The Transition to First Time Motherhood in Hong Kong Chinese Women: A Grounded Theory Study

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Abstract

This grounded theory study maps the processes involved when Hong Kong Chinese women make the transition to first time motherhood. The use of a qualitative approach allowed the research to focus on the perspectives of the participants. The purposive sample consisted of six women recruited in a maternity unit of a general hospital in Kowloon. In-depth interviews, which provide opportunities for the informants to express their thoughts and feelings, were employed to collect the data. The six women were interviewed at the second and third trimester during pregnancy, and at six weeks and six months postpartum. Interviews were recorded and transcribed and analyzed according to grounded theory method.

Five categories were identified: (a) giving of self; (b) replenishing; (c) developing self; (d) renegotiating relationships; and (e) keeping harmony. The last category emerged as a core category. The process of keeping harmony for these women was not a linear one. It was circular. Throughout the process of transition to motherhood, woman tried to maintain inner harmony when the giving of self was balanced with developing self. Participants in the study gave willingly of

themselves in order to have a healthy baby, and to meet the needs of their newborns. Replenishment energized the women in giving of self. With the arrival of the baby, the woman developed a sense of achievement and competency as a mother through reciprocal exchange in the mother-baby interaction. Renegotiating relationships with families, relatives, friends and colleagues further assisted the process of keeping harmony.

The finding of this longitudinal study spanning from the prenatal period through the first six months of mothering, have clinical implications for midwives in their provision of family-oriented holistic midwifery care to meet the needs of the local new mothers.

摘要

這個根基理論 (grounded theory) 的研究勾劃了香港華裔婦女初為人母的過程。定質方法讓本研究可以集中從被訪者的角度出發。本研究採用目的性抽樣 (purposive sample)，六名被訪者皆從九龍區某家公立醫院的婦產科招募。資料收集則採用深入訪談，讓被訪者有機會表達自己的思想和感受。研究者在她們懷孕的第二、第三孕期 (trimester) 和產後第六個星期和第六個月進行訪問，並根據根基理論的方法將訪談錄音，謄寫和進行分析。

研究者確認了五個核心類別：(一) 付出自我; (二) 充實自我; (三) 發展自我; (四) 重審人際關係; 和 (五) 保持和諧。在整個過渡為母親的過程中，婦女付出自我和發展自我相互平衡，努力保持內在的和諧。本研究的參與者皆從心裡願意為一個健康的嬰孩付出自我，並儘量滿足新生嬰孩的需要。充實自我讓她們在付出自我的同時繼續保持活力。初生嬰孩的來臨，使婦女在母嬰互動的過程中發展了為人母親的滿足感和成功感。重新審視與家人、親戚、朋友和同事的關係，則進一步強化她們保持和諧的過程。

是次縱向 (longitudinal) 的研究為期甚長，從婦女懷孕初期開始探討，直到她們為人母後的六個月才結束。其結果對提供全面照顧。以家庭為本， 致力滿足本地新任母親的助產服務，具有臨床意義。

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Table of contents

Chapter **Page**

Chapter **Page**

List of figures

Figure **Page**

CHAPTER I

INTRODUCTION

Background of the study

Transition to motherhood is a developmental as well as a maturational process, which involves one of the greatest transitions in a woman's life. This transition is very rapid and entails not only major emotional, social, and economic fluctuations, but also the acquisition of a new role and new skills (Wilkinson, 1995). During this time of transition, the woman may feel various degrees of emotional disturbance and turbulence (Rubin, 1984). Childbearing has also been depicted as a time of transition in identity (Barclay, Donovan, & Genovese, 1996) or a period of 'identity reformulation, a period of reordering of interpersonal relations and interpersonal space, and a period of personality maturity.' (Rubin, 1975, p.143). Simkin (1992) contended that no other event involves such emotional stress, vulnerability, permanent role change, and a new responsibility for a dependent, helpless human being. Successful realization of the mothering role will be associated with an increase in the women's knowing, valuing and self integration of feminine characteristics, with an general increase in self-concept

(Ruble, Brooks-Gunn, Fleming, Fitzmaurice, Stangor, & Deutsch, 1990).

There is a considerable body of literature examining the psychosocial condition of women during the stage from childlessness to motherhood. Many studies have used as their basis theories of maternal role attainment, or theories about transition, and some have utilized a feminist perspective, or cultural perspective to examine the prospective mother's experience in making the transition to motherhood.

The theory of maternal role attainment is based on the work of Reva Rubin (1967a, 1967b, 1984) who emphasizes the cognitive aspects of role attainment. Building upon Rubin's work, numerous studies (such as Mercer, 1981, 1985; Martell, Imle, Horwitz, & Wheeler, 1989; Ament, 1990) have been conducted to identify and describe variables influencing transition to the mothering role. Work based on transition theory (Burr, 1972) stresses the behavioral and psychosocial aspects of new parenthood and identifies factors that ease or hinder the transition to motherhood. The feminist researchers, Oakley (1986) and Crouch and Manderson (1993) employed in-depth interviews to allow women to speak freely of their experience of childbirth and motherhood.

A woman's childbearing experience is deeply influenced by the culture of her society (Simkin, 1996). Hong Kong has a population of 6.5 million of which 98% are ethnic Chinese (Cheung, 1995), many of whom retain traditional Chinese cultural values and norms (Lau & Kuan, 1988). In spite of the fact that the popular literature on expectant parenthood has grown in recent years, largely because of the reexamination of traditional role expectations by local society (Boys' and Girls' Clubs Association of Hong Kong, 1984, 1990; Abbott, Zheng, & Meredith, 1992); only a few studies (Cheng, Lai, & Sin, 1994; Liu-Chiang, 1995) have been conducted locally to examine the transition to parenthood. These studies attempt to analyze the psychological changes and the readjustment of local Chinese first time mothers, focusing only on the postpartum period.

Transition to motherhood has been a target for research in other societies. Most research has followed positivist principles and has failed to address the full magnitude of women's experiences from the vantage point of women themselves as they become mothers for the first time. Although in contrast, some feminist work focuses on the experience from the mother's perspective, they tend to focus on either the intrapartum or postpartum period. Moreover, there is a lack of study in this area using local Chinese women as the subjects. Although there are some

studies on Chinese childbearing women, they tend to concentrate more on the time around childbirth and immediately after, thus failing to address the magnitude of change involved during the antenatal period. Thus, there is a need for research to map the processes during pregnancy, the intrapartum and postpartum period of the experience of the local Chinese women from their viewpoint, of becoming first time mother. It is hoped that this current study will serve as a first, in-depth, and local project to reveal the meaning of the process of transition to the first time motherhood in a small group of Hong Kong Chinese women.

CHAPTER II

LITERATURE REVIEW

Transition to motherhood has been a target for research and has been studied from four perspectives in nursing science: (1) maternal role attainment; (2) transitional theory; (3) feminist; and (4) cultural viewpoint. Thus, in my literature search, articles were identified through a CINAHL search of the nursing literature from 1982-2001 using the keyword 'motherhood', 'maternal role attainment', 'mothering' and 'Chinese and motherhood'. The search was limited to English and Chinese language publication, 1382 citation were identified. I then limited my review to publication in which these keywords appeared in the title and yield 285 citation. I will review these four perspectives in this section and highlight their limitations and strength.

Maternal role attainment

Rubin's conceptual framework for maternal role attainment

Reva Rubin remains one of the foremost theoreticians concerning the psychosocial aspects of mothering. Rubin initially described the process of maternal role attainment in 1967 (Rubin, 1967a, 1967b). In 1984, Rubin published her most complete work on the development of maternal identity during pregnancy and the postpartum period. She has since revised some of her conceptualizations of the process.

Rubin (1967a, 1967b) described the development of maternal role (or as Rubin (1984) describes a maternal identity) as occurring in progressive stages through mimicry, role play, fantasy, introjection-projection-rejection, and grief work (1967a) over a 12- to 15-month period during pregnancy and six months afterwards (1977). Mimicry constitutes literal 'copying' of the behavior of other women in the same situation, or of women who have apparently successful in achieving motherhood, especially the woman's own mother. Role-play is a trying-on of the maternal role in which instead of just modeling behaviors, the pregnant

woman now selects an infant or child from her immediate environment with whom to practice role behaviors. Fantasy is defined as the projection into the future, in imagery, of the mother and her child-to-be. Introjection-projection-rejection is said to be a matching of one's behavior as a mother with behavior models, testing the behavior against one's values and style, and either rejecting or accepting the behavioral role. Grief work is a letting go of a former identity in some roles that are incompatible with the assumption of the new role.

Rubin (1984) later refomulated these original operations into three operations: replication, fantasy, and dedifferentiation. Replication is self-initiated; the woman actively searches out new desired elements of the maternal role to be replicated or taken on by the self. Mimicry and role-play are seen as two forms of replicative behaviors. Grief work is incorporated into the cognitive operation of fantasy. Fantasies of the future allow the mother to bind in to her child-to-be and her new role, and fantasy review of the past allows grief work to release her from past roles. Through the transactions of fantasy, the mother-to-be moves one step closer to making the maternal role her own. Dedifferentiation constitutes the final phase in maternal role attainment and incorporates the former operation of introjection-projection/rejection. With dedifferentiation, women evaluate the

behaviors of a model for goodness of fit with the current self- image as mother; she either accepts or rejects the behavior as congruent with her self-image in maternal role.

During the role taking process, the self-system or 'core self', as the object of what and how much is taken in, also determines what will be taken in (Rubin, 1967a). Three interdependent categories of the self-system in maternal role taking are ideal image, self image, and body image (Rubin, 1967a). Referents used by new mothers in the process of maternal role attainment may include other mothers, peers, self and generalized others (Rubin, 1967b).

Rubin (1967a) identified four developmental tasks that a pregnant woman must progressively achieve to attain the maternal role. The first of these is seeking and ensuring safe passage for her fetus and herself through the course of pregnancy and childbirth accomplished primarily by acquiring knowledge of what to expect and of how to cope and control events during pregnancy and childbirth. Secondly, facilitating the acceptance of the coming child she bears by significant persons in her family- this requires an awareness of certain personal sacrifices and a willingness to let go of some aspects of the former life. What is most important,

according to Rubin (1984), is acceptance by each member of the family of these sacrifices made by self and other members. Thirdly, the binding-in to the child. To attain maternal identity, the mother-to-be must achieve the task of establishing a form of direct communication or experience between herself and the fetus. Such bonds, established with the fetus during pregnancy, are roots of the maternal-infant relationship. Finally, giving of oneself. The woman has progressive demands and deprivations placed on her body self, as well as her psychological and social self, throughout the pregnancy. She must come to see that these demands have a purpose and, are an important form of giving of herself to the unborn child.

According to Rubin (1984), the core of maternal identity resides in the concepts 'I' (mother) and 'you' (infant), as these influence each other. During pregnancy, a maternal identity is constructed by way of an 'idealized image of self as mother of this child' (p. 39). During the postpartum period, as mothers come to know their infants and to know what to expect of them after birth, maternal identity is enhanced and consolidated. There is also a movement from oneness with the infant after birth to a differentiation of the maternal self from that of the infant.

Rubin's work set the study of early maternal behavior and maternal role attainment on its scientific course. Based on the women's subjective experiences during pregnancy and the first postpartal month, she developed theoretical work on identity and role attainment. Her theories provided major concepts for testing and further elaboration through qualitative and quantitative research. Building on Rubin's work, Mercer (1981) further refined the theoretical framework and tests the assumptions underlying the constructs.

Mercer's theoretical framework for maternal role attainment

Mercer (1981) developed a theoretical framework and definitions that drew from Rubin's (1967a, 1967b) theoretical constructs and role theory (Burr 1972). Mercer (1981, 1985) explicated maternal role attainment from an interactionist paradigm, defining it as a process by which the mother achieves competence in the mothering role integrating the mothering behaviors into her established role, so that she is comfortable with her identity as a mother (Mercer, 1981). In this paradigm, a woman defines her mothering role in interaction with the infant. A mother's responses are mediated by her self-system and modified by the situational context, her past and present experiences, and her values (Mercer,

1981).

