.1997.tb00811.x

Lee, D., Yip, S., Chiu, H., Leung, T., Chan, K., Chau, I., Chung, T. (1998). Detecting postnatal depression in Chinese women. Validation of the Chinese version of the Edinburgh postnatal depression scale. *The British Journal of Psychiatry*, 172(5), 433-437. doi: 10.1192/bjp.172.5.43

Leininger, M. M. (1988). Leininger's theory of nursing: Cultural care diversity and universality. *Nursing Science Quarterly*, 1(4), 152-160.

Liu, Y., Maloni, J., Petrini, M. (2014). Effect of postpartum practices of doing the month on Chinese women's physical and psychological health. *Biological Research for Nursing*, 16(1), 55-63.

Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14(5), 726-735. doi: 10.1177/1049732304263638

Majumdar, B., & Cuttress, L. A. (1999). Cultural sensitivity training among foreign medical graduates. *Medical Education*, 33(3), 177-184.

Matthey, S., Panasetis, P., & Barnett, B. (2002). Adherence to cultural practices following

childbirth in migrant Chinese women and relation to postpartum mood. *Health Care for Women International*, 23(6-7), 567-575. doi:10.1080/07399330290107331

McDaniel, B. T., Coyne, S. M., & Holmes, E. K. (2012). New mothers and media use: Associations between blogging, social networking, and maternal well-being. *Maternal and Child Health Journal*, 16(7), 1509-1517.

Newbold, B. (2005). Health status and health care of immigrants in Canada: A longitudinal analysis. *Journal of Health Services Research & Policy*, 10(2), 77-83A. doi: 10.1258/1355819053559074

Oberg, K. (1960). Cultural shock: Adjustment to new cultural environments. *Practical Anthropology*, 7(4), 177-182. Retrieved from http://agem-ethnomedizin.de/download/cu29_2-3_2006_S_142-146_Repr_Oberg.pdf. January 10, 2015.

Pillsbury, B. L. (1978). "Doing the month": Confinement and convalescence of Chinese women after childbirth. *Social Science & Medicine. Part B: Medical Anthropology*, 12, 11-22. Retrieved from [http://dx.doi.org.ezproxy.library.ubc.ca/10.1016/0160-7987\(78\)90003-0](http://dx.doi.org.ezproxy.library.ubc.ca/10.1016/0160-7987(78)90003-0). May 12, 2014.

Polit, D. F., & Beck, C. T. (2012). *Nursing Research: Generating and Assessing Evidence for Nursing Practice* (9th Ed). Philadelphia: Lippincott, Williams, and Wilkins.

Pope, C., Ziebland, S., & Mays, N. (2000). Qualitative research in health care: Analysing qualitative data. *BMJ: British Medical Journal*, 320(7227), 114-116. doi: <http://dx.doi.org.ezproxy.library.ubc.ca/10.1136/bmj.320.7227.114>

- Reitmanova, S., & Gustafson, D. L. (2008). "They can't understand it": Maternity health and care needs of immigrant Muslim women in St. John's, Newfoundland. *Maternal and Child Health Journal*, 12(1), 101-111. doi: 10.1007/s10995-007-0213-4
- Renzaho, A., Skouteris, H., & Oldroyd, J. (2010). Preventing gestational diabetes mellitus among migrant women and reducing obesity and type 2 diabetes in their offspring: A call for culturally competent lifestyle interventions in pregnancy. *Journal of the American Dietetic Association*, 110(12), 1814-1817. doi: 10.1016/j.jada.2010.09.017
- Reynolds, E. (2006). Vitamin B12, folic acid, and the nervous system. *The Lancet Neurology*, 5(11), 949-960. Retrieved from [http://dx.doi.org.ezproxy.library.ubc.ca/10.1016/S1474-4422\(06\)70598-1](http://dx.doi.org.ezproxy.library.ubc.ca/10.1016/S1474-4422(06)70598-1). March 10, 2014.
- Sadala, M. L. A., & Adorno, R. C. F. (2003). Phenomenology as a method to investigate the experience lived: A perspective from Husserl and Merleau Ponty's thought. *Journal of Advanced Nursing*, 37(3), 282-293. doi: 10.1046/j.1365-2648.2002.02071.x
- Sandelowski, M. (2000). Focus on research methods-whatever happened to qualitative description? *Research in Nursing and Health*, 23(4), 334-340. doi: 10.1046/j.1365-2648.2002.02071.x
- Shin, K. R., & Shin, C. (1999). The lived experience of Korean immigrant women acculturating into the United States. *Health Care for Women International*, 20(6), 603-617doi: 10.1080/073993399245494
- Small, R., Yelland, J., Lumley, J., Brown, S., & Liamputtong, P. (2002). Immigrant women's

