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Authors

Van M. Ta Park
Goyal, Deepika
Suen, Joyce
et al.

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Title: Post-partum depression among Chinese American women

Lead and Corresponding author:
Van M. Ta Park, PhD, MPH
Associate Professor
University of California at San Francisco (UCSF), School of Nursing, Department of Community Health Systems, 2 Koret Way, Room N511S, San Francisco, CA 94143-0608, U.S.A.
Email: van.park@ucsf.edu.

Co-authors:
Deepika Goyal, PhD, RN, FNP-C
Professor
San José State University, The Valley Foundation School of Nursing, One Washington Square, San Jose, CA 95192, U.S.A
Email: deepika.goyal@sjsu.edu

Joyce Suen
Research Assistant
San José State University, Department of Health Science and Recreation, One Washington Square, San Jose, CA 95192, U.S.A.
Email: joycesuen24@gmail.com

Nolee Win
Research Assistant
San José State University, Department of Nutrition, Food Science, and Packaging, One Washington Square, San Jose, CA 95192, U.S.A.
Email: nolee.win@gmail.com

Janice Y. Tsoh, PhD
Professor
University of California at San Francisco, School of Medicine, Department of Psychiatry, 401 Parnassus, San Francisco, CA 94143, U.S.A.
Email: janice.tsoh@ucsf.edu.

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Blinded Manuscript: Title (no author ID), Callouts, Abstract,
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Callouts and Keywords

Keywords: Chinese; postpartum depression; help-seeking; childbearing traditions

Callouts:

1) Chinese American women may first disclose depressive symptoms to their spouses and that they could rely on them for emotional and instrumental support.
2) Practicing postpartum traditions out of respect for older family members is common among Chinese American women, even if they do not necessarily believe in them.
3) For Chinese American women, barriers to help-seeking include mental health care costs, lack of services or not knowing where the services are, stigma, and language/cultural barriers.
4) Chinese American women may report sadness or PPD with clinicians, but may not meet the diagnostic criteria for PPD of standard screening tests.
5) Outreach and educational programs are necessary to increase the Chinese American community's awareness about PPD and help-seeking benefits, and reduce PPD associated stigma.

ABSTRACT

Purpose: The objective of this study was to explore the perspectives of postpartum depression and mental health help-seeking behaviors among Chinese American women. **Study Design and Methods:** Using a mixed methods design, 15 Chinese American women, who had given birth in the past year, completed depressive symptoms and mental health services questionnaires and participated in a semi-structured interview (English or Mandarin). **Results:** All participants were married, between 29-39 years of age. Content analysis revealed themes included culture-specific postpartum traditions and mental health help seeking. More than half (60%) reported sadness or postpartum depression symptoms, including 3 (20%) who scored above the cutoff of the Edinburgh Postnatal Depression Scale (EPDS score ≥9) and others who disclosed such information during the interview. Despite the experience of postpartum symptoms being prevalent, about one in four of women did not believe depression was applicable to Chinese. **Clinical Implications:** Healthcare professionals working with Chinese American women must be aware of culture-specific childbearing traditions to promote maternal-infant well-being outcomes.

Postpartum depression among Chinese American women

Defined as the onset of an affective mood disorder within the first 12 months after childbirth, postpartum depression (PPD) continues to be among the top morbidities affecting childbearing women. Postpartum depression affects one in seven women (Wisner et al., 2013) with increased rates noted in diverse racial/ethnic groups, including Asian American women (Goyal, Park, & McNiesh, 2015; Goyal, Wang, Shen, Wong, & Palaniappan, 2012; Ta Park, Goyal, Nguyen, Lien, & Rosidi, 2017). When left untreated, PPD can disrupt the maternal-infant bond which can lead to poor infant cognitive and language development (Kingston, McDonald, Austin, & Tough, 2015), behavioral difficulties in elementary school, and poor high school performance (Netsi et al., 2018). Maternal consequences of unidentified PPD include suicidal ideation, infanticide and poor maternal adjustment (Kendig et al., 2017; Sit et al., 2015).

Compared to other racial/ethnic groups, Asian Americans are less likely to report PPD symptoms, be clinically diagnosed with PPD, and utilize mental health services (Goyal et al., 2012). Hallmarks of the Asian American culture include a strong sense of familial hierarchy and honoring the family name, which may contribute to lower utilization of mental health services. Negative public perception and stigma that may accompany psychiatric treatment further contribute to the non-disclosure of depressive symptoms and lower rates of mental health help seeking behavior (Fancher, Ton, Le Meyer, Ho, & Paterniti,

2010). The deep-rooted cultural values also present barriers for women seeking help for postpartum depressive symptoms. Asian Americans prefer to use social support networks, familial ties, indigenous healers, religious and spiritual outlets to ward against any psychological or somatic symptoms (Inman & Yeh, 2007), rather than seek professional treatment.