Mercer (1981) adapted the role theorist's (Thornton & Nardi, 1975) stages in the process of maternal role attainment in the development of the theoretical framework. The tenet of this perspective is that the maternal role is not an intuitive feminine function but a complex social and cognitive process that is learned (Rubin, 1967a). The anticipatory stage is the period prior to pregnancy when the woman begins to learn mothering expectations (Mercer, 1981). This behavior is congruent with Rubin's cognitive operations of replication and fantasy. The formal/role taking stage begins with the birth of child; the new mother actually begins to enact her role, but generally in a manner influenced by the expectations of others in the woman's social system (Mercer, 1981). These behaviors are largely replicative as described by Rubin. The informal/role making stage begins as the woman adds unique elements to her role enactment (Mercer, 1981). The behaviors of this stage are congruent with Rubin's operations of dedifferentiation. The personal stage of role acquisition/ identity stage is reached when the mother has absorbed the role that is consistent with her individual style yet acceptable to those around her; she feels a sense of harmony, confidence, and competence in the role (Mercer, 1981).

Mercer (1981) proposed a theoretical model of maternal role attainment that includes age, perceptions of the birth experience, early mother-infant separation, social stress, support system, self-concept and personality traits, maternal illness, childrearing attitudes, infant temperament, infant illness, and other variables such as culture and socioeconomic level. The components of the process of maternal role attainment were identified: 'Major components of the mothering role include attachment to the infant through identifying, claiming, and interacting with the infant, gaining competence in mothering behaviors, and expressing gratification in the mother-infant interactions' (Mercer, 1986, p.6).

Studies on maternal role attainment

Based on Rubin's (1967a) and Mercer's (1981) theoretical framework of maternal role attainment, studies were conducted to clarify and establish the empirical validity of the maternal role attainment construct.

Mercer (1985) examined the process of maternal role attainment in a study of 294 first-time mothers in three age groups (15 to 19 years, 20 to 29 years, and 30 to 42 years) over the first year of motherhood. She found that role attainment in

all three groups- indicated by feelings of love for the infant, gratification in the maternal role, observed maternal behaviors, and self-reported ways of handling an irritated infant- did not demonstrate a positive linear increase over the year. Rather, the observed maternal competency behaviors increased from one month onwards, peaked at four months and then declined at eight months. These findings, coupled with qualitative data, indicated that the decline was due to new competencies required to care for the older infant. Thus, the process does not end with birth; nor does the process go in an entirely predictable upward pattern. Maternal role attainment has its peaks and low points, even after the infant is on the scene. Mercer (1986) found teenagers had fewer psychosocial assets for performing the role than older women. She reported that the older the age group, the more positively the mother handled irritating child behaviors and the more favorable were attitudes toward reciprocity with the infant. Older mothers were more adaptable to and derived more gratification from the maternal role.

Mercer & Ferketich (1994) further examined the predictors of maternal role competence by risk status. 121 high-risk women with obstetrical risk situation (preterm labor, premature rupture of membranes, pre-eclampsia, Rh incompatibility, and bleeding) and chronic health problems (diabetes, asthma, and

renal disease) and 182 low-risk women were studied at postpartal hospitalization, one, four, eight months after birth to determine whether predictors of perceived maternal competence differed by risk status. Results show there were no significant differences in the maternal role competence of high-risk women and low-risk women or in the trajectory of change over time. Self-esteem and mastery were consistent predictors of maternal competence for both groups and this finding supports the notion that a woman's acceptance of her overall self-image and her perceived control over life events are central to taking on the maternal role. Fetal attachment was a consistent predictor of competence for high-risk women, whose efforts during their antenatal hospitalizations helped ensure a safe outcome for their infants. This supports Rubin's (1984) statement: the 'fabric of maternal identity is actively woven in the themes of the maternal tasks' (p. 54) during pregnancy, which include ensuring a safe passage for herself and the infant, finding social acceptance for herself and the infant, increasing in emotional ties to the infant, and engaging in giving of oneself.

Summary and critique

Rubin (1967a, 1967b) presented the process of maternal role attainment (or, as Rubin (1984) describes it, a maternal identity) in detail from women's subjective experiences. The development of maternal role is effected in a progressive series of cognitive operations replication (mimicry and role play), fantasy (fantasy and grief work) and dedifferentiation. To attain the maternal role, the woman must accomplish four developmental tasks: safe passage, acceptance by others, binding-in to the child, and giving of oneself. These tasks are address by means of the taking-on, taking-in, and letting go operations of replication, fantasy, and dedifferentation.

Mercer (1981) developed concepts and definitions that drew from Rubin's (1967a, 1967b) theoretical constructs and role theory (Burr, 1972). The maternal role attainment as described by Mercer (1981) develops over four stages: anticipatory, formal, informal and personal. The components of maternal role attainment include: becoming attached to the infant, acquiring skills in the caretaking tasks involved in the role, and expressing gratification in the role.

The conceptualization of maternal role attainment, which was developed by Rubin (1967a, 1967b) form a basis for investigation. Mercer (1985, 1986) expanded Rubin's original formulation to establish empirically components of maternal role attainment in a study of 294 first-time mothers ages 15 through 42. Studies were conducted to clarify and establish the empirical validity of the maternal role attainment construct.

Rubin and Mercer were the two fundamental theorists who described the transition to motherhood in terms of maternal role attainment (Rubin 1967a, 1967b, 1984; Mercer, 1981, 1985, 1986). Transitional theory (Chick & Meleis, 1986; Bridge, 1980) is another perspective to examine the woman's experience in making the transition to motherhood. The next section overviews the theory and some of the related studies.

Transitional theory

Chick and Meleis (1986) defined transition as a passage or movement from one state, condition, or place to another. The universal properties of transitions are processes that occurs over time; the development, flow, or movement from one

state to another (Chick & Meleis, 1986); and the nature of change that occurs in transitions such as changes in identities, roles, relationships, and patterns of behavior (Imle, 1990). These properties help to differentiate transitions from nontransitional change. For example, mood changes, which are dynamic but do not have a sense of movement or direction, have not been conceptualized as transitions. Bridge (1980) identified and described three universal stages of transition as endings, the neutral zone, and beginnings. Any event, or an internal sense of impending change, are antecedents for transition. 'Ending,' or letting go of a familiar stage, signals the beginning of the transition process (Bridge, 1980). Life as a childless woman ends with loss of the woman identity and role denotes the 'ending' stage of a childbearing woman (Gottlieb & Pancer, 1988). 'Neutral zone,' is the time when one exists in a suspended state while the new is being formed internally. Within this stage there is a sense of chaos and uncertainty about the future (Bridge, 1980). Waiting for the birth of the infant represents the neutral zone (Gottlieb & Pancer, 1988). 'Beginning,' stage started when one accepts and creates a new reality (Bridges, 1980). As a new relationship is established with husband, family, friends, and social networks, life as a mother begins (Gottlieb & Pancer, 1988).

In the Chick and Meleis's (1986) model, personal and environmental factors that affected the transition process were identified and transition conditions were explicated which include meanings, expectations, level of knowledge and skill, the environment (support), level of planning, and emotional and physical well-being. Three indicators of healthy transition were described: a subjective sense of well-being includes role satisfaction, effective coping, managing one's emotions, quality of life, growth, and empowerment; role mastery denotes achievement of skilled role performance and comfort with the behavior required in the new situation; and the well-being of interpersonal relationships in term of family adaptation, meaningful interaction (Chick & Meleis, 1986).

Studies on transition to parenthood

Because of numerous studies suggest that the transition to parenthood is accompanied with difficulty (Hobbs & Cole, 1976; Russell, 1974) and the transition constitutes a crisis situation for the majority of first-time parents (Dyer, 1963), studies were conducted to identify influencing factors that ease or hinder the transition to the maternal role.

Preparation for transition is one of the nursing therapeutic intervention to facilitate transition and education is the primary modality for creating optimal conditions in preparation for transition (Ladden, 1990). As the need for learning is a characteristic of transition (Chick & Meleis, 1986), Brouse (1988) conducted a study to determine if a nursing intervention designed to teach primiparas about their infants' behaviors and abilities would ease their transition to the maternal role. Data were collected at three days and three weeks postpartum from a relatively homogeneous sample of sixteen control mothers and fifteen experimental mothers. The teaching intervention, which was adopted from the Brazelton Neonatal Behavioral Assessment Scale (BNBAS) (Brazelton, 1973), was presented to each experimental participant on the third postpartum day. Effectiveness of the intervention was determined by measuring the maternal anxiety, using the State-Trait Anxiety Inventory, (STAI) (Spielberger, Gorsuch, & Lushene, 1970) and concern about infant care and adjustment to the maternal life style, using the Postnatal Research Inventory revised by Ellis and Hewat (1982). An informal interview was conducted at three weeks postpartum. The outcome measures demonstrated no statistically significant differences. Many of the variables that have been correlated with difficulty during the role transition process (Burr, 1972) were not present in this sample of primiparas. This seemed

incongruent with Mercer's (1981) hypothesis that there is a connection between the relative form and strength of these variables and that some of these factors may interact with one another to facilitate or hinder role attainment. Many of the variables such as lack of support, a complicated delivery or a premature infant which may negatively correlate with maternal role attainment were excluded from this study because of the selection of a homogeneous sample. The author concluded that a future research focus on developing a predictive framework would help nurses identify mothers who may have difficulty during the transition to the maternal role.

To identify mothers who are having difficulties with postpartum tasks and to examine maternal adaptation prior to discharge. Pridham, Lytton, Chang, and Rutledge (1991) conducted a study to examine the relationship between types of transition variables (maternal attributes, infant feeding plan, birthing conditions and experience) and of these variables with transition markers (evaluation of parenting and of infant- and self-care capability). In guiding the selection of constructs for this study of variables contributing to early postpartum adaptation, the researchers utilized Chick and Meleis (1986) framework for transitions and literature concerning postpartum experience. 108 mothers with vaginal deliveries

completed and returned the questionnaire the second day after their infant's birth. The contribution of parity to preparation for birthing was significant; preparation for birthing was higher for multiparae. Mothers who planned exclusive breast-feeding were more likely to perceive greater support during labor and delivery. Maternal age and education made no contribution to any of the birthing experience variables. As to birthing conditions, both preparation for birthing and support during labor and delivery contributed to care capability; however, stressors during labor and delivery did not. Among birthing experience variables, usefulness of postpartum learning experience made a contribution to care capabilities. The contribution of preparation for birthing and support during labor and delivery (birthing condition variables) and usefulness of postpartum learning resources to infant- and self-care capability supports clinical attention to these variables.

Summary and critique

Chick and Meleis (1986) approached theory development for the concept of transition through concept analysis and identified the universal properties of transition. The transition condition was explicated and the indicators of healthy

transitions was presented. Bridges (1980) advanced the understanding of the flow of transition by dividing the process into three stages.

With Chick and Meleis's (1986) framework of transition as a basis for investigation, studies were conducted to identify factors and amplify the understanding of conditions, which are conducive to a smooth transition, and conditions, which place the women at risk for a difficult transition. The worthiness of conceptual framework in guiding the selection of construct for study of variables was revealed by Brouse's (1988) study. Pridham et al.'s (1991) studies strengthen the Chick and Meleis (1986) framework of transition.

Research based upon role attainment theory and transition theory has followed positivistic principles and fails to address the full magnitude of change during the transition to motherhood. Moreover, works of maternal role attainment and transition theory focus more on the postpartum period. For example, Mercer (1985) investigates the process of maternal role attainment over the first year of mothering. However, a woman's role of being a mother starts right from the moment she is pregnant (or even before). And indeed, as discussed in previous literature review, pregnancy is an important stage determining whether a mother

can successfully take up the role of a mother. Therefore this study attempts to address these limitation through in-depth interviews with woman at the stages of childbearing, childbirth and child caring.