views about care during labor and birth: An Australian study of Vietnamese, Turkish, and Filipino women. *Birth*, 29(4), 266-277. doi: 10.1046/j.1523-536X.2002.00201.x

Statistics Canada Census —population by selected ethnic origins, by provinces and territories 2006 census. Retrieved from <http://www.statcan.gc.ca/tables-tableaux/sum-som/101/cst01/demo26a-eng.htm>. April 15, 2014.

Strand, M. A., Perry, J., Guo, J., Zhao, J., & Janes, C. (2009). Doing the month: Rickets and post-partum convalescence in rural china. *Midwifery*, 25(5), 588-596.

Streubert, H. J. S., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the Humanistic Imperative* (5th Ed). Wolters Kluwer health.

Sword, W., Watt, S., & Krueger, P. (2006). Postpartum health, service needs, and access to care experiences of immigrant and Canadian-born women. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 35(6), 717-727. doi: 10.1111/j.1552-6909.2006.00092.x

Svensson, J., Barclay, L., & Cooke, M. (2006). The concerns and interests of expectant and new parents: Assessing learning needs. *The Journal of Perinatal Education*, 15(4), 18-27. doi:10.1624/105812406X151385 [doi]

Tarkka, M., Paunonen, M., & Laippala, P. (1999). Social support provided by public health nurses and the coping of First-Time mothers with child care. *Public Health Nursing*, 16(2), 114-119.

Thorne, S., Kirkham, S. R., & MacDonald-Emes, J. (1997). Interpretive description: A

noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health*, 20(2), 169-177. doi:10.1002/(SICI)1098-240X(199704)20:2<169::AID-NUR9>3.0.CO;2-I

Tse, L. (2010). Factors associated with preference for elective caesarean section birth among Chinese immigrants in BC. Retrieved from UBC Family medicine intranet: resident research project.

Tseng, Y. F., Chen, C. H., Wang, H. J., & Tsai, C. Y. (1994). Postpartum adjustment of women who were home during the "traditional Chinese one month postpartum period of confinement" and those who were in maternity care centers. *Gaoxiong Yi Xue Ke Xue Za Zhi = the Kaohsiung Journal of Medical Sciences*, 10(8), 458-468. Retrieved from <http://europepmc.org/abstract/MED/7799467>. March 16, 2014.

Wåhlin, I., Ek, A. C., & Idvall, E. (2006). Patient empowerment in intensive care—An interview study. *Intensive and Critical Care Nursing*, 22(6), 370-377. doi: 10.1016/j.iccn.2006.05.003

Winkelman, M. (1994). Cultural shock and adaptation. *Journal of Counseling & Development*, 73(2), 121-126. doi: 10.1002/j.1556-6676.1994.tb01723.x

Appendix A: Participant Letter

Research Project: First four to six weeks Post-Partum Experiences of Chinese Immigrant Women in Vancouver, Canada

Principal Investigator: Dr. Wendy Hall

Co-Investigator: Sylvia Chang

Dear Participant,

You are invited to participate in a research study in which you will be asked about your first four to six weeks of post-partum experiences in Canada.