Chinese Americans represent the largest Asian American group (United States Census Bureau, 2017a). Chinese cultural traditions during the postpartum period includes "Doing the Month" or "sitting-the-month," a period of confining mothers to stay home for postpartum recovery and restoring balance and harmony between the 'yin' and 'yang' (Liu, Petrini, & Maloni, 2014; Lee & Brann, 2015). The month of maternal confinement consists of dietary and behavioral changes aimed at restoring the body's equilibrium after giving birth. For example, during the postpartum period, the body is thought be in a cold state, therefore the new mother is encouraged to consume "hot" foods and beverages. Although postpartum traditions are thought to prevent illnesses from occurring later in life and promote physical and mental health well-being, findings from Liu et al. (Liu, Maloni, & Petrini, 2014) challenges these assumptions suggesting doing the month can decrease general health and increase in depressive symptoms.

Although, research findings suggest that there are adverse effects of untreated PPD, Asian Americans are less likely to report PPD symptoms (compared to other racial/ethnic populations). Given the growing Asian American

population (United States Census Bureau, 2017a, 2017b), healthcare providers need to have an in-depth understanding of PPD perception and mental health help-seeking behaviors in culturally diverse populations. Thus, the objective of this study was to explore the perspectives and experiences of PPD and help-seeking among Chinese American women.

Methods

This qualitative study also includes descriptive survey data, which were used to provide additional context about the mental health help seeking behaviors of the participants. Chinese American women living in Northern California who were ≥18 years old, were able to read, write, and speak English or Mandarin Chinese, and had given birth to a live infant within the past year, were eligible to participate. Convenience and snowball sampling were used to recruit participants via flyers, referrals from community partners, and word of mouth. Women meeting the inclusion criteria were interviewed in-person.

Demographic survey. Participants were asked to provide their age, number of years lived in the U.S., nativity, marital status, employment status, and highest level of education. Women also provided information about any other children at home, age and gender of the most recent infant, type of birth (vaginal or Cesarean), and history of lifetime depression.

Mental health help-seeking behaviors. Participants completed the mental health services questionnaire, which was developed and used for other

studies with Vietnamese Americans and Native Hawaiians (Ta Park, Goyal, et al., 2017; Ta Park, Kaholokula, Chao, & Antonio, 2017). The questionnaire assesses past year and lifetime use and satisfaction of mental health services. Participants were asked about the type of mental health service received and indicated their satisfaction with services on a 5-point scale (dissatisfied = 0 to very satisfied = 4).

Depressive symptoms. The well-validated 10-item Edinburgh Postnatal Depression Scale (EPDS) (Cox, Holden, & Sagovsky, 1987) was used to assess frequency of depressive symptoms over the past week. Rated on a 4-point scale (0 - 3), scores range from 0 - 30. An EPDS score of ≥10 indicates a risk of PPD (Wisner et al., 2001), however, this study used the suggested score of ≥9 for Chinese women (Lau, Wang, Yin, Chan, & Guo, 2010). Satisfactory reliability/validity among mainland Chinese, Hong Kong (Lau et al., 2010; Lee et al., 1998), and Taiwanese women (Heh, 2001) have been established.

Interview guide (Table 1). Interview questions were developed using the Behavioral Model and Access to Medical Care (Aday & Andersen, 1974) which explores factors that influence a person's decision to seek mental health services treatment. Aday and Andersen's model has been used to examine utilization of mental health services in Asian Americans (Jang, Chiriboga, & Okazaki, 2009; Ta, Juon, Gielen, Steinwachs, & Duggan, 2008) and depression as a predictor of health care utilization (Hamilton et al., 2016). Participants were asked to describe how PPD is viewed in the Chinese culture, postpartum traditions, mental health

help-seeking attitudes and behaviors. Examples: "What would you do if you felt sad/depressed? Would you seek help?"

The research team included three trained female interviewers, the primary investigator, and two nursing students including a Chinese bilingual/bicultural person. Participants completed demographic information, the health services questionnaire, and the EPDS. Audio-recorded interviews were conducted in participants' homes (73%) or in quiet areas of coffee shops based on the participant's place of choosing. One interview was conducted in Mandarin and the remaining in English. All participants received a $25 gift card for their time and a list of local mental health resources.