Feminist approaches to transition to motherhood

The third area of motherhood studies is within the feminist literature. Bergum (1989) adopted feminist standpoints using a hermeneutic phenomenological approach to explore the experience of transformation as lived by women in childbirth. Six mothers were invited to speak their stories in her study. Through thematic analysis, five thematic moments were discovered as women move to motherhood: the decision to have a child, the body with child, the pain of birthing, sense of responsibility and the experience of living with a child on one's mind. The conversations with women have revealed many aspects of women's lives in tracing their transformation to motherhood, providing the opportunity to come to a deeper understanding of women's transformative experiences of becoming mothers.

Ann Oakley, a social researcher, investigated the subjective experience of becoming a mother. She describes a woman's response to childbirth, particularly first childbirth, as akin to the response to other major life events (Oakley, 1980). Interviews with 55 women were carried out at around twenty-six weeks and six weeks before delivery, five weeks and twenty weeks postpartum. Women described enormous disruption in life styles, routines, and identities (Oakley, 1980). For mothers, pregnancy and childbirth are not just a medical or physical condition, but a change of identity and a take-up of a new role, for which there is 'no professional training'. Oakley (1980) concludes that easy adaptation to first time motherhood is unusual and motherhood is such an enormous change and responsibility in which mothers usually mobilize cultural norms to help them adapt to the new identity. Indeed, according to the theories of socialization, as the individual develops through the life process in a particular culture, parents, peers, and others act as socializing agents.

Barclay, Everitt, Rogan, Shmied, and Wyllie (1997) present the results of a qualitative study conducted by midwife researchers into women's experience of new motherhood. Whilst the act of giving birth determines motherhood in the biological sense, the emotional and personal sense of 'becoming a mother' takes

some time. Barclay et al. adopt grounded theory to analyze experiences of 55 first-time mothers. The analysis identified six categories within the process of becoming a mother- 'realizing', 'unready', 'drained', 'aloneness', 'loss' and 'working it out'. The mediating factors- 'social support', 'prior experience with other people's babies' and 'the nature of baby and the mother's reactions to her baby's behavior' were also explicated. The theoretical framework that emerged from the data analysis enables predictions of the way individual women are likely to react to early motherhood. Mothers were found to undergo a profound reconstruction of self and significant losses were felt before gains became apparent. This suffering interferes with a new mother's social networks and relationships. Strategies such as providing practical support, strengthening community sources of learning and providing networks of support by women for each other could be developed in helping women negotiate this challenge.

Summary and critique

Oakley (1980), Bergum (1989), Barclay et al. (1997) adopted a qualitative approach within an interpretative paradigm to examine the transition to motherhood, provide a very different perspectives of the woman and everyday

mothering experience. Understanding the experience of first time motherhood from the vantage point of women themselves raises our awareness of the importance of cultural and social values in a woman's subjective experience of motherhood. More importantly, these studies lay the foundation for the development of motherhood theories. However, Barclay et al.'s (1997) theory focuses on the postpartum period but, as stated by Rubin (1984) and Mercer (1985), the process of becoming a mother commences during pregnancy and there is a relationship between women's experiences of pregnancy and the postpartum period.

Local research on transition to motherhood

Some local studies have used a cultural perspective to explore the Chinese woman's experience in making the transition to motherhood. In Pillsbury's (1978, 1982) study of the Chinese traditional custom of 'doing the month' after childbirth, 80 Mandarin Chinese including laypersons, herbalists, and physicians in Taiwan, and physicians and laypersons from the People's Republic of China were interviewed. Pillsbury (1978, 1982) first presents a set of specific rules and rationales of doing the month from the enthnomedical folk perspective and then

analyses them according to the logic of classical Chinese medicine and modern western medical knowledge. Although the western medical perspective finds some of the ritual practices of doing the month such as refraining from washing improper, the Chinese perspective considers these practices taken together as efficacious for curing the body's imbalance and preventive against ailments in later years. Moreover, these practices bear upon mental well being and familial relationships. Thus, Pillsbury reminds western-type health professionals to remain cognizant and respectful of the indigenous beliefs and practices linking the events of reproduction and health status of women. That is to say, she recognizes the power of cultural beliefs and practices and the impact of culture on mothers.

Liu-Chiang (1995) further studied this Chinese ritual of doing the month (Tso-Yueh-Tzu) in other perspectives. She adopted the qualitative approach to explore worries of the postpartum Chinese mothers who participate in Tso-Yueh-Tzu. Primiparas were recruited from a Tso-Yueh-Tzu center in a major city in southern Taiwan. Six focus group interviews were held with a total of 21 first-time mothers. The participant's first group interview was held at the average of day fourteen postpartum. Four themes regarding worries emerged from the data: searching process to integrate the self into the rituals of Tso-Yueh-Tzu,

understanding that the newborn's care influences evaluation of the self as a 'good mother', decision-making process of the self to arrange the best baby care for a career woman, and reconciling the need for self-fulfillment with the demand to be a 'family-mother'. The ritual of Tso-Yueh-Tzu provided an ideal setting for the woman to think, evaluate, and make decisions about the needs of the baby, the family, and themselves during the postpartum period. The woman came to the Tso-Yueh-Tzu center because it offered an optional place away from home that provided the opportunity to concentrated on a sense of self while following the ritual Tso-Yueh-Tzu. Although the women expressed their worries in different content, all focused on the need for 'the integration of the self' while they went through Tso-Yueh-Tzu.

Cheng, Lai, and Sin (1994) conducted a study to explore the risk of postnatal depression and the help-seeking behavior of postnatal Chinese women in Hong Kong. 150 mothers were recruited from five postnatal clinics. The modified Chinese version of Social Readjustment Rating Scale (SRRS) (Shek & Mak, 1987) and Edinburgh Postnatal Depression Scale (EPDS) (Cox, Holden, & Sagovsky, 1987) were employed to identify who are at risk of postnatal depression. The researchers developed a questionnaire themselves after reviewing the literature to

explore help-seeking behavior. The response rate for completed questionnaires was 100%. The findings show that 18.2% of postnatal women were at risk of postnatal depression. The occurrence of stressful life events in past year was found to contribute to risk of postnatal depression. Those women who had housing or financial problems were more vulnerable to postnatal depression. Over 90% of the subjects indicated that they would seek help when they needed to. Mothers usually turned to their social support network including partners, relatives and friends for help. Reliance on professional services (nurse and doctor) occurred much less frequently than reliance on family and relatives. The types of help usually offered were assistance with infant care, companionship and advice in infant care.

Summary and critique

The value of Chinese traditional ritual- 'doing the month', was first explicated by Pillsbury (1978, 1982), was once uncovered by Liu-Chiang's (1995) study in capturing the self-understanding of identity and development as experienced by Chinese childbearing women. In Cheng, Lai, and Sin's study (1994), Hong Kong Chinese women have been found to experience postpartum

depression in association with stressful life events. As stated by Pillsbury (1978), the ritual practice in 'doing the month' precludes Chinese women from experiencing postpartum depression. Similarly, Cheung (1997) contended that 'this practice has a direct bearing upon the psychological well-being of the woman' (p 64). Future qualitative and quantitative research could be done to explore the relationships. In the same vein, Stern and Kruckman (1983) reported high incidences of postpartum depression in United State where the postpartum period is neither recognized nor celebrated as a special time. Although there are few studies investigating variables in transition to motherhood and exploring the life experience of Chinese childbearing women, they tend to focus on the postpartum period. Moreover, The cultural context in which childbearing occurs provides norms that influence the woman's experience and shape mothering behavior.

The rationale of the study

Both maternal role attainment theory and transition theory focus on the psychological development of a mother-to-be at an individual level. However, like any other role in society, the role of mother is a product of culture and refers to the

acts the mother is expected to perform in relation to their child. Within each culture there is generally a wide range of latitude for individuality and expression of mothering (Mercer, 1981). For instance, some Chinese primparious women still retain the practice of Zuo-yue (Zuo-Yueh-Tze, doing the month) which may enhance the adjustment of the postpartum woman to her new status as a mother (Liu-Chiang, 1995). Hence, competence in a role is influenced by the number of cultural symbols, role-taking ability, repertoire of role-taking skills, and complexity of self-conception (Burr, Leigh, Day, & Constantine, 1979). Mercer (1985) also stated that mothering behaviors reflect social norms, which are common beliefs about what mothers should or should not do. These are learned more directly during an anticipatory phase of maternal role attainment during pregnancy, when the woman seeks out role models (Rubin, 1967b). Therefore it is important to look at cultural elements when examining the experience of becoming a mother, especially a first-time mother who does not have prior experience and has to cling more to cultural expectations and customs.

Hong Kong is a society that has a mixture of modern Western economics and traditional Chinese values and structure (Lee, 1993). Within Chinese patriarchal values, childbirth is regarded as the continuity of family ties, the renewal of the

kinship network and represents the future family passage (Ho, 1984). The role of the woman is to bear sons to perpetuate the patrilineal family. The traditional Confucian ideal of 'virtuous wife and good mother' (xianqi liangumu) dictated the woman to be silent, patient, tolerant and uncomplaining, and respectful of the parents-in-law (Yu, 1990). The Chinese concept of Jen (literally meaning 'person') is the place of the individual in a web of interpersonal relationships (Hsu, 1985). Under such a collectivistic view, the primary goal of the woman is to enact an established role within the family, so the family harmony can be maintained.

With over 95% of population being ethnic Chinese and its geographical and cultural proximity to China, the influences of traditional values and cultural norms in shaping the social expectation of mother and self-identity formation of transformative mothers should not be underestimated.

To conclude, there are a number of studies about the transition of motherhood based on conceptual frameworks of the maternal role attainment and theory of transition. Few studies uncover the experience of motherhood from the women's perspective. Futhermore, many of the studies are limited by their focus on the intrapartum or postpartum period. Longitudinal studies spanning from the

prenatal period through the first year of mothering would be helpful in gaining insights about the developmental pattern of the process of transition to motherhood. And I hope such a study may shed light upon our understanding of motherhood in Hong Kong through the trajectories of first time mothers.

CHAPTER III

METHODOLOGY

Design

The study employed a qualitative design to gain an in-depth understanding of the meaning of the Hong Kong Chinese women's experience of the transition to motherhood. A qualitative approach to research can identify the perspectives of the research participants and uncover their characteristics and experiences (Parse, Coyne, & Smith, 1985). The insiders' point of view and experience of a significant period in their lives are seen as most appropriate for understanding the phenomenon. According to Morse and Field (1995), a qualitative approach to understanding, explaining and developing theory is an inductive one and inductive theory is directed towards bringing participants' knowledge into view.

Grounded theory is one approach to the development of inductive theory. It is theory grounded in reality providing an explanation of events as they occur (Field & Morse, 1985). Glaser and Strauss (1967) developed grounded theory as both a research methodology derived from the assumptions and theoretical

underpinnings of symbolic interactionism and a method for systematically developing theories from the empirical world through an ongoing process of comparative analysis.

Symbolic interaction originated from the work of Mead (1934) and Blumer (1967). Symbolic interactionists are primarily concerned with discovering how people define and experience their world. The underling basic premise of this perspective are that people act towards things on the meaning those things have for them. Meanings emerge from social interaction and are continually modified through interpretative process (Stryker, 1967). The symbolic interactionist perspective, therefore, conceives of reality as dynamic rather than static. It focuses on processes that exist within the individual or groups of individuals rather than on social structure. Using this perspective, grounded theory provides a means of studying human behavior and interaction, creating a new perspective and understanding of common behavior (Chenitz & Swanson, 1986).

Three major features of the strategy are theoretical sampling, the constant comparative method and theoretical sensitivity.