I am a registered nurse and a graduate student completing the Master of Science in Nursing Degree at the University of British Columbia. My master's thesis aims to understand Chinese immigrant women's post-partum experiences during the first four to six weeks period in the adopted country for women who were emigrated from mainland China, Hong Kong and Taiwan.

Inclusion Criteria are BC residents who are ethnic Chinese (mainland China, Hong Kong, and Taiwan); are aged 19 and above; were have lived in mainland China, Hong Kong, or Taiwan; and have immigrated and lived in Canada within the last five years. The participants will primarily speak Mandarin (Mandarin is the official language on mainland China) with English as their second language; and have given birth within the last six weeks. The participants can be either having their first child or having more than one child and have given birth to their baby by vaginal delivery or caesarean section within the last six weeks. The exclusion criteria are: aged younger than 19, multiple infants, pregnancy complications, premature infants or infants with any kind of anomaly or mother/baby have developed illnesses that were required to be hospitalized and significant post-partum complications such

as sepsis, eclampsia or psychosis.

Participants in the study will be involved in an approximately one-hour interview at a time that is convenient for you. The interviews will be conducted in Mandarin at your choice of interview location. You will be asked to respond to questions about your post-partum experiences in the first four to six weeks after your birth. Your responses will be recorded with the use of digital recorders and translated verbatim to English. No personally identifiable information will be shared.

Your participation is entirely voluntary. You may refuse to answer any questions, and you may also withdraw data and/or participation in the study at any time without any negative consequences to your medical care or other services.

There will be no direct benefit or compensation from participation in this study. However, it is hoped that the results from this study will increase our understanding of the first four to six weeks of post-partum experiences of Chinese immigrant women in Vancouver as well as identifying implications for future nursing practice, education, administration and research. A summary of the results will be shared with you.

I appreciate your consideration for involvement in this study, and participants will receive baby face cloth as an incentive gift. If you would like to have more information about this research project, please call me.

Sincerely,

Sylvia Chang, RN, BScN

Appendix B: Participant Consent Form

Research Project: First four to six weeks Post-Partum Experiences of Chinese Immigrant Women in Vancouver, Canada

Principal Investigator: Dr. Wendy Hall

Co-Investigator: Sylvia Chang

Completion of this consent form indicates your willingness to participate in a research study where you will be asked to describe your post-partum experiences in Vancouver.

Purpose:

The objective of this study is to explore the experiences of Chinese women who have emigrated from mainland China, Hong Kong and Taiwan in regards to their post-partum experience in first four to six weeks after giving birth in Vancouver, BC.

Procedure:

Participants in the study will be involved in an approximately one-hour interview session at a time that is convenient for you. The interviews will be conducted in Mandarin at your choice of interview location. You will be asked to respond to questions about your first four to six weeks post-partum experiences. Your responses will be recorded with the use of digital recorders and translated verbatim to English.

Risks:

There are no anticipated risks to you and no risk of physical injuries with your involvement. You may choose to stop or end the interview at any time if expressing some of your experiences makes you uncomfortable. If you become emotionally distressed when discussing your experiences in the new country, the interviewer will stop the recording and provide time for you to recover. The interviewer will also have a list of potential community resources for you.

Benefits:

There is no direct benefit or compensation from participating in this study, except a baby face cloth as an incentive gift to participate. It is anticipated to take a few months to analyze the results. A summary of the results will be shared with you. The results from this research project will increase our understanding of the first four to six weeks of post-partum experiences of Chinese immigrant women in Vancouver as well as suggesting implications for future nursing practice.

Confidentiality:

All information will be kept strictly confidential. Personal information that could potentially identify you will not appear in written reports of the completed study. The study information will be kept and stored in a secured place. Only the master's student and the thesis supervisor will have access to your interview data. All audio recordings and transcripts will be stored securely in a locked filing cabinet inside a locked office, and the list of participants will be kept in a separate location. All study data will be kept in a locked office for five years after the study is completed and then destroyed. Reflective journals written by me and kept throughout the research study process for auditing purposes will be destroyed after 5 years.