Data Analysis

Participant characteristics and questionnaire data were analyzed using descriptive statistics including frequencies, means, and other measures of central tendency. Interview data were transcribed verbatim into a word document and analyzed using content analysis. The principal investigator created a coding dictionary based on the questions a priori. Then, two raters independently utilized the coding dictionary as a guide to analyze the qualitative data. Discrepancies in coding were reviewed and resolved by group consensus and the research team discussed and derived emergent themes and subthemes from coded data. During data analysis, checks for trustworthiness included transferability and dependability. Transferability demonstrates the research findings are applicable to

other contexts including similar populations (Shenton, 2004). The researchers have replicated this study with Asian Indian and Vietnamese women (Goyal, Park, & McNiesh, 2015; Ta Park, Goyal, Nguyen, Lien, & Rosidi, 2017). To ensure dependability, this paper includes an interview guide (Table 1) and the research steps in the methods (e.g. recruitment; data analysis), to increase the likelihood that other researchers may replicate this study.

Results

Participant characteristics (Table 2). Fifteen married Chinese women aged 33.2 (*SD*=3.1) years participated in this study. All had lived in the U.S. for 2-35 years with most being foreign-born. About half (46.7%) were stay-at-home mothers and educated at the graduate level (53.3%). The majority (80%) had a vaginal birth, gave birth to female infants (60%), were exclusively breastfeeding (60%), and were 8.5 (*SD*=4.5) months postpartum at the time of the study.

Lifetime mental health use. Half (53.3%) reported ever receiving any mental health help, and among these, 21.4% used an in-person self-help group, and 13.3% had received at least one psychological counseling session that lasted ≥30 minutes. Two women had been prescribed antidepressants. Most were "satisfied" with their experience across various types of professionals.

Depressive symptoms. Total EPDS scores ranged from 0 - 11 with two women reporting a previous history of depression. Three (20%) of the participants scored ≥9 on the EPDS, indicating risk for developing PPD.

Qualitative Findings. There were two main themes: 1) Culture-specific postpartum traditions; and, 2) Help-seeking for mental health issues.

Cultural specific postpartum traditions. Subthemes included: 1) Chinese cultural identity; 2) practice of postpartum traditions; 3) significance of infant gender; and 4) perceptions of sadness or depression after giving birth.

Chinese cultural identity. The majority of women reported a strong Chinese identity and/or they practice Chinese customs. One-fifth reported that Chinese traditions and way of thinking have been instilled in them from their parents, and a third said they practice Chinese customs. Many said they cook and eat Chinese foods (60%) and teach their children to speak Chinese (53.3%). Some said they read Chinese books and keep up with Chinese current events (13.3%). Some (40%) reported that they identify as both Chinese and American.

Significance of infant gender. Forty percent reported the Chinese culture places a higher value in having a son versus a daughter, and some (13.3%) acknowledging that sons were treated differently and received preferential treatment than the daughters. Conversely, a few women (20%) stated the preference for boys was an "old time" versus "modern time" way of thinking.

Practice of postpartum traditions. The majority of women (66.7%) stated they practiced the 30 day period, "Doing the month," and not bathing or washing their hair. New mothers are encouraged to stay indoors, rest, and not do any household chores and the maternal grandmother moves into the home and assists

with household chores and caring for the infant so the new mother can rest and recuperate. New mothers are encouraged to eat food and drink fluids (e.g. chicken, pig's feet, soups, dates, ginseng, and herbal tea) that aid in healing and restoring the body's balance. Pigs feet are thought to stimulate breast milk production and red blood cell production (Lynch, 2017). Herbal tea helps to cleanse the body after the birth (Lynch, 2017). One participant said,

> "You have to stay at home for a month… she (mom) didn't want me open the window because the wind would blow in. Going to have a headache and trouble with the abdominal area exposed. You can't expose yourself to any open area -- to anything. You can't have anything cold… need something to help your body to restore the energy and to recover. A lot of traditional food or like herbs stuff that you use."