Theoretical sampling (Glaser & Strauss, 1967) is a process of data collection whereby the researcher simultaneously collects, codes, and analyses the data in order to decide what data to collect next. First, data are examined to see what can be defined and discovered, then the analyst decides where to look for fresh data to refine the emergent concepts and theory (Glaser & Strauss, 1967). Thus informants are not chosen on the basis of their representativeness, but rather because of their expert knowledge of the phenomena under scrutiny that will help the researcher test ideas (hypotheses) (Glaser & Strauss, 1967), that is, concepts of importance for the emerging theoretical ideas.

Constant comparison (Strauss & Corbin, 1990) involves comparing segments of data within and between groups in order to generate categories, concepts or hypotheses relevant to the study area. Each datum is compared to other data and commonalties among data are represented by codes and categories. A given datum is assigned to as many categories as seem fitting (Strauss & Corbin, 1990). It is a hypothetical process, as a guess is made about what coded data belong in which categories (Strauss & Corbin, 1990). If a categorizing scheme is incorrect, the researcher generally recognizes this fact while collecting more data. The researcher may hypothesize that data belong in a certain category and may prove

or disprove the hypothesis of categorization by collecting more data (Streubert & Carpenter, 1995). If the hypothesis is wrong, it is rejected. This process is deductive in nature because previously formed concepts are consequently verified whereas developing the emerging hypothesis is an inductive process (Streubert & Carpenter, 1995). As categories are conceptualized, relationships are identified among the categories and linked together to form a tentative conceptual framework. Categories in turn may be grouped according to a meaning that appears to unite them (Streubert & Carpenter, 1995). Grouped categories are named as a higher-order category (Strauss & Corbin, 1990). The categories it subsumes are considered its properties. This categorizing of categories continued until a core category emerges (Strauss & Corbin, 1990).

Literature is used as data and may be used concurrently to test and validate emerging themes (Strauss & Corbin, 1990). Instead of the standard literature review at the start of the report, excerpts from relevant or related studies are included as the theory emerges (Streubert & Carpenter, 1995). The relevancy of information is determined by whether it fits and works within the emergent scheme (Streubert & Carpenter, 1995). Data collection ceases when no new information about the emerging theory is forthcoming from ongoing interview

(Strauss & Corbin, 1990). Meanwhile, memos are written to record suggested questions, thoughts, hypothesis and relationships and diagrams are drawn to track back the emerging theory (Strauss & Corbin, 1990). These memos form the basis of the final written report. Comparisons proceed until a core category, which links all the categories and sub-categories emerges (Strauss & Corbin, 1990).

In summary, grounded theory is rooted in the symbolic interactionist school of sociology. Symbolic interactionism focuses on the meanings of events to people and the symbols they use to convey that meaning. Meanings are developed through experience or interaction. The meanings that people assign to events determine their response (Stryker, 1967). As a method of inquiry, grounded theory is oriented to the generation of theory. The focus of analysis is behavior and its constituted meanings as these are expressed through symbols and social interactions (Wilson & Hutchinson, 1991). The analytic process results in codes, categories, hypothesized relationships among categories, and a conceptual framework interpreted to explain the phenomenon being studied.

To conclude, a grounded theory approach is used in this study to examine motherhood. This approach provides the researcher with the tools to examine a

phenomenon in considerable depth. Charmez (1983) describes the purpose of a grounded theory approach as the construction of theory from the data itself. Use of the strategies outline by Strauss and Corbin (1990) enable me to explore the richness and complexity of motherhood through the women's voices, describing their experiences and exploring the meanings of those experiences for them.

Setting

The study was conducted in the maternity unit of a general hospital where the researcher is working. This unit caters for the majority of childbearing women in the Kowloon centre region.

Sample

Nonprobability purposive sampling (Wood & Catanzaro, 1988), which involves seeking informants, who can meet the informational needs of the study, was used in order to recruit the full range of possible experiences of the local women. This increases the likelihood of theoretical saturation (Strauss & Corbin, 1990). This type of sampling was used to select women of different ages and

social backgrounds. Six pregnant women participated in this study. They all met the following inclusion criteria: (a) the pregnancy must be the first in their lives; (b) they shall be at least 18 years of age; and (c) speak Cantonese which is the dominant dialect in Hong Kong. First-time mother is focus since motherhood constituted a dramatic change in role for woman for primiparous than multiparous (Grossman, Eichler, & Winickoff, 1980; Wilkinson, 1995). Multiparas have prior experiences with birth and generally have already mastered much of the role content related to infant care. Multiparas in Walker, Crain, and Thompson's (1986) study reported more self-confidence and positive evaluations of self as mother than did primiparas. In a longitudinal study of functional status among 97 new mothers, multiparas reported greater return to self-care, household, and social activities than did primiparas at six weeks postpartum (Tulman, Fawcett, Groblewski, & Silverman, 1990).

The women were contacted during a regular antenatal visit at the clinic of the maternity unit. I first approached the woman and explained to her about the purpose and the ethical standpoint of the study. Interviews were scheduled if they were interested and agreed to participating in this study.

Ethical Issues

The study design and procedure was first approved by the Departmental Research Ethics Committee of the Chinese University of Hong Kong (see Appendix A), and the maternity unit of a general hospital in Kowloon center region (see Appendix B). In the study, the interviewees were informed of the purpose of the study and were given the information sheet (see Appendix C) so that they could give their consent (see Appendix D) from a position of knowledge about the purpose of the research. Each interviewee was asked if the interview could be tape-recorded. The women was reassured about the voluntary nature of the study and of the fact that a refusal to take part would not in any way affect their care or that of their baby. Women were assured that the information divulged would remain anonymous and that the knowledge obtained may benefit others in similar circumstances, through publication of material drawn from the study. Women were informed that if any time during the interview they wish the tape-recorder to be turned off, this would be done immediately. It was recognized that this study might trigger distressful memories for the participants and they were informed of a variety of psychological supports available to them if required. All the participants were given the assurance that they could withdraw from the

research at any time they wished. They was also informed that after transcription the tape recording would be erased and data obtained would be used only in the written form, without mentioning the women's name. The tapes did not carry names and were locked safely in a cabinet. A matching list of names was stored separately.

Data Collection

In this study, the process of transition to motherhood is assumed to occur during the early stages of pregnancy, the labor, and the extended postpartum period during which the women learn and practice behaviors called in their roles as mothers (Brouse, 1985). Data were collected through interactive interview (Morse, 1991) which was conducted by the researcher who is a registered midwife. As Hogston's (1995) study found interviews are especially useful for uncovering the subjective domain, the world of feelings, perceptions, values, morals and experience. Interviews took place during the second and third trimester of pregnancy. This interval was selected because empirical evidence indicates that the bio-psycho-sociological changes of the women began early in pregnancy. The second trimester is the period of lowest physiological stressors and a time of

optimum adaptation to gestation (Colman & Colman, 1971). The third trimester is regarded as a period of sensory overload that elicits multiple physiological and psychosocial stressors (Clark & Affonso, 1979; Halldorsdottir & Karlsdottir, 1996). Gestation at the time of first interview ranged from 20 to 26 with a mean of 23 weeks and at the second interview ranged from 30 to 37 with a mean of 34 weeks. During the postpartum period, interview were conducted at six weeks and six months after delivery, as studies showed that these are the time when changes in functional status occurs and resumption of some roles activities did not occur until six months postpartum (Tulman & Fawcett, 1988). The time at the first interview after delivery ranged from six to ten with a mean of six weeks and the mean for the second interview was six months.

An open-ended interview schedule was developed to encourage the women to recount their experiences of personal relevance in relation to the transition to motherhood. Each interview began with a very informal conversation about her family so as to obtain the demographic data. As soon as it appeared that the woman being interviewed felt as ease with the interviewer and the tape recorder, I began with an open question such as 'Please describe how you have been feeling since you knew that you are pregnant'; 'Describe all your thoughts, feelings, and

perceptions about the changes, and ways, if any, in which the changes affect your life.' During the interview dialogue, when more clarification was needed, open-ended questions were asked such as: 'What do you mean?' 'Can you explain it more?' 'Please give me an example.' As more ideas emerged, more focused questions were asked. The sequences and specific wording of the question were determined at the time of the interview. Conversation was encouraged and respondents were able to express any views, concerns, or problems as they wished. At the end of each interview, after a short discussion about the research, the participants were again asked whether they still wished to be part of the study. In subsequent interviews, the women were asked to talk about what had happened since the last interview, when they reached a natural end in their talk, I sought further clarification or elaboration of topics that they had raised. In addition, I decided on analytic grounds what topics needed to be pursued with each participant in subsequent interviews and sought to validate with each woman my interpretations of the data collected to that point. As the data collection and analysis progressed, the interview guide was modified to include emerging finding with the purpose of verifying the emerging theory. For example, the interviews began with a general question: 'Would you describe your thoughts and feelings since you became pregnant?' During the course of the interview the woman often

spoke of their wishes about the baby's gender. Specific questions were then added. For example, women were asked, 'Some women may picture what their baby would look like, do you have similar experience? Can you describe it? Why did you have this thought? Besides the baby, anything else you will think of? How did you feel when this thought come into your mind?'

Audiotaped interviews were held in a place of the women's choice. Several interviews were conducted in a private office at the hospital site. Others were held in participants' homes. Each interview normally lasted for about one hour. A pilot interview with two women was conducted in February and March 1999 to provide the researcher with experience of this type of interviewing and to establish the format for analyzing the interviews afterwards. At first, I had trouble getting the information I wanted. The woman was hesitant in the presence of a tape-recorder. However, as soon as the recorder was switched off, she felt more relax and talked freely about her thoughts and feelings. Finally, I used a larger tape-recorder, which was placed further away so it was not necessarily always visible to the participants. For those participants who had soft and quiet voices, I placed the tape-recorder near enough, but not so prominently that it intimidated the hesitant women. The main study was conducted between May 1999 to August 2000. In

this study, interviews with six women four times over twenty-one months, for a total of twenty-four interviews was conducted. This small numbers of informants is, however, compensated for by the 'thick' or detailed description of the phenomena which is obtained (Holloway & Wheeler, 1996).

Data Analysis

As appropriate in grounded theory research (Glaser & Strauss, 1967), data analysis began when the first interview was conducted and continued until a conceptually dense substantive theory derived from the data. The interviews were transcribed verbatim in Chinese language (see Appendix E). The reason for doing so was to maintain the meaning of the women's accounts as accurately as possible. All transcripts were translated into English (see Appendix F) and the analysis was undertaken from the Chinese transcripts. The translation of the women's accounts attempted to match as closely as possible to what the women said, therefore, some sentences may seem grammatically incorrect to English readers. To overcome this, some quotations were amended slightly to make them more grammatically correct while retaining the sense of the quote. Transcripts were read through and notes were made, throughout the reading, on general themes within the transcripts (Polit & Hungler, 1999). This process, as Burnard (1991) stated, is used to help the

researchers become more fully aware of the 'life world' of the respondent, to enter the other person's 'frame of reference'. Each transcript was read through again and was examined line by line. Analysis of interview transcripts comprised open coding, axial coding and selective coding as described by Strauss & Corbin (1990).

Strauss and Corbin (1990) define open coding as 'the process of breaking down, examining, comparing, conceptualizing, and categorizing data' (p. 61). In open coding, data were broken down into codes. Each word, line and paragraph was examined thoroughly to discover and label the phenomena being described. As data are coded, key words or codes that symbolize an event or process are written in the margin of the transcripts. These codes are called substantive codes because they account for the substance of the data. At this stage, an inquiring attitude was used in reviewing the transcripts as the researcher asked herself, 'What's going on here? What's happening? What does this mean? Under what conditions and what consequences does this happen?' Initially, in vivo codes, which consist of words and phrases used by the respondents themselves, were used. For instance, two women described their change in life style since they knew that they were pregnant as follows:

'I don't eat spicy food . . . I drink more milk, eat more nutritious food like fishes, vegetable and fruit.' (Jessica 1, p6, l21-24)

'I must drink milk . . . the baby will be healthier, the skin of the baby will be better.' (Ying 1, p6, l 173, p7, l 192)

'I can't do strenuous exercise because I have a baby.' (Joanna 1, p11, l 5-6)

'I don't get mad because I'm afraid the baby will become like that . . . and it will be difficult to take care of him after he is born.' (Ying 2, p2, 65-66)

Initial codes emerged such as 'eat nutritious food', 'drink milk', 'no strenuous exercise', 'healthy baby', 'better skin of baby' and 'difficult to take care'. This first level of coding aimed at encapsulating the women's own meanings as succinctly as possible. Donovan (1995) suggested that to overcome the dilemma of unintentionally superimposing the respondents' perceptions with those of the research, care should be taken to employ the actual words used by the respondents.

