Stress in Hong Kong Women with Postpartum Depression: A Phenomenological Study

ABSTRACT

Background: Research consistently relates postpartum stress to the mood and the well-being of mothers during the postpartum period. While several studies have used questionnaires to assess the stress level of mothers or identified stressors by asking mothers to list stressful events, the existing literature lacks in-depth information on the lived experience of postpartum stress from the depressed mothers' perspective. This paper reports a study of the lived experience of postpartum stress among depressed Hong Kong Chinese mothers.

Methods: The study adopted a phenomenological approach with a purposive sample of 11 depressed Hong Kong Chinese mothers at around their 6th postpartum month after delivery. In-depth interviews were conducted in Cantonese and focused on the stress the mothers experienced during the postpartum period up to the time of the interview.

Results: Living in a metropolitan city under the mixed and sometimes conflicting influences of cultures from the East and the West, Hong Kong Chinese mothers face a unique set of challenges which, if not properly managed, may cause stress and / or depression in the postpartum period. This study identified five major themes of postpartum stress amongst Hong Kong Chinese mothers: parenting competence, the expectation-experience gap, baby-minder arrangements, childcare demands, and conflict with cultural and tradition.

Clinical Implications: Nurses are encouraged to provide anticipatory guidance to mothers and their spouses related to following the culturally prescribed set of rules which proved stressful. Several of the mothers lacked basic skills and preparation for motherhood and related suggestions for antenatal education are discussed, as this group needed support to manage and overcome the challenges in the postpartum period.

Keywords: Nursing, Hong Kong, postpartum stress, depression

SUMMARY STATEMENT

What is already known on this topic

- Postpartum stress has been quantitatively linked with postpartum depression
- Lists and groups of stressful events have been developed from quantitative studies

What this study adds

- New cultural insights about post partum depressed HK women were obtained from the in-depth interviews
- Pre-natal education for mothers should encourage flexible approaches to traditional post partum rituals

INTRODUCTION

Postpartum depression is found worldwide in most cultures with the incidence ranging from 10%-20% (Brockington 1996). Stress after childbirth arises from adjustment and adaptation psychologically, socially and culturally. Several studies found that women with more stressful life events during pregnancy and in the early puerperium reported higher levels of depressive symptoms (Cheng *et al.* 1994; Hall *et al.* 1996; Bernazzani *et al*. 1997; Séguin *et al.* 1999). Cultural differences related to customs and rituals and the roles of family members are also believed to play a role in reducing postpartum stress (Hung & Chung 2001; Chan 2003; Templeton *et al.* 2003). If nurses understand the types of stressors and cultural factors that influence the emotional well-being of new mothers after delivery they can be better prepared to provide care because postpartum stress is a significant predictor of depression and plays an important role in the culturally mediated postpartum experiences of new and multiparous women.

To date, most postnatal stress studies have adopted quantitative approaches by using either questionnaires or asking informants to list stressful events. Although literature shows the importance of postpartum stress that is related to postpartum depression, detailed description of stress experienced by postnatal depressed women is scant. Several qualitative studies have examined the experience of postpartum depressed women but these studies mainly focused on the lived experiences of the depression itself (Beck 1992 & 2002; Wood *et al.* 1997; Berggren-Clive 1998; Chan *et al.* 2002; Chan & Levy 2004). This paper reports an in-depth investigation of stress experienced by postnatally depressed women at their 6th postpartum month after delivery.

LITERATURE REVIEW

Several stress factors were reported in the literature to be significantly associated with depression after childbirth. These include: family crisis, bereavement, removal to a different home, unsatisfactory living conditions, financial problems, the need to take care of three or more children, and no working opportunity (Watson *et al.* 1984; Stein *et al.* 1989). Lists of stressful events have also been reported in studies on antenatal and postnatal women. Affonso *et al.* (1991) derived a list of 15 stressful events related to pregnancy and the postpartum period. The sample of 221 antenatal women comprised two groups, one in their first and third trimesters, and the other in the postpartum period. The informants were asked to list their stressors and rate the intensity of stress. The five most stressful events during the postpartum period were sick baby, unhappy experience of delivery outcome, cesarean childbirth, the concern of the shape of the body and baby welfare. Similarly, using an open-ended questionnaire, Horowitz & Damato (1999) grouped stressors into four categories based on a study in Boston with a convenience sample of 95 postpartum women. The four

categories of stress were: 1) role (work/school, sleep/rest, adjustment/own needs, organizing life); 2) tasks, (childcare, day care); 3) relationships (partner, parents); and 4) resources (finance). In a recent longitudinal, correlational study, Hung and Chung (2001) reported postpartum stress among 526 Chinese women in Taiwan. The major factors associated with postpartum stress identified by factor analysis were maternity role attainment, lack of social support, and changes of body image.