Participation:

Participants will receive a small baby face cloth as an incentive gift for participation, and there will be no penalties for withdrawing from this study. You will be advised that you can choose not to answer any questions. During the interview process, you can also change your mind and elect to not participate in the study. In this circumstance, the interview will be stopped immediately and your answers will be omitted from the study.

Questions or Concerns:

If there are questions or concerns regarding this study and participation, you may contact

Sylvia Chang (Mandarin and English speaking) or Dr. Wendy Hall (English speaking only). If you have any concerns/complaints regarding your rights as a research subject and/or your experiences while participating in this study, you may contact the Research Subject Information Line at the UBC Office of Research Services.

Consent:

Your signature below indicates that you have (1) received a copy of this consent form for your own records; (2) understand the content of this consent form and; (3) consent to participate in this study.

I have read and received a copy of this informed consent form, I understand and consent to participate in this study.

Participant's Name (Please Print Clearly)

Signature of Participant

Date Signed

Appendix C: Demographic Data

Please answer or circle your response

1. Age _____

2. Marital status
 - a. Married
 - b. Separated/ divorced
 - c. Common Law
 - d. Single

3. Religious beliefs
 - a. Buddhist
 - b. Christian
 - c. Catholic
 - d. Other

4. Does your partner live in your home?
 - a. Yes
 - b. No

5. Do you share your home with extended family, e.g. mother or mother-in-law?
 - a. Yes
 - b. No

6. If yes, what is the category of the member of your extended family?

7. Previous city of residence _____
8. How long have you been in Canada (months/years) _____

9. How would you indicate your fluency in the English language
 - a. None
 - b. Poor

- c. Good
- d. Excellent

10. Highest level of education

- a. Some high school
- b. High school diploma
- c. Some postsecondary courses
- d. Undergraduate degree
- e. Some graduate courses
- f. Graduate degree/PhD

11. Current family annual income

- a. < CAN \$20000
- b. CAN \$20000-\$40000
- c. CAN \$41000-60000
- d. > CAN \$60000

12. Current occupation _____

13. Previous occupation before immigration

14. Number of children (including recent birth) _____

List age of any other children _____

Birth date of current child _____

15. Type of delivery

- a. Vaginal delivery
- b. Caesarean section

16. Are you familiar with the traditional Chinese post-partum practices

- a. Yes
- b. No
- c. Not Sure

17. If you sought any post-partum services, which one(s) did you use?

- a. Maternity post-partum care center

- b. Post-Partum home meal delivery
- c. Post-partum doula home care
- d. Maternal care providers (may be close relatives)

Appendix D: Semi-Structured Interview Questions

1. What were your experiences in general during the first four to six weeks after your birth?
2. What is the meaning of “*zuo yue zi*” to you? Do you value “*zuo yue zi*”?
3. If “*zuo yue zi*” is relevant to you, what were your experiences with respect to it during the first four to six weeks post birth?
4. What are your perceptions of possible effects of not following or being unable to follow these rituals or practices?
5. If you used any post-partum services were they in relation to your expectations of “*zuo yue zi*”? If so, did they meet your expectations of “*zuo yue zi*”?
Why or why not?
6. Are there any questions that I should have asked you about with respect to your first four to six weeks post-partum? Are there any other points you would like to raise regarding your experiences and/or your impression of the practice of “*zuo yue zi*” in Vancouver?