The second level of analysis involved the clustering and grouping of common concepts into smaller number of conceptual categories according to their 'fit' (Swanson, 1986; Hutchison, 1986). For example, 'eat nutritious food', 'drink

milk', and 'no strenuous exercise', were categorized under 'changing of life style'; 'healthy baby' and 'better skin of baby' was submitted under the category 'baby welfare'; and 'difficult to take care' was under the category 'mother's welfare'. At various points I would listen to the tapes of the interviews, reflecting on the tone of a particular participant to preserve the tenor of the participant's ideas. During this stage, a process of constant comparison was carried out in which the coding from each interview was compared in turn with data to be obtained from subsequent or previous interviews.

Axial coding was then conducted to relate subcategories to a category. As defined by Strauss and Corbin (1990), this stage is 'a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories. This is done by using a coding paradigm involving conditions, context, action/interactional strategies, and consequences' (p. 96). It was an inductive and deductive process (Strauss & Corbin, 1990) which required repeated re-examination of the data and their interpretation. To cite an instance, 'changing of life style', 'baby's welfare' and 'mother's welfare' were collapsed into one category named 'caring of (m)other- mother with the baby'. This construct contains developing ideas and themes. These processes will keep on

going until no new codes and categories will be identified in any of the final transcripts to be analyzed.

Selective coding (Strauss & Corbin, 1990) is the final stage of the analysis which involves linking substantive categories into a theoretical framework, and selecting a core category, which underpins all the other categories and accounts for the underlying "story line" of the theory.

Interviews with the six women yielded over 470 pages of transcripts. Initially, 120 codes were developed, and the original codes were collapsed to nine sub-categories. For example, 'wish to have a son', 'imagine the amount of hair', and 'hope to be a upright person' were collapsed into 'image of baby' which was ultimately subsumed under 'daydreaming'. Five categories finally emerged from the data.

This study is relatively small and, it was unlikely that the emergent categories reached theoretical saturation. However, after 24 interviews, convergence of the data into well-defined categories was achieved through constant comparison of the data the theoretical sampling of the ideas and thoughts

of the participants.

The coding, analysis of data and themetizing occurred simultaneously. Logic diagrams (Strauss & Corbin, 1990) made by the researcher helped to uncover the relationships between categories. Memos were written throughout the process to guide thinking and to record analytical insights and interpretations that emerge (Stern & Pyles, 1986). For example, I had read the segment of data quoted below

> '. . . I worry a lot about diet. My skin condition was not good; this is due to the heritage from my parents . . . that's why I choose what I eat carefully. I cut all the seafood . . . I didn't have cold drink . . . lamb and snake, seafood, soybean sauce and bean curd . . . I don't want my baby to be in the same condition like me. I take care of my diet.' (Joanna1, p3, l 30-32, p4, l 1-11)

In my memo, I wrote,

This woman demonstrates her giving for the baby's welfare. She is concerned about her diet, she perceives control over the outcome of pregnancy through changing her eating habit. Foods that are considered taboo are avoided. She takes care of her diet for the sake of the baby. What makes the woman sustain giving of self? How does she think about this giving?

The goal of the grounded theory approach is the development of an inductively derived grounded theory about a phenomenon by using a systematic set of procedures, including coding, theoretical sampling, memos, and diagrams (Strauss, 1987; Strauss & Corbin, 1990). Glaser (1978) indicates that analysts must possess theoretical sensitivity in order to 'render theoretically their discovered substantive, grounded theories' (p.1). Theoretical sensitivity is enhanced by 'disciplinary or professional knowledge, as well as both research and professional experiences' (Strauss & Corbin, 1994, p. 280). The experience of midwifery practice in the Chinese community helped me to understand and interpret what was seen and heard in the study. For example, the literature about the Chinese value of filial piety was located. Theoretical sensitivity also increased when I reviewed the literature for variables that were found in the data. In addition, throughout the analysis process, I constantly checked what I thought to find in the data with participants in order to verify the finding's relevance. Constant comparison of themes emerging from each interview led to new questions and hypotheses, and my decisions regarding data collection were guided by consideration of where the answers might be found. For example, the amount of parent-in-laws' support was considered an important factor for strengthening the women's support network. Initially, I recruited women who lived separately

from their in-laws. Most of the in-laws lived in Hong Kong while one in-law lived in Mainland China. Subsequently, women living with the in-laws were recruited. Further analysis, however, revealed that the indicator for women's support system was the women's (subjective) perceptions of the support, rather than the amount of support they received. Therefore, I compared the women who live with in-laws and those who live separately. Thus, theoretical sensitivity increased gradually when I interacted with the data since the emerging ideas had been examined and finally confirmed by the additional supported data.

Trustworthiness of the study

Several measures were undertaken to enhance the rigor of the research process. These procedures followed the recommendations of qualitative researchers to increase the credibility, transferability, consistency and confirmability of the research findings (Lincoln & Guba, 1985; Sandelowski, 1986; Strauss & Corbin, 1990).

Credibility

Credibility, the truth as it was known to the first-time mother, was maintained by purposive sampling which involved seeking the best informant who were willing to talk about their experience. The credibility was enhanced by an extended period in the field (sixteen months). I built a trusting relationship with my informants through prolonged engagement so that misinformation or distortions were minimized. Interviews were taped-recorded and transcribed verbatim to maintain integrity of the data and to reduce my perceptual biases. Audiotaping all interviews, multiple interviews with informants, and solicitation of informant reactions to emergent themes (called 'member checks' by Lincoln and Guba, 1985) served to strengthen credibility of the study. To further improve the credibility, the transcripts and coding was discussed with my supervisor who has the skills for this research approach (called 'peer debriefing' by Lincoln and Guba, 1985).

Lincoln and Guba (1985) stated the credibility of any argument is enhanced by the establishment of structural coherence, that is, the ensurance that there are no unexplained inconsistencies between the data and their interpretations.

Sandelowski (1993), however, argues that reliability, or consistent finds over time, is a threat to validity of findings within an interpretive paradigm, where multiple realities are assumed to exist. Although data may conflict, credibility is increased if the interpretation can explain the apparent contradictions. 'Negative cases' which emerged in this study allowed for greater depth of dimensional analysis and abstraction. For example, when we talk about the birth of a baby, we usually treat it as a happy event. That is why in most Chinese families, the 'full moon wine' ceremony is held. This joyous occasion announces the arrival of the baby and marks the change in status for parents. In my analysis, in the same occasion 'full moon wine' ceremony, one woman with joyous feelings was compared with another woman experiencing anger and disappointment. The factors differentiating the two different feelings in the same event were coded as 'being recognized' and 'being unconcerned' respectively and eventually collapsed into concepts and categories, such as 'fortifying support' or 'enhanced women status'.

Transferability

The heart of transferability is contextual similarity or congruence between contexts (Lincoln & Guba, 1985). The background information about the

informants and the research context and setting was provided in this study to allow the reader to judge the transferability of the findings to another context. Since this study was culturally focused, the degree to which the findings could be applied to other contexts and settings would be limited.

Consistency

Consistency refers to the ability of another researcher to follow the thinking, logic decisions and methods used by the original researcher (Lincoln & Guba, 1985). Consistency in this study was enhanced by the detailed coding procedures and memos written through out the analysis which enable an examination of the 'decision trail' used in the study (Strauss, 1987). Moreover, in grounded theory, data items were checked against one another repeatedly and compared and contrasted again and again. By doing this, distortion, inaccuracies and misinterpretations were gradually discovered and resolved. There were no distortions or lies detected in the data.

Confirmability

Confirmability or neutrality refers to the freedom from bias in the research process (Sandelowski, 1986). Confirmability is achieved when credibility, transferability and consistency are established. This criterion was addressed in this study by the measures taken to meet the criteria of rigor described above.

Summary

The research design of this study was an qualitative design (Morse & Field, 1995) using a grounded theory approach (Glaser & Strauss, 1967), which is rooted in the symbolic interactionist school of sociology (Blumer, 1967; Mead, 1934), to gain an in-depth understanding of the meaning of the Hong Kong Chinese women's experience of the transition to motherhood. Purposive sampling (Woods & Catanzaro, 1988) was used and further sampling was based on theoretical sampling (Glaser & Strauss, 1967). Data were obtained through in-depth interviews (Morse, 1991). The taped interviews were transcribed verbatim. The constant comparative method of data analysis (Glaser & Strauss, 1967; Strauss & Corbin, 1990) was used to generate theory by using explicit coding and analytic

procedures. Memo notes (Strauss & Corbin, 1990) were used during analysis to track my thinking about emerging concepts and ideas. Through out the process, I sensitized myself to the literature, my midwifery experience and knowledge so as to make myself more aware of the significance of the data (Glaser, 1978). The four evaluative criteria (i.e. credibility, transferability, consistency, and confirmability) described by Lincoln & Guba (1985) for ensuring adequacy of qualitative findings were applied in this study to increase trustworthiness.

CHAPTER IV

FINDINGS AND DISCUSSION

Childbearing is not a 'condition' – it is a process. Not only does the fetus/baby develop and mature, but the woman, too, undergoes process of growth, bridging the present self – women, with the future self – the mother. When the woman enters the pregnancy, she experiences patterns of behavior that occur in anticipation of, and in reaction to, childbearing-timed events. These childbearing-timed events refer to the time during pregnancy and postpartum where certain events act as pivotal experiences for the women. These identified time markers are the maturational phases of pregnancy and enactment of maternal roles. Since the purpose of this longitudinal study is to map the processes involved in Hong Kong Chinese women's process of transition to first time motherhood, the findings are presented according to the significant elapses of time: first, second and third trimester of pregnancy as well as a period over six months after delivery.

In this study, participants were all first time mothers, who were pregnant and delivered a baby between February 1999 to August 2000 in Hong Kong. Data that

were collected over a period of 18 months involving six participants are presented and discussed. Excepts are used and following each segment is the participant's pseudonym, the number 1, 2, 3 or 4 representing whether it is from the first, second, third or fourth transcript from which the except is taken.

In addition to the demographic information displayed in Appendix G, the summary profile of the six women is as follows. The six women ranged in age from 24 to 36 with a mean of 30. All were planned pregnancies and, as in usual in Hong Kong, all were married. The average household consisted of the participant and her husband, one household also contained of in-laws. The occupation of the participants and their husbands were diverse, only one woman was unemployed. The mean of educational level was secondary school graduation. Work was the main source of income for all participants and the combined salaries of the couple ranged from $20,000 to $40,000 per month. Four women delivered their babies spontaneously and two had undergone lower segment caesarian section. All deliveries resulted in the births of viable singleton normal infants with four males and two females. Three mothers breast-fed their babies.

Conceptual categories

Analysis of the data of the whole study resulted in the emergence of a core category of 'keeping harmony' (Refer to Figure 1), which captures the essence of the life experience of Chinese women who become mothers for the first time. The core category encompasses the four categories: giving of self, replenishing, developing self and renegotiating relationships.