While the studies reviewed helped to understand the sources of stress among postpartum women, none of them went beyond quantitative data analysis nor explained the stressors sufficiently well to provide a detailed understanding of the stress experience. It is therefore timely to examine the issues in depth using a qualitative research approach focusing on Hong Kong Chinese women.

THE STUDY

Design

Interpretive phenomenology was adopted as a research method (Moran, 2001) utilizing in-depth interviews conducted at the participants' home, using open-ended questions supported by prompts. Each of the 11 interviews lasted 45 minutes to one hour and participant's choice was respected in terms of selecting a part of the house where privacy was ensured, or a time when they were alone. In Hong Kong it is usual for extended families to live together and, since most participants lived in small flats, when other family members were around the interviews were conducted in a bedroom, or separate room. No problems were encountered when babies were present at interview, some slept through the interviews, while some mothers nursed them.

The first author conducted all interviews and was highly aware of setting aside personal bias, assumptions, and presuppositions so as to obtain pure descriptions of the phenomenon presented by the informants. Having had contacted the participants several times during the pregnancy to establish mutual trust, a firm foundation was laid for collecting reliable information from the participants (Silverman 1999).

After each interview, debriefings were conducted and if necessary, referral to counseling services was given based on the interviewer's knowledge of postnatal depression and its diagnosis and research team discussions of problem cases. Some participants were already seeing a psychologist or a psychiatrist. The participants were invited to ask questions after the interview or to contact the researcher if necessary. The overall mood and setting of the interview, and any possible personal biases were also noted. The first author had recently delivered a baby and felt a degree of identification with the depressed participants, and doing her PhD at the time was well aware of the literature and research evidence in the area. The research team felt it necessary to help her objectify, and discuss her personal experiences with the team and separate these from the research process in order to ensure the validity and interpretation of the data. She is also a midwife and collected all the data as part of her PhD.

The information elicited was very much dependent on the ability to establish rapport and trust, and validity was enhanced by utilizing the researcher's own experience to build a closer relationship because of her experience as a nurse and with a newborn of similar age to the participants. Several subjects expressed appreciation and thanks for being able to talk and share their experiences with someone they could trust, and several contacted the researcher after the interviews, not to discuss the research but to talk about child care techniques.

The participants were recruited from a larger study in which they were recruited at the 36th week of gestation and then followed up at the 6th postpartum week and the 6th postpartum month. Ethical approval had been sought from the University and five hospitals involved in this study. The Edinburgh Postnatal Depression Scale (EPDS) was used to screen the participants for postpartum depression at the 6th postpartum week. The EPDS consists of 10 items scored from 1 to 3 with a possible range of 0 to 30. At the 6th postpartum month, those participants who were previously identified as depressed were contacted by phone to complete the EPDS. The researcher explained the procedures and in line with university ethical procedures each participant was given an information letter, in which risks, benefits, and withdrawal procedures were explained and written consent was obtained. Those with EPDS score of 13 or above were recruited, and the interviews were conducted in Cantonese and audio taped. The size of the sample was determined by data saturation.

Participants

The purposive sample of 11, enabled the selection of content-rich cases in order to provide a deeper and richer knowledge of the phenomenon. The selection criteria for the sample were: a) Hong Kong Chinese residents; b) had been staying in Hong Kong for postnatal care after delivery until the time of the interview; c) lived with the baby and the baby's father after delivery; and d) classified as depressed by the Edinburgh Postnatal Depression Scale (EPDS) with a score of 13 or above at the 6th week and the 6th month postnatally.

Data Analysis

After each interview, the recorded data was transcribed into verbatim reports without paraphrasing (Morse 1995). The audio taped material was reviewed again and checked

against the transcription to ensure data accuracy. To ensure consistency the three members of the research team met regularly to discuss and validate each of the steps of the analysis process. The data were subsequently analysed manually using Colaizzi's method (Colaizzi, 1978). The steps were as follows:

1. The transcripts were read to gain an overall impression and identify significant statements.
2. The statements were organised into logical sub-themes
3. Sub-themes were aggregated into theme clusters.
4. The theme clusters were then compared with the original description in the transcripts.
5. An exhaustive description of the phenomena was developed and the description was returned back to the participants for verification.