Appendix E: Translated Appendices

附錄 A

給參與者的信

研究項目：中國移民婦女在加拿大溫哥華第一個月的產後經驗

首席研究員：Dr. WENDY HALL

聯合調查：SYLVIA CHANG

親愛的參與者，

我們誠摯的邀請您參與這份描述第一個月在加拿大產後經驗的感受和想法的研究。

我是一名註冊護士和一名在英屬哥倫比亞大學護理系研究院的碩士研究生。我的碩士研究主題是針對來自中國大陸，香港和台灣的婦女，了解這些中國移民婦女在產後 4-6 週的經驗。

參加者的條件包括移民並在過去五年內居住在加拿大的居民，華裔（中國大陸，香港和台灣），年滿 19 歲，來自中國大陸，香港或台灣，參與者的英文必需是他們的第一語言，在已過的六個星期內生產。參與者可以是初產婦（是他們的第一個孩子）或是經產婦（已有一個以上的孩子），並在已過的六週內通過自然或人工輔助分娩，包括真空，產鉗，或剖腹產，產下足月的新生兒。年齡小於 19 歲，多胞胎，妊娠中有併發症，早產或新生兒有任何畸形或異常的情形，母親或新生兒有感染，產後精神異常或其他疾病者則不列入研究的範圍。

參與者可選擇方便的時間進行大約一個小時的採訪，主要是針對您第一個月產後經驗的問題作出回應。面試將以普通話在您選擇的採訪地點進行。您的回答將被記錄與錄音以方便逐字翻譯為英語。只有上面列出的調查員知道您的個人身份，個人資料不會被公開。

您的參與是完全自願的。您可以拒絕回答任何問題，你也可以在任何時候撤銷或中斷參與這份研究，也不會對您日後的醫療護理或其他服務有任何負面的影響。

參與這項研究沒有直接的利益或補償。然而，我們希望從這項研究的結果，能增加我們對中國移民婦女在溫哥華第一個月的產後經歷有更多的了解，以及對未來的護理，教育，管理和研究上能有所幫助和影響。結果的摘要將會與參與者分享。

我們很希望您能考慮參與這項研究。參加者可獲得一份精美小禮物。如果您對這個研究項目希望有更進一步的瞭解，請與我聯絡。

Sylvia Chang 敬啟

附錄 B

參與者同意書

研究項目：中國移民婦女在加拿大溫哥華第一個月的產後經驗

首席研究員：Dr. WENDY HAI

聯合調查：SYI VITA CHANG

填寫本同意書表示您願意參與這項研究，在這份研究中，我們會請您描述生產完後第一個月在溫哥華產後經驗的感受和想法。

目的：

本研究的目的是探討出生在中國大陸，香港和台灣的中國移民婦女在溫哥華生產後第一個月的產後經驗。

步驟：

參與者可選擇方便的時間進行大約一個小時的採訪，主要是針對您第一個月產後經驗的問題作出回應。面試將以普通話在您選擇的採訪地點進行。您的回答將被記錄與錄音以方便逐字翻譯為英語。

風險：

參與這項研究沒有任何可預期的危險或人身傷害。如果表達您的一些經歷會讓您不舒服的話，您可以選擇在任何時候停止或結束採訪好讓您的情緒得以平復，並會提供您相關的社區協助資源。

優點：

參與這項研究沒有直接的利益或補償。然而，我們希望從這項研究的結果，能增加我們對中國香港台灣移民婦女在溫哥華第一個月的產後經歷有更多的了解，以及對未來護理實踐上能提示意義。預計需要幾個月的時間來分析結果，結果的摘要將會與您分享。

保密性：

所有資料將被嚴格保密。可能會識別出您身份的資料將不會出現在已完成的研究書面報告中。該研究的資料將被保存並存儲在一個安全的地方。唯一只有主要研究者和論文導師才有機會看到您的個人和訪談資料。所有的錄音和翻譯出來的資料將被安全地保存在上鎖的辦公室裡上鎖的文件櫃內。所有的研究數據在這份研究結束後會被保

存在一個上鎖的辦公室裡五年然後銷毀。為了審核的目的，在整個研究學習的過程中，我寫的訪談日誌將會被保留，在5年後也會一併銷毀。

參與：

參與這項研究沒有獎金，但是參加者可獲得一份精美小禮物。從這項研究中撤出，也不會有任何處罰。過程中，你可以選擇不回答任何問題。在面試過程中，你也可以改變主意，選擇不參與這項研究。在這種情況下，面試將會立即停止，您的回答也會從這份研究中刪除。