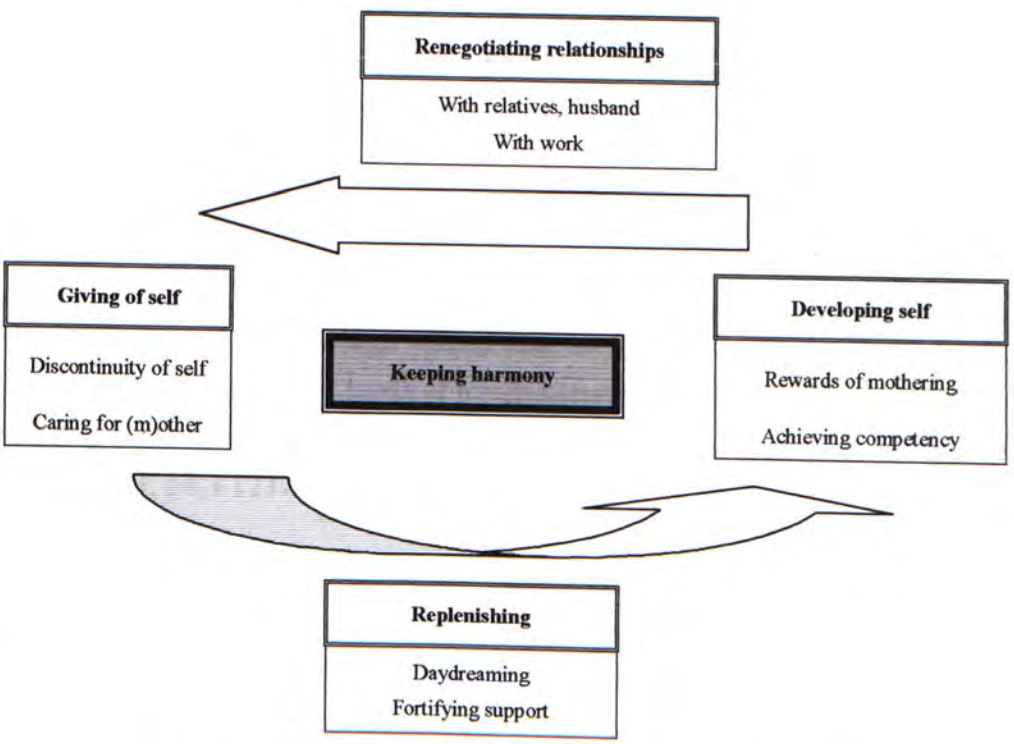

Figure 1. Relationship between core categories 'keeping harmony' and other categories

Keeping harmony

Harmony is a golden rule of health maintenance in Chinese society. The state of harmony is achieved by the principle of the Mean. The Chinese scholar, Chu Hi interpreted the Mean as being a state of inclination to either side, neither short nor excessive in its inclination, but just and proper (Legge, 1960). The principle of the Mean in everyday life emphasizes equilibrium in one's state of mind. In this study, the woman maintained feelings of harmony and inner calm when there was a balance between giving of self and developing self. Ying described her feelings about the childbearing process,

> 'Sometimes I find it tough when I take care of the baby by myself. I want to cry sometimes, but he looks at me and smiles . . . Ai ya, he smiles in front of me, I am so happy. I think it's worthy to sacrifice a little for my son . . .' (Ying 3, p4, l 123-130; 4, p6, l 181-185)

The giving process was one of giving of self. This giving of self spanned the two categories: discontinuity of self and caring for (m)other. Women endured a period of time when they were giving a lot before they were receiving in return. They experienced personal loss such as loss of personal time, interest, former life and woman identity. Replenishing was an important sustaining factor for these women

in giving of themselves. Daydreaming and fortifying support received from families and others drove the women in giving of themselves readily. With the personal gains such as a sense of satisfaction and confidence as a mother which received from mothering, a kind of balance between giving of self and developing self was achieved and the women experience feelings of harmony and inner calm. Keeping harmony was further energized by renegotiating relationships with other family members.

The core category 'keeping harmony' consists the four categories: giving of self, replenishing, developing self and renegotiating relationships.

Giving of self

To transform from oneness (woman) to (m)otherness (mother with the baby), all the women in the study engaged in giving of themselves in order to fulfil the needs of the (m)others (Refer to Figure 2). This giving involved giving up or giving away of the physical, psychological, and social self as the women experienced the discontinuity of self and actively engaged themselves in taking care for (m)others.

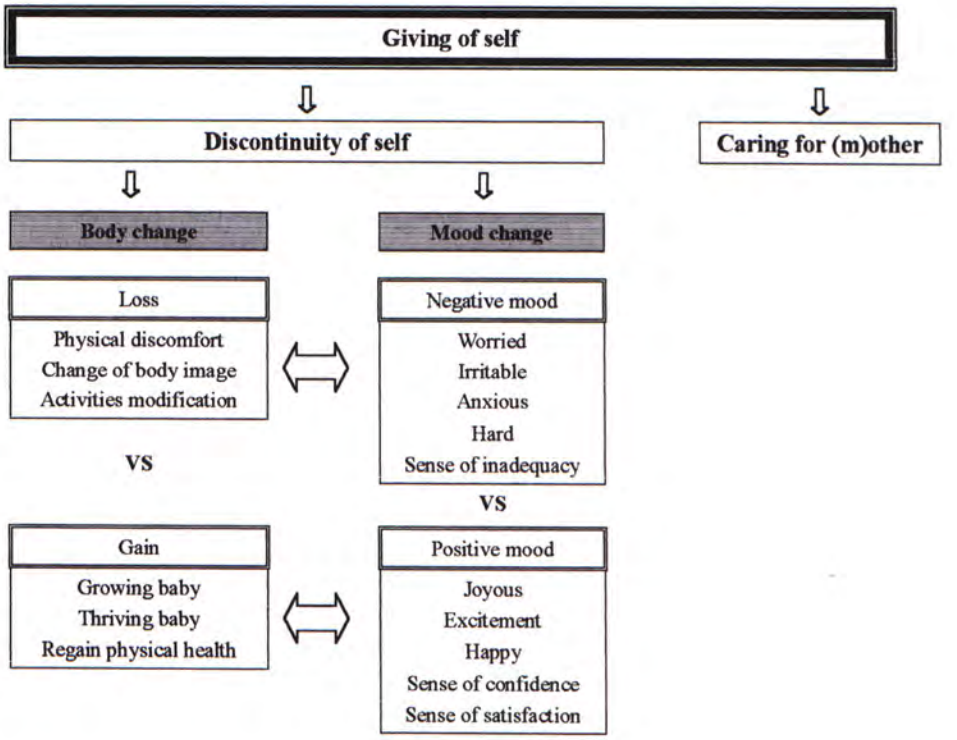

Figure 2. Illustration of the category 'giving of self' and the subcategory 'discontinuity of self', their properties and relationships

Discontinuity of self

1. Body and mood change

To become a mother, the woman has to incorporate the baby into her own self. Pregnancy poses significant challenges to the woman's perception of her body. There is not only a radical change in the physical dimensions as the pregnancy develops, but also change in body function. All mothers in this study indicated that the pregnancy was announced through signs of lack of menses,

which is often the primary physical 'absence' that signals pregnancy. A missed period as the first symptom of pregnancy was also noted by the women in Oakley's (1986) study. This reality of the early pregnancy was further confirmed by going to see the doctor to have the pregnancy test performed.

All women were excited at the notion of another life growing within them; they felt joyous. However, at the same time, they worried about abnormalities in the baby, miscarriage, the pain of childbirth, and the arrangement of baby-sitter. Wan described her mixed feeling as she knew she was pregnant,

> ' Well, happy but worrying . . . if you know how old I was, you will have the same worries . . . I was worrying if my little baby was abnormal, . . .' (Wan 1, p1, l 84-91)

Ying expressed her worries once she knew that she was pregnant,

> 'I planned to have this baby . . . but I worry about the pain when having labor. I worry if the baby is normal, if it is well built, if his IQ is normal of not.' (Ying 1, p1, l 4-6)

The women felt their physical appearance had not yet changed in any outward way in the early weeks of pregnancy. Loss of appetite and activity, and tiredness were prominent in all women's report. One of the women said of her changes,

'I felt tired all the time . . . I walked like a snail, very slowly and I was afraid I'll be knocked down by somebody. It is because I did not obviously look like I was pregnant and the others just don't know.' (Joanna 1, p3, l 84-87)

Discomfort such as nausea or changing sensations within the breast, when anticipated, did not trouble them. Joanna said of her attitude toward body changes,

'. . . my breasts are painful . . . I threw up three to four times within this two months . . . It is what I expected . . . I think you need to be preparing for these changes when you desire to give birth to a child. It is what I have expected, that's why it is not so hard . . .' (Joanna 1, p7, l 17-19; p10, l 30-31; p11, l 15-26).

Expected differences are not necessarily threatening ones; usually it is unexpected changes that are threatening.

During the second trimester, despite the maternal size increments, all women said they were pleased with any sign of weight gain, they indulged their appetite. One of the women expressed,

'My tummy becomes bigger, and the fetus moves inside . . . it's normal . . . the baby grows and that's why the belly becomes big . . .' (Miranda 2, p1, l 3-9).

They described themselves as more physically active than they had been in the early weeks of their pregnancy.

Being irritable or 'feeling down' were reported by four women. Negative mood changes described were associated with conflicts they experienced with mother-in-law. Ann said of her problem with her mother-in-law,

> 'I live with my parents-in-law . . I don't want to follow their ideas, but I can't express my attitudes about it, so I remained silent . . .' (Ann 1, p6, l 180-182; p7, l 189-190)

Positive moods were more frequently reported by the remaining two women who considered their important relationship to be helpful and supportive. Jessica said,

> 'Say . . . to wash the clothes . . . my mother-in-law will wash for me with no complaint . . . I appreciate so much . . .' (Jessica 2, p5, l 127-133)

In the third trimester, all women reported significant alterations in their appearance and body function. As their weight increased and their abdomen enlarged, the women developed a 'waddling' gait and getting around became progressively more difficult. Their body significantly limited their sphere and ease of movement. The women perceived themselves to 'look clumsy and heavy' or

'ugly'. All women indicated that they were 'really slowing down'. Jessica expressed her attitude towards her body change:

> 'I feel very clumsy and walk very slowly. . . Everyone says that I look a lot more ugly, my nose has become bigger. Ah, what should I do? I have nothing to do with this. One needs to sacrifice when becoming a mother even if it makes you bad-looking . . .' (Jessica 2, p1, l 3-7; p9, l 570-572)

Moore's (1978) study observed that women's body images became more negative as pregnancy progressed; they saw themselves as less attractive.

Almost paradoxically, moods were good; the women were more calm, happy, emotionally 'up'. One of the women even responded positively to her colleagues who gave her a nickname 'big pet duck'. She said,

> 'Initially, I think it's ugly, "big pet duck"! . . . never mind, my pet is really getting bigger and broader. I can do nothing . . . I know they are joking only . . .' (Joanna 2, p3, l 94-105)

However, deterioration of mood dominated the women's report of body change in the last half of the pregnancy. The women's negative moods were connected to body discomfort, such as tiredness, increase in micturation, heaviness of the abdomen. This physical discomfort became almost unendurable

and as term approached they usually felt increasingly tired and irritable. Thus the women became increasingly impatient and anxious to birth. Impatient feelings were revealed in Joanna's conversations,

> 'I find that the baby is becoming heavier. It is troublesome . . . It is especially hard for me to walk upstairs . . . and I just want the baby to come out earlier . . .' (Joanna 2, p1, l 4-9)

Throughout the pregnancy, the women equated body changes supportive of growth with survival. As long as maternal body changes were connected in the women's mind with impressions of a growing, thriving baby, the women's sense of pleasure concerning body change was reinforced. According to Rubin (1984), dynamic growth and survival themes dominate maternal behavior during pregnancy. In the first and second trimesters of pregnancy, efforts to sustain growth were pronounced and the woman carefully monitored her body for gain in weight and appetite. In the second trimester, maternal size increments and fetal movement provided supportive evidence of the baby's existence and the expected growth outcome. This is reflected by Miranda's accounts,

> 'My feeling to the baby had not been very strong but after that I started to feel for it – the happiness of being pregnant . . . it's moving . . . it's like a small fish moves a bit inside your tummy. I felt happy, pretty happy about

it.' (Miranda 1, p8, l 289-299; p9, l 331-333)

This event of quickening created an emotion upheaval as the woman recognizes the presence of the baby, and this was also reported in Bergum's (1989) study. In the third trimester, the fetal gigantic kicks against the abdominal wall as evidence of survival.