RESULTS

To give the results perspective, Hong Kong workers have four weeks antenatal leave and six weeks postnatal leave, when the mother may go back to work or use her own leave to lengthen her stay at home. Most mothers have a routine medical follow up at the 6th postpartum week. Among the 11 participants, four described themselves as housewives. About half of the participants were primipara (n = 5), five aged between 18 to 25, three aged between 26 to 35, and three aged between 36 to 45. The types of delivery were mostly (n = 9) normal spontaneous deliveries and two had a cesarean section. Two participants attained primary education and the rest of them finished secondary education. Six participants came from the middle-income group where the monthly household income ranged between HK$10,000 to $29,000. The remainder earned below HK$10,000. The EPDS scores for the 6th postpartum week ranged from 13 to 27 and for the 6th postpartum month ranged from 13 to 22.

Theme clusters

Five major themes of postpartum stress were identified: 1) parenting competence; 2) the expectation-experience gap; 3) baby-minder arrangements; 4) childcare demands; and 5) conflict with culture and tradition.

Parenting Competence

Many participants felt frustrated and suffered from a strong sense of failure because they considered themselves incompetent. Six were upset and expressed difficulties in performing the following basic care-taking tasks such as changing the diapers for the baby, preparing the right amount of milk and sterilising the bottles. Four of them did not attend any antenatal baby-care classes either because they were too busy or they did not see the need. The primipara who attended antenatal and postnatal childcare classes commented that the training was ineffective. One participant described her experience of postnatal training: "everybody stood there and watched the demonstration… I thought it's useless. When I really did it…, my hands shook, it doesn't work…" Not all multipara were good at taking care of the baby because they were career women, or they had baby-minders to take care of the baby before. Two multipara were too ashamed to ask for help and this caused additional pressure. They worried about being scolded for not knowing even the basics. Another area of incompetence of new mothers was breast-feeding. Among the 11 participants, five tried breast-feeding but four of them gave up after a few days. Unlike bottle-feeding, all the breast-feeding mothers had a problem of not knowing how much milk the babies had taken in: "I didn't know what to do about it, I let him take breast milk and always let him suck for the whole day, I didn't know whether he got the milk or not… he just cried, always cried." The problem was

especially significant for those who had high expectations of the outcomes. When they could not control the situation, their emotional well-being and self image was affected.

The expectation – experience gap

Some participants were caught in the gap between reality and expectation. On many occasions, the reality of experiences conflicted with the original expectation and they felt "frustrated", "lost" and "messed up". For instance, a new mother planned to arrange for her grandmother, who came from Mainland China to take care of the baby, but the baby was hospitalised for a long time and the grandmother's visa expired before the baby came home. In another case, a new mother planned to have a baby simply because her in-laws desired it. She, in turn expected the in-laws would help to take care of the baby but when the baby was born, it became evident that the in-laws were physically too weak to help:

> Actually, both my husband and I didn't expect so many problems in having a baby…but there is so much responsibility, we'd never thought about…actually they couldn't manage, they even made us worry more…my husband and I always had to call home to see if they were okay.

Another participant planned to breast-feed the baby and did not learn how to bottle-feed and this proved stressful when she had to unexpectedly bottle-feed her baby. She said, "I didn't think much…if you breast-feed, you don't need to learn how to sterilize bottles… all along I planned to breast-feed."

Baby-minder arrangements

Baby-minder arrangements were a challenge and caused anxiety to most mothers. In traditional Chinese culture, the women are responsible for "internal affairs" such as taking care of the baby while the men are responsible for "external affairs" such as earning enough money to support the family. Since the majority (n=7) of new mothers were working, they were not able to fulfil their "responsibilities" of taking care of the baby. Thus, it was very important for them to identify a suitable and reliable baby-minder before they returned to work. Putting the babies in the hands of a stranger was very difficult for some mothers. One of the participants said, "…I worry a lot, after all, your baby is in others' hands, and you often hear the news [of child abuse], very scary… one whole day is a long time, you don't know what might happen." Baby-minder arrangements caused conflict and confrontation between the new mother and her spouse when they could not reach mutual agreement. The new mothers experienced a sense of "loneliness" and "helplessness" as they felt they had to handle the challenges alone while accepting that their spouse also had his own extra responsibility.

Financial pressure was a factor that complicated the participants' problems, especially those who came from the lower income group, who had to spend a large portion of their family income on the baby. On one hand, they could not afford to stop working, as they needed to support the family financially. A participant said, "It's very expensive to find a full-time baby-minder, if I quit the job, we may not be able to afford the expenses." On the other hand, it was also difficult to find a baby-minder whom they could trust with the baby, and even if they were lucky enough to find one, it was very expensive. It seemed that this was a no-win game and added much stress to the new mothers.