Although some stated a strong personal belief in the practice of Chinese postpartum traditions, they found it difficult for example, to not bathe for a month after the birth. Some women who were not fully wedded to the traditions, still practiced traditions out of respect for their elders because there was no perceived harm in doing so. Some women felt that complying with the traditions helped them recover and heal, where others stated it was no longer necessary to practice Chinese postpartum traditions in these modern times. One participant said,

> "I think that's 30 or 40 years ago in China and people are very poor and do not have the air condition, do not have the heater. So they say it is very

easy to get sick or get a cold if you go to take shower or cause the one thing is true is that after you give birth to baby, you feel very weak."

Perceptions of sadness/depression after giving birth. Women stated several reasons that related to the development of depression. Half thought depression was caused by having your "life change" when you become a new parent, lack of social support, and hormonal changes. One thought depression was due to the inability to breastfeed. Some said that depression is a sign of weakness, caused by another illness, and is all in the "head" or self-inflicted.

A few women believed depression did not exist in the Chinese culture, as another participant states, "No, I don't think there's such thing as postpartum depression in Chinese culture, as far as I know. People definitely don't talk about it because I don't hear about it. So, if Chinese women do get postpartum depression, I don't feel like there's a lot of resources for them, or a lot of help."

Although mental illness, including depression, is stigmatized in Asian cultures such as the Chinese culture (Augsberger, Yeung, Dougher, & Hahm, 2015; Chen et al., 2016; Wang & Liu, 2016), some women thought their mothers would listen to them if they expressed sadness/depression and be supportive if they wanted to seek mental health treatment.

Help-seeking for mental health issues. This theme included two sub-themes: 1) Help-seeking behaviors; and 2); Barriers to mental health help seeking.

Help-seeking behaviors. Many (80%) said they would first disclose any depressive symptoms to their spouses and could rely on them for support. Some women were willing to seek professional help (60%) or help from other family and friends (60%), if needed. A few women stated if they were feeling sad or depressed, they would sit and cry (6.7%) or preoccupy themselves with activities such as going to the library to read or exercising (13.3%).

Barriers to mental health help-seeking. Half of the women perceived depression as a private matter due to cultural reasons, as one participant stated, "They don't really want to tell other people, "I have a mental issue." This is a culture thing." Other barriers included costs, lack/awareness of services, stigma, and language/culture barriers (i.e. Western doctors do not understand Chinese culture) (20%). Another participant said, "They did tell me a little more later (about PPD), but it was like I had to kind of ask and poke around." Some suggested that PPD education be provided early on during prenatal care as many had limited understanding of PPD.

Clinical Nursing Implications

This study describes the perceptions and experiences of PPD and help-seeking of Chinese American women. Based on EPDS scores, 20% of women were experiencing elevated depressive symptoms, which is similar to the finding of Cheng, Walker, and Chu (2013) where 24.5% scored in the high depressive symptom range. Almost all were foreign-born, reported having a strong identity to

the Chinese culture, and observed Chinese postpartum traditions. Also, 60% reported sadness or PPD symptoms, either by scoring above the cutoff of the EDPS or disclosing such information during the interview. Despite PPD being prevalent, about one in four of women did not believe depression was applicable to Chinese, and many have not heard about PPD. Importantly, a sizable proportion (40%) indicated that even if they had experienced depression or its symptoms, they would deny they had depression and/or view that having depression was a sign of weakness.

Most etiology and triggers for depression symptoms perceived by Chinese American women in the sample were consistent with that shared by women of the general population (e.g. stress related to becoming a new parent, lack of social support, hormonal changes, breastfeeding difficulties, and other life events/illnesses) (Ngai & Chan, 2012; Xie et al., 2010). While there was not a direct association, as perceived by participants, between PPD symptoms experienced and specific Chinese cultural values and/or specific Chinese postpartum traditions, the findings offer some insights into understanding risk factors that may underlie the high prevalence of PPD observed or increase the vulnerability of postpartum Chinese American women to PPD. First, all participants were aware of some Chinese postpartum traditions, and while some indicated seeing no harm of observing them, many indicated partaking the practices out of respect of the elder family members. Particularly among women

who might not have the sufficient resources and support to partake and fulfill some of those traditions, it is worth exploring whether or not the failure of partaking any of the traditions might have negatively impacted family harmony or perceived self-worth, and whether or not these might exacerbate some of the reported PPD triggers as lacking social support and self-inflictions. Second, participants discussed the close involvement of their family who provided practical support of child caring or cooking. It is unclear whether such increased practical support (and change in roles and expectations) from their family during the postpartum period would increase the frequency of family conflicts or disharmony and/or perceived stress that could trigger PPD symptoms.