Two women, in experiencing closeness with her baby both biologically and emotionally, extended these feelings of closeness and intimacy to her husband. Miranda described,

> '. . . he put his head near my tummy and talked. . . I let him feel it, he said he heard the heart beat, really? . . . Well . . . he can share something with me emotionally, he's involved and it's good to have him share with you.' (Miranda 1, p9, l 336-346)

On one hand, the husband pursued emotional and physical experiences of pregnancy, on the other, the woman felt being supported emotionally as her husband concerned about and cared for her and her baby.

Despite of the fact that thinness for physical attractiveness is highly valued in society, all the women in this study tolerated body changes as they viewed these

as transient and unique to the childbearing endeavor. Joanna said,

> '. . . I think I am going to lose my weight after I give birth to my child. I put the need of my baby first basically.' (Joanna 1, p11, l 7-8)

The preceded account also demonstrated the woman subsumed her own need to that of the baby.

Shifting of moods were expressed in different body change modes. The study findings paralleled Affonso & Mayberry's (1990) study that pregnancy frequently triggers emotional disturbance. Negative moods reflected the women's unique concerns about the uncertainty of motherhood or other disconcerting situations connected with their childbearing endeavors. All the women connected worrisome mood changes during first trimester with the uncertainty of motherhood e.g. fetal abnormalities, labor pain. Many of the women who reported worrisome negative mood changes during the second trimester described problems they were having with mother-in-law when they described their worrisome mood changes. In comparison, the women's worrisome losses in mood during third trimester were associated with increasing body discomforts.

A high price seems to be paid for being a mother because of losing control over managing one's body and feelings which was manifested by the so called common physical distresses such as fatigue, feeling physically restricted, and nausea or vomiting. However, all the women in this study said it was worth it in giving of themselves in paving the road to transform from oneness- the woman to (m)otherness – the mother with the baby.

After birth, the woman undergoes a shift of boundary from self to mother. During the early weeks of the postpartum period, all mothers tended to feel anxious or irritated about such issues as the infant not sleeping or nursing well, its fussing, and so forth. Many mothers reported negative feeling associated with physical discomfort and fatigue due to lack of sleep. Miranda described her experience,

> 'I don't know how to react at first . . . I fed with breast milk . . . It's painful, and I had no idea if the baby has taken it and I am not sure how much did he take . . . I do it all by myself every night. I feel very tired, I don't have the spirit . . . I feel troubled and weary.' (Miranda 3, p1, l 5-15)

Mercer's (1986) study reported that the majority (55%) of the first-time mothers in her study complained of fatigue during the first month after birth. The preceded

account also supported Fleming, Ruble, Flett & Shaul's (1988) study that the down feeling was related to their feelings of inadequacy or apprehension about child rearing and that reflected the lack of prior child-care experience in first time mothers.

Improvement in mood began to occur six weeks postpartum, a change that was related to an improvement in women physical health, as well as a growing sense of competence in caring for babies. Jessica said of herself proudly,

> 'I can handle in different ways . . . how to bath her without her whining, how to be comfortable, quick without hurting her or making her catch a cold. I can cope with these things now. I feel happy.' (Jessica 3, p8, l 293-298)

At six months postpartum, the mothers felt satisfaction in the mothering role as they could meet the needs of their babies.

All mothers paid lesser attention to the speed at which they could achieve a tighter abdomen, and improved figures in general as they were preoccupied by their babies. The husband demonstrated a relaxed, quietly confident attitude that they would duly return to normal.

A discontinuity of self permitted the women to incorporate the baby into the self. The pregnancy introduces a break in the continuity of the self by creating a radical alteration of boundaries and self-world orientation. The perception of self-continuity is founded on the perception of bodily continuity and sameness over time; yet pregnancy announces a discontinuity and prepared the woman to incorporate the other (baby and future mother) into the self. As Price (1993) stated, body boundaries involve the perception of where the body ends and the outside world begins and pregnancy radically changes body contour, body boundaries and a woman's sense of completeness. Through out the pregnancy, the woman endures the lost of control over managing one's body and feelings. After birth, the woman experiences the shift of boundaries from self to mother – a new identity to caring, giving and nourishing. As the woman masters the new role behavior, a new self – a good mother self – integrates into the woman's sense of self. Through out the process, the women experienced a dichotomy of feelings, continuous along polar opposition – joyous/worried; sacrifice/devotion. Nevertheless, the women were willing in giving themselves to become mother – a good mother who is the 'responsible agent for the care of the child, concerned with his present welfare and long term interests' (LeVine, 1974, p.229; cited in Welles-Nystrom, New, & Richman, 1994). To have a healthy baby was the concern of the woman and to

ensure a healthy baby outcome, the woman had to take care of self.

Caring for (m)other

To ensure a healthy baby and ultimately to become a mother, the woman had to take care of self, the self that was realized after nine-months i.e. the mother with the baby - the (m)other. Thus rather than thinking of 'my needs' as an autonomous individual, there is an orientation toward 'our needs' – the (m)other needs (Rabuzzi, 1988). To ensure a healthy (m)other, the woman engaged herself in adopting protective behaviors, which include adhering to traditional ritual practice; changing lifestyle; seeking information and learning to take care of the baby.

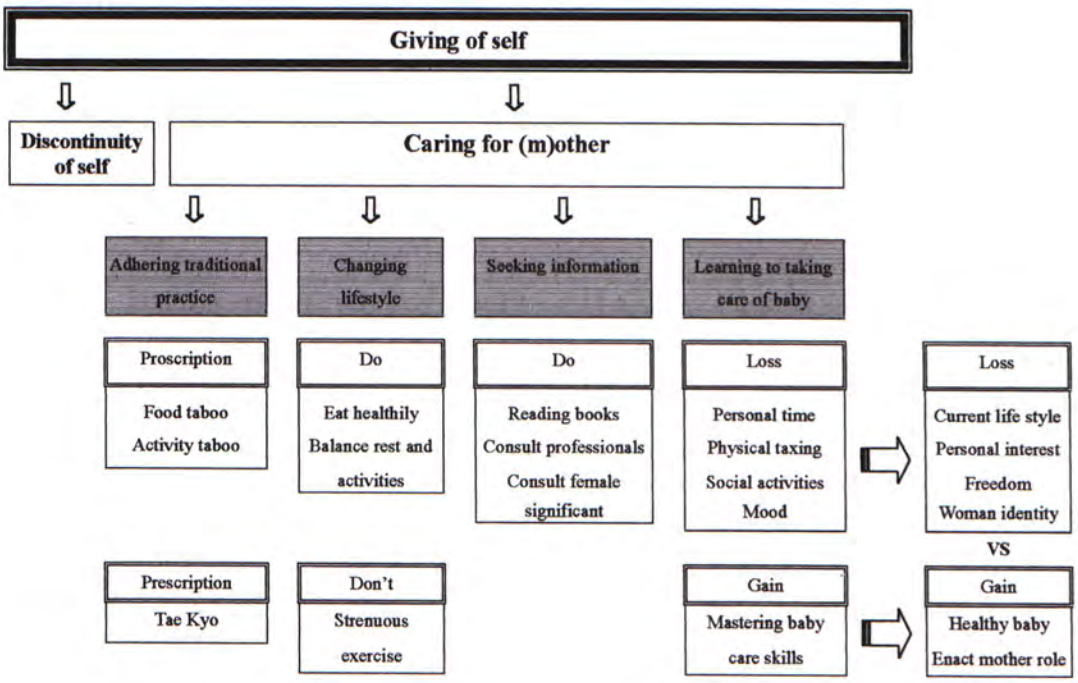

Figure 3. Illustration of the category 'giving of self' and the subcategory 'caring for (m)other', their properties and relationships

1. Adhering to traditional ritual practice

Most of the women perceive little personal control over the outcome of pregnancy except through the avoidance of activities and foods that are considered taboo. One of the women said,

> ' . . . I am concerned a lot about my diet. My skin condition was not good; it is due to the heritage from my parents . . . that's why I choose what I eat carefully. I cut all the seafood . . . I didn't have cold drink . . . lamb and snake, seafood, soybean sauce and bean curd . . . I don't want my baby will be in the same condition like me.' (Joanna 1, p3, l 30; p4, l 1-11)

According to Chinese tradition, diet is very important in ensuring a healthy pregnancy and certain foods should be avoided. Pregnancy, particularly from the beginning of the second trimester, is traditionally regarded as a 'yang' (hot) condition (Wing, 1998). Woman should avoid hot food and should take only cold food. The properties of hot and cold are not necessarily the temperature of the food but how the substance affects bodily heat loss. For example, beer is considered a hot food because it produces heat loss (Wing, 1998). Women in this study, who followed traditional practices cut down on 'yang' foods such as mango and pineapples and eat more cold foods to maintain their own health and that of the baby. Ying said of her food preference,

> ' . . . I will not dare to eat something I want to eat as I think that I am bearing a child . . . watermelon . . . pineapple, shrimps, crabs, ducks . . . I afraid that the skin of the baby would be bad . . . so I will be disciplined for several months.' (Ying 2, p3, l 85-94)

Food restrictions were often created with some association of sound, images, symbols and imaginations to restrain women from consuming certain foods for the protection of the future child (Cheung, 1996a). This was illustrated by Wan's account. She said,

> 'When the baby is delivered . . . water turtle will make the baby shrink his head . . . you don't want the baby to be shrink-headed . . .' (Wan 1, p9, l 278; p10, l 282-284)

Crab and prawn are avoided by most mothers because they are thought to give the newborn eczema and the sideways walking of the crab is believed to increase the chances of a transverse delivery. Lamb or mutton was avoided because the word for 'lamb' in Chinese has the same pronunciation as that for 'epilepsy' (Cheung, 1996a).

All women preferred to say little about their pregnancy in the first three months both out of modesty and for fear of miscarriage. Joanna expressed her view,

> '. . . Traditional women think that babies may die if you have became pregnant for just around a month and you tell everybody about the news.' (Joanna 1, p3, l 25-27; p20, l 4-9)

One woman said she would not renovate the house, which resulted in abortion or preterm labor.

Tae Kyo (fetal education) is a set of rules for sage childbirth (Wei & Chang, 1994) which entails reading classical literature, viewing beautiful art objects, and

keeping a serene and optimistic attitude during pregnancy. All women believed mother's emotions could be transmitted to her baby during pregnancy practiced Tae Kyo (fetal education). This was reflected by Ying's narratives,

> '. . . I don't want to get mad because I'm afraid the baby will become like a "irritable ginger" (In Chinese, it means irritable and hot-tempered temperament).' (Ying 1, p6, l 283-284)

Ying further explained the reason for practicing Tae Kyo was for the m(other)- the mother with the baby. As she said,

> '. . . I'm afraid that he will be as emotional as I am and it will be difficult to take care of him after he is born.' (Ying 2, p2, l 65-66)

In spite of believing this, the women experienced moodiness and said they were grouchy, sensitive, and irritable and worried about the labor pain.

After the birth, all women consumed the yang (Bu) (hot) food such as chicken broth, thick broth that is made with sweet black vinegar, ginger and stewed pigs and boiled eggs, rice wine to ensure sufficient lactation and good maternal recovery from the birth. They believed that giving birth cause the sudden loss of yang, or heat, which must be restored to prevent incurable illnesses in later

life (Cheung, 1996b). Food like cucumber, salad, ice cream and all cold drinks were avoided.