Childcare demands

The health and safety of the baby was a primary concern for the new mothers which was often excessive or even obsessive. A new mother commented, "I was so anxious that I couldn't fall asleep, and the baby was crying, I had to carry him. I really wanted to sleep but I couldn't fall asleep." Four new mothers were very nervous about family hygiene and tried extremely hard to keep the house clean and tidy. They thought that everything had to be done perfectly so that the baby would be protected from even the slightest possible injury or illness. When the baby was sick, crying more, or eating and sleeping less, the level of stress of the new mothers was raised. Five reported that they had a difficult baby who cried a lot or did not give a positive response to the mother's comfort. These mothers often had a strong sense of helplessness. A participant said, "She didn't sleep, cried at night… I comforted her, changed her diaper, but none of these worked… she cried even when I carried her… I cried too." Two were so strongly attached to their babies that they could not spare the time for anything else. A participant said, "This one [baby] always whines, I must have someone to take care of her when I cook… Last time he had to work over time till 10 p.m., I couldn't finish cooking from six to nine o'clock."

Conflict with culture and tradition

Nine of the participants preferred the Western style to the Chinese traditional way to take care of the baby, as they thought the latter was out-dated. One participant illustrated the cultural differences with her experience:

> Two weeks after birth, his eyes were inflamed... but the doctor said it was very common and just prescribed some eye drops. Actually my mother-in-law had tried many different methods before... I think I should trust her but actually I couldn't, because those are traditional methods and ultimately those are out-

dated methods.

Living with harmony and respect for seniors are regarded as vital for the Chinese people and having doubt about mother or mother in law's practices caused a dilemma for the participants.

Chinese tend to prefer boys to girls because “girls are born for others” (i.e. they will marry to serve anothers’ family and the children will not carry the mother’s own family name). Although nowadays not many people explicitly express this kind of preference, it actually exerted hidden pressure on the women. Five participants thought that their in-laws and the husband were looking forward to having a boy even if no one actually said so. A new mother experienced extra pressure when the baby turned out to be a girl. She was resented and frequently scolded by her mother-in-law because the baby was a girl. "Doing the month” is a Chinese traditional ritual in which the mother-in-law cares for the new mother in the first postpartum month. It is commonly believed to be a beneficial ritual with clear rules on diet and activity. Some participants were unable to be with their mother-in-law and missed the experience:

> Right after I’ve given birth… four days later, I went home, er… when I was home, nobody took care of me, my husband didn’t know how to take care of me. Originally I wanted myself…to have the Chinese practice… like ginger pork… so I did it myself. I took care of myself… I took care of myself, it’s really tough, very hard, so hard that I don’t know how to express.

Although none of the participants strictly followed all the rules and regulations of the ritual of “doing the month”, they were sometimes frustrated when they wanted to follow the ritual or they were asked to follow it but found that it was not feasible. Eight women felt bored and

trapped inside the house for the whole month as required by the ritual.

Traditionally, women are required to stay at home to take care of the children and the family. Seven participants still held this traditional value in mind, and two of the working women, felt guilty for not being able to rear their children at home. The participants who were working felt pressure from their friends and relatives for not taking care of their own children at home and were told by their friends and relatives that they were not taking up their responsibilities as mothers. One participant shared her experience:

> My sister-in-law gave me so much pressure. She questioned why I couldn't take care of the baby myself. She said that the baby was my own son, and I am the mother, why I didn't care for him myself, [she meant] I didn't take up my own responsibility. My situation was so difficult that nobody could understand. She actually gave me so much pressure, she said I have put the baby in a concentration camp. That term [concentration camp] upset me… upset me so much.

DISCUSSION

This study focussed on stress experienced by depressed HK Chinese women and revealed five themes. In common with the literature, (Watson *et al.* 1984; Stein *et al.* 1989) living conditions, financial problems and family crisis were amongst the themes which emerged, but these have now been given context. Some overlap was found between these themes when compared to previous studies, in which stressful events were listed (Affonso *et al.* 1991) but these events such as 'unhappy experience of delivery outcome' and 'baby welfare' were quantitatively obtained and therefore not defined experiences. Horowitz & Damato (1999)

did attempt to group stressors into four categories and although there is overlap between these findings and the themes from this study, there are clearly dimensions which have emerged from this unique sample, which provide cultural insights for future practice, and the language and experiences have gone beyond the previous quantitative research findings.