問題或疑慮：

如果有問題或對本研究有疑慮，您可以聯繫 SYLVIA CHANG（普通話和英語），或 WENDY HALL 博士（僅限英語）。如果您有任何關於成為被研究者的權利或您參與這項研究經驗的任何問題，您可以聯繫 UBC 研究對象信息熱線服務研究的辦公室。

同意：

您的簽名表明您已經（1）收到本同意書的副本，作為您自己的記錄；（2）了解本同意書的內容和（3）同意參與這項研究。

我已閱讀並接受這份同意書的副本，我理解並同意參與這項研究。

參加者姓名（請用正楷填寫清楚）

日期

附錄 C

統計數據

1. 年齡
2. 婚姻狀況
 - a. 已婚
 - b. 分居/ 離婚
 - c. 同居
 - d. 單身
3. 宗教信仰
4. 您的先生或伴侶與您同住嗎？
5. 您與其他家人同住嗎？例如母親或公婆？
6. 如果是，他們是哪些家庭成員？
7. 之前居住城市？
8. 您來加拿大多久了？
9. 您英文的流利程度
 - a. 無英文程度
 - b. 差
 - c. 好
 - d. 優
10. 最高學歷
 - a. 一些高中文憑
 - b. 中學畢業
 - c. 一些本科或大學學歷
 - d. 本科或大學畢業
 - e. 一些研究生課程
 - f. 研究生學歷/博士
11. 目前的家庭年收入
 - a. 少於 \$20000 加幣
 - b. 20000 — 40000 加幣
 - c. 41000-60000 加幣
 - d. 超過 60000 加幣
12. 目前的職業
13. 移民之前從事的職業
14. 幾個孩子（包括最近出生的）
 - a. 其他孩子的年齡
 - b. 目前孩子的出生日期
15. 生產方式

- a. 陰道分娩
 - b. 剖腹產
16. 您熟悉中國傳統的產後坐月子嗎？
- a. 熟悉
 - b. 不熟悉
 - c. 不確定
17. 您選擇哪個（些）坐月子的方式？
- a. 產後月子護理中心
 - b. 產後坐月子餐
 - c. 住家月嫂
 - d. 家人或親戚提供產後照顧

附錄 D

半結構化面試問題

- 1 您在產後最初四到六個星期大概的產後經驗？
- 2 您認為的坐月子是什麼？您認為坐月子很重要嗎？
- 3 不坐月子或無法坐月子，您認為會有何影響呢？
- 4 如果您覺得坐月子很重要的話，您產後四到六週的坐月子經驗如何呢？
- 5 在您所選擇的坐月子的方式中，它是您原本所期望的嗎？
為什麼是或為什麼不是？
- 6 關於您產後頭四到六個星期，還有哪些問題是我應該需要問的？是否有任何其他點
您想提出特別是關於您的經驗或在溫哥華坐月子的做法和印象等等？

附錄 E

海報/小冊子

您是否有興趣分享您在加拿大第一個月的產後經驗？
我們希望聽聽您的聲音.....

參加者的條件:

- a. 移民並在過去五年內居住在加拿大的居民，華裔來自中國大陸，香港和台灣，
- b. 年滿 19 歲，
- c. 參與者的英文必需是他們的第二語言，
- d. 在已過的六週內生產。參與者可以是初產婦（是他們的第一個孩子）或是
multigravida（已有一個以上的孩子），
- e. 在已過的六週內通過自然或人工輔助分娩，包括真空，產鉗，或剖腹產，產下
足月單胎的新生兒。

如果對本研究和如何參與有疑問，您可以聯繫 SYLVIA CHANG（普通話和英語），
或 Dr. WENDY HALL（僅限英語）。