In conclusion, healthcare professionals working with diverse populations must be aware of culture-specific childbearing traditions in order to provide culturally competent care and promote optimal maternal-infant well-being outcomes. Findings from this study may be used to provide vital information to those working with Chinese American families and develop culturally appropriate outreach programs to increase utilization of mental health services for Chinese American women, particularly at risk for developing PPD.

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Table 1

Semi-Structured Interview Guide

Interview Questions	**Follow-up Questions, as relevant**
1. Describe your cultural background in your own words. To what degree do you identify with your culture(s)?	
2. I understand that you recently had a baby. How did your family react?	
3. In your culture, are there specific traditions or things that usually happen after a woman gives birth?	*If the participant answers yes, then ask:* - Can you describe these traditions or things? - Have you experienced these traditions or things that you have just described? *If the participant answers NO, then ask:* How important is it for you to have these traditions or things? ➔ *If the participant answers YES, then ask:* How important is it for you to have experienced these traditions or things to you?
4. Now, I am going to ask some questions about sadness and depression. What do you think causes people to feel sad or depressed? What do you think your family or friends think about sadness or depression?	
5. I want to ask you questions about how you are feeling. Have you felt	*If participant answers yes, then skip to question 5.*

sad or depressed lately? What would you like to do about it?	
6. What would you do if you felt sad or depressed? Would you go get some help for it? Would you tell your doctor or nurse about your symptoms?	
7. What does treatment mean to you? What do your family or friends think about getting treatment? What kind of treatment do you think works best when people feel sad or depressed?	
8. What would influence you to seek treatment?	
9. Who are the best people to help treat sadness or depression? If you were feeling depressed or anxious, where would you go to get help?	
10. What types of treatments do you think are available to you?	
11. There are many women who feel sad or depressed and don't seek out treatment, why do you think this is so?	
12. What can mental health clinics or professionals do to make it easier for women who feel sad or depressed to seek out their services?	
13. What role does your health care insurance play in your decision to seek treatment?	*Refer to the woman's responses to the Health Services Questionnaire to probe for more information.*

14. Have you ever received professional (e.g. psychologist; therapist) help when you felt sad or depressed in the past? If so, how did you find out about it? Was it helpful? Would you go again?	
15. Other comments?	

397

398 **Table 2: Sample Characteristics (N=15)**
399

Characteristics	***N (%)***
Age (in years)	
Mean (SD)	33.2 (3.1)
Range	29-39
Number of years lived in U.S.	
Mean (SD)	15.1 (12.2)
Range	1.5-37
Nativity	
Born in Mainland China	8 (53.3%)
Born in Taiwan	5 (33.3%)
Born in Hong Kong	1 (6.7%)
Born in United States	1 (6.7%)
Marital Status	
Married	15 (100.0%)
Employment status	
Employed full-time	3 (20.0%)
Employed part-time	2 (13.3%)
Maternity leave	3 (20.0%)
Unemployed	7 (46.7%)
Education level	
College	7 (46.7%)
Graduate School	8 (53.3%)
Postpartum (in months)	
Mean (SD)	8.5 (4.5)
Range	2.4-15.5
Type of Delivery	
Vaginal	12 (80.0%)
C -Section	3 (20.0%)
Number of children of each participant	
2 children	5 (33.3%)
1 child	10 (66.7%)
Sex of recent infant	
Female	9 (60.0%)
Male	5 (33.3%)

Female & Male (twins)	1 (6.7%)
Method of Feeding	
Breastfeeding only	9 (60.0%)
Bottle only	2 (13.3%)
Breastfeeding and Bottle	4 (26.7%)
Self-reported experience with lifetime depression	
Yes	2 (13.3%)
No	13 (86.7%)
EPDS score	
Mean (SD)	5.6 (3.2)
Range	0-11
Possible depression (≥10)	3 (20.0%)

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402 **Table 3. Suggested Clinical Nursing Implications**

Chinese American women may not believe that depression applies to them, may not have heard about PPD or think that it exists, and may view depression as a sign of weakness.
Chinese American women may prefer to seek help through their families and social networks versus professional help.
Awareness of Chinese American childbearing traditions may aid in the delivery of culturally competent care and promote optimal maternal-infant well-being outcomes.
Nurses caring for Chinese American women may identify PPD risk both by asking if they have experiences with sadness or depression as well as through conventional PPD screening methods (e.g. EPDS).
Culturally appropriate outreach and education programs may be developed to increase the knowledge and understanding about PPD and awareness about available mental health care for Chinese American women particularly at risk for developing PPD.

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