Beck's (2002) metasynthesis of 18 qualitative studies of postpartum depression revealed four perspectives involved with postpartum depression including: incongruity between expectations and reality of motherhood; spiralling downward; pervasive loss and making gains. All these studies were conducted in European countries but the first of the themes described conflict in mothers who were living in a country that was not their homeland. This was a theme reinforced in our study which was unique and not previously reported in other studies on stress, highlighting the issue of conflict with culture and tradition. Stress arose from being subservient to the mother-in-law and being required to follow a prescribed set of rules called 'doing the month', and staying at home in the month following childbirth. Rituals include eating certain foods, avoiding wind, exercise and not washing hair have their roots in traditional Chinese medicine to cure the pregnancy-induced imbalance (Chen *et al.* 1992) and prevent future illness. This probably originated in the Sung dynasty (Hung & Chung, 2001) but is not well researched and some suggest these rituals may in fact induce further stress (Lee, 2001; Matthey *et al.* (2002) particularly in the modern woman who is working and may experience conflict in having to stay at home for a month and be cared for by their mother in law.

The results of the study showed that the participants had difficulties in acquiring the skills and techniques in childcare. The situation was even worse when the infant was sick. The mothers with an easygoing baby had quite different experiences from those with a very irritable baby. Infant temperament can affect the women's sense of competence of being a

parent and the overall sense of well-being (Cutrona & Troutman, 1986). It is therefore crucial to develop good training materials to increase the competency of the new mothers to take care of the baby. An example is to teach the different types of baby cries. Baby cries are different, and mothers should be encouraged to listen patiently and observe the patterns of their babies' crying. Nurses working with new mothers should develop more training materials with real cases and situations such as HK Chinese women would commonly encounter. New mothers should be encouraged to practice with role-play. Those who choose to breastfeed should be reminded that the mood of the mother is as important as the nutrition of the breast milk. The mothers can adjust the method of feeding according to personal needs. They should be reassured that failure in breastfeeding does not mean failure of motherhood. Nurses should not expect all multipara to be competent in childcare as it was revealed in this study that several mothers had relied on family members or hired help to care for the baby while they continued to work. They should set up open channels for discussion of past experiences and possible difficulties.

The participants also revealed that they were caught up by unexpected events or changes that they did not know how to handle. Although scheduled life events such as marriage and childbirth are anticipated and prior knowledge or preparation might help in minimizing the stress, such events might still be stressful because prior preparation is often incomplete and frequently inappropriate (Kasl & Cooper 1987). It is thus important for health care professionals to help mothers to anticipate the demands of childcare in the antenatal period. It is suggested that voluntary and optional support groups can be organised for new mothers living in close proximity. Each group should include both primipara and multipara to share their experiences during pregnancy and any problems expected after delivery. The women who have early deliveries are encouraged to invite other expectant mothers, particularly the primipara, to their homes to share the experience of having a new member in the family.

Since the nuclear family and small family size is becoming more common, many women do not have the opportunity to take care of younger siblings or to see and carry a newborn. These kinds of support groups provide good opportunities for the primipara to anticipate possible problems and difficulties in taking care of the newborn.

Some participants found that there were problems in arranging baby-minders. It is particularly important for the new mother and her partner to start to discuss the childcare arrangements before or even during the pregnancy. Nurses should illustrate the importance of contingency plans for unexpected situations.

CONCLUSION

The HK Chinese women experienced additional stress related to specific local cultural customs. Hong Kong is a place where 'East meets West' and different styles of living and values are sometimes conflicting and stressful. The overwhelming and conflicting advice between the Chinese tradition and the modern style of childcare were found to be the major source of stress for many participants. The results of the study encourage health care professionals and new mothers to consider a more flexible approach when applying the traditional ritual, thinking, customs and the methods of traditional childcare in the modern context.

A wider, but cautious application of the study is to migrant groups in other countries where women may find themselves caught between two cultures. In this study several women commented on aspects of postpartum Chinese rituals which were stressful, and other aspects which they enjoyed. Living in a foreign country can complicate these experiences as ‘new’ mothers begin to assimilate into a culture, or feel peer pressure to do so, yet their parents or

'in-laws' don't. This presents a challenge to nurses who must make careful assessments of individual families in the context of their, and their parents' cultural beliefs and practices. Few studies have addressed this with the exception of Beck (2002) who only briefly mentioned the problem in the context of depression and incongruity between expectations and reality of motherhood, and Templeton *et al.* (2003) who although focusing depression in female minority ethnic women in the UK, did mention the difficulty of feeling isolated in a different country. They recommended large scale research with local community collaboration to further understand the problem

This study has enriched the limited information of this area and provided useful evidence for future controlled, clinical studies which should utilise the themes and sub-themes to develop a longitudinal, nurse initiated intervention for mothers identified as depressed in the ante, and postnatal periods. While the sample was small by quantitative research standards it was substantial by qualitative methods and the exhaustive nature of the analysis lends credence to the impact of these findings, which are indeed, the words of those living the experience.

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