All women in this study experienced the operation of mimicry as described by Rubin (1967a, 1967b), practiced taboo with varying degrees of adherence. They denied that their ritualistic customs are 'backward', believing that there is good reasoning behind them. Some taboos were ignored in private, but women did not publicly ignore them. Miranda said of her opinion about food taboo,

> '. . . I eat everything, even watermelon, but I eat less . . . I don't think there's any problem. Of course if people give me advice, I won't say that they're wrong . . .' (Miranda 1, p13, l 402-404; p14, l 411-415)

The former exemplar also reflected how the woman discriminated in thier use of information garnered from others. They sifted, sorted, and evaluated. Most taboos were respected, even when not believed, to avoid disagreements with family members or 'just in case' they were true. Jessica said,

> 'I will listen to them (mother's and sister's advice), or it is me to blame if there is any problem related to my diet . . .' (Jessica 1, p8, l 29-31)

As most of the women still followed the traditional ritual practice, midwives must

learn more about the practice of the women and have a non-judgmental and flexible attitude.

These women were readily adhering to the traditional practice for the welfare of the baby. To ensure a healthy baby, the women believed they should eat healthily and balance rest and activities. Thus they engaged themselves in changing their lifestyle.

2. Changing of lifestyle

All women expressed the desire for the type of diet that would provide the nutritional needs for their baby's growth and development. A well balanced diet is believed to help maintain a healthy pregnancy. Food such as milk, egg, fish, and vegetables were thought to be particularly beneficial. Jessica's exemplar demonstrates how readily the women gave up their self interest for the benefit of their babies during pregnancy. She said,

> '. . . I don't eat spicy food. I like to eat spicy food though. I did it for the good of the baby. I drink more milk, eat more nutritious foods like fish, vegetable and fruit . . .' (Jessica 1, p8, l 21-24)

The women believed that when a woman is pregnant, she should balance rest and activity. Most of the women moderated their activity and rested more. All were more careful when walking or climbing stairs, would not carry anything heavy, as they believed that these activities might cause miscarriage and preterm birth. One woman refrained from strenuous exercise, which is thought to result in losing the baby. Joanna said,

> 'I can't do energy-burning exercise because I have a baby, it may have a bad effect on him, if he is affected then it'll be a problem for the baby and me, right?' (Joanna 1, p3, l 23-25; p11, l 5-7)

She clearly stated her act was for the (m)other- the mother with the baby.

3. Seeking information

Seeking information concerning pregnancy, labor and baby care was a way for the women to take care of themselves. Most women actively engaged in reading lots of books, and pamphlets provided by the prenatal clinic. All women attended the antenatal clinic and they also receive advice from mothers, mother-in-laws and professionals. One woman described a tendency toward becoming impatient, with associated outbursts of emotional reactions. She watched an

educational film about emotion quotient in gaining a sense of mood stability in efforts to retain control of her emotional functioning. This reflects the inadequacy of the existing antenatal care, which weighs heavily on assessing and monitoring the physical health of the pregnant women.

These women put much time, energy, and thought into taking care of themselves, they felt as though they had a measure of control over their pregnancy outcomes and made choices in order to have a healthy baby. All mothers were willing to do whatever was necessary, and even sacrificed personal desires for the sake of their babies. Joanna expressed her view in giving up her personal interests,

> '. . . I told myself, no more soybean sauce and fruit from now on, I have to be patient. You can't only consider your desire of eating and ignore the baby, if it can have good influence to the baby, it deserves it. About doing exercise, I told myself, no more ball games from now on.' (Joanna 1, p11, l 1-4)

In giving up their current life-style, the women tried to maintain a sense of self as mother. This support Rubin's (1984) and Randell's (1993) findings that women were beginning grief work during the first trimester in relinquishing identities of their 'real me' as self centered, irresponsible, and a non-mother, in this attempt to maintain a sense of continuity of self as mother.

When the baby was born, the women became aware of the shifting of boundaries from oneness (baby inside), nurtured by their own bodies to m(otherness) (baby outside), an independent person requiring love and care. Thus, the child's well being became their first concern. All the women in the study were engaged in giving of themselves in order to meet the needs of their newborn. Ruddick (1989) describes mothering using the concept of maternal practice, where mothers are concerned for protecting and preserving the child life and fostering the child's growth. To meet the needs of their babies, they had to learn to care for the baby.

4. Learning to take care of baby

During the early weeks of the postpartum period, all the women soon found out that they needed to become expedient in feeding, diapering, consoling, and comforting their babies. Jessica's accounts revealed the mothers' energies focused on mastering the tasks of infant care,

> 'You have to wake up and feed the milk two to three hours a time, and you need to change the diapers, it takes an hour before you go back to sleep.' (Jessica 3, p9, l 260-262)

All women often noted that baby care kept them so busy, they had little time to eat meals, to bathe or apply makeup, or to talk with their husbands. They thought the week had been hard and usually described themselves as physically exhausted. The woman felt constantly tired, caring for the baby both day and nights, finding it difficult to adjust to alter sleep patterns. This level of fatigue was unbearable, especially in situations where infants were unsettled. Jessica said of her experience,

> 'I don't have enough time to sleep. The baby keeps crying all the time . . . I have changed the diaper and have fed her, but still she's crying . . . I was mad and tired.' (Jessica 3, p2, l 50-53)

This was consistent with Mercer's (1986) study that at one month postpartum, mothers' concern revolved around their infant, lack of time for themselves, feelings of incompetence, and sleep deprivation. Similarly, Smith (1989) summarized the concerns of primiparas in her study as being related to infant feeding, fatigue, breast soreness, and body images. The women in this study said no one had told them how hard being a mother could be. They had not realized how much work was involved in infant care and how repetitive and boring it could become.

One woman in this study reported the difficulties in organizing or reorganizing her life around a small baby, Miranda described her experience during the first few days after discharged home,

> 'When I go back home, nobody comes to visit me. Nobody calls and sees if I am ok nor anyone comes to help me out . . . I have no idea what to do in the first couple of days . . . there are no wet wipes and other stuff . . . everything seems to be in a rush . . . I cannot control my emotions easily.' (Miranda 4, p1, l 19-31; p13, l 429-435)

Coupled with this new learning and frustration was the adjustment of the physiological processes such as breast engorgement and the sensations produced by the involuting uterus. The following narrative revealed that the women were experiencing feelings of frustration, and uncertainty in the process of learning to care for their babies.

> 'When I leave the hospital, I stick very close to the methods taught by the midwives . . . sometimes I argue with her (mother-in-law) . . . What the hospital teaches me is totally different from hers but her method works.' (Joanna 4, p3, l 137-147)

Two women described their painful experience as they were criticized by in-laws. Wan said,

> 'Every time they (mother- and sister- in laws) told me not to feed baby with breast milk, they said, "you do not have enough breast milk, the baby will feel hungry and become thin." . . . they teased me . . . she (sister-in-law) said, "Baby, your mouth is so long, that's because your mother doesn't have enough milk for you. As you suck hardly, your mouth will get longer" . . . she also said, " . . . how poor you are . . . so thin, let me call you Ah Un (means thin and weak)." . . . when I held the baby in my arms they criticized me, they said how uncomfortable it was if you cradle in this way.' (Wan 3, p4, l 140-141, l 162-166; p8, l 250-251)

This woman overcame the problems by consulting her mother about breastfeeding and she closely observed her mother in holding the baby. Jessica felt very discouraged as her mother-in-law criticized her mothering skills in front of her neighbors. New mothers in this study appeared to be more open to influences and were frustrated by contradicting information, unsolicited and negative advice and facing negativity from others.

Although the women were taxed by physical and emotional turmoil, the empathic feelings for their babies drive women to give themselves readily. Joanna said,

> 'She whines because she is sleepy. You need to cradle her before you can have sleep. When you see she does not sleep well, you do not sleep well too. You keep waking up all night . . .Whenever she moves, you will be awake.' (Joanna 4, p13, l 466-470)

As Rubin (1984) stated '. . . despite the heavily cognitive nature, maternal identity has an affective component expressed in empathy with the child (p. 9) and commitment (p. 47). The affect is expressed in her positive regard for the infant and for herself as mother of this baby (p.65).'

The women used different sources and approaches to learn to care for their babies. One woman consulted child-rearing manuals; another consulted professionals; the remaining four sought families members mainly mother and sister counseling and they would consult female friends for knowledge on baby care. Ying expressed her viewpoint on her friend's advice,

> 'Their (female friends') advice is very valuable . . . because their babies were born recently, so their information is very updated . . . I think that our generations are different, the way we bring up the baby is different (from older generation) . . .' (Ying 3, p12, l 403-406)

At six months postpartum, lack of sleep and freedom, tiredness and fatigue were most prominent in women's concern although they had gained confidence in mastering childcare skills. Two women said of their experience,

> 'He wakes up at 7 in the next morning and you have to feed him. He becomes energetic after eating, so you will cradle him and play with him.

The baby sleeps less than before . . .' (Ann 4, p1, l 14-20)

'Not as free as before . . . just put on some clothes when I go out, but now it cannot be the case. At least I need to clothe him, and feed him first.' (Wan 4, p1, l 2-9)

Surprisingly, in consistence with the Tulman and Fawcett's (1991) study that mother's functional status was not achieved at six month postpartum, the women in this study reported that they had fully resumed their self-care activities, usual household activities and desired level of infant care activities. However, they had not fully resumed the usual levels of social activities. Joanna commented,

'You were more self-centered before you had a baby. You arranged time to go out, meet with friends and played ballgames. Now there's no such thing.' (Joanna 4, p14, l 457-460)

This was related to the adequate household and childcare help from their husbands and mother-in-laws and this issue will be discussed in the category 'replenishing – fortifying support'.

Fatigue, tiredness, and exhaustion the most prominent complaint of the women, and these have been documented by researchers during pregnancy (Pugh & Milligan 1995; Tulman et al., 1991) and into the postpartum period (Affonso,

Lovett, Paul, & Sheptak, 1990; Milligan, Lenz, Parks, Pugh, & Kitzman, 1996). Ruchala and Halstead (1994) reported primiparous women were overwhelmed by their constant fatigue and lack of experience. Nowadays, with early discharge, mother may think that they are completely recovered. Validation of fatigue can help mothers and families set maternal limits. Frequent assessment of fatigue documents mothers' feelings of well being and can help families better recognize the need for support.

To ensure a healthy baby, the women put much time and energy into taking care for (m)other. Despite of the loss that they experience, they are willing to do whatever was necessary for the sake of the baby. There is an old Chinese saying 'Sacrifice the little me to complete the big me [His-sheng hsiao-wo, wan-ch'eng ta-wo].' That is to say, there is a broader and more significant definition of myself than my individual being. For those women in the study who gave herself for baby, their 'little' me maintain its interdependency within the context of the 'big me' – i.e. the baby in the family.

Unconditional love was, as defined by Caplan (1961) 'love for one's own sake irrespective of what one does', experienced by all the women in the study. To

meet the needs of the babies, the women were actively in giving of one's time; of caring attention, or concern despite experiencing personal loss such as lost of personal time, interest, former life and woman identity. The capacity to endure suffering and deprivation had to be sustained. Daydreaming fostered the woman to regain their strength and fortifying support from families and others further sustained the women in giving of self and this process of replenishing will be discussed next.

Replenishing

During pregnancy and the process of becoming a mother, the woman encountered tremendous disturbing loss – loss of autonomy of oneself. The enormous body changes making the woman fat, causing physical discomfort, losing her former life as well as acquiring the role of childrearer prompted her to become restricted. Nevertheless, the woman was ready in giving herself for the sake of the baby. Daydreaming helped the women to regain the positive energy that had been depleted by sacrificing herself for the baby's welfare and the fortifying support from family and others further kept the women engaged in a positive way (Refer to Figure 4).

Daydreaming

Singer and Antrobus (1963), pioneers of tool development in the area of fantasy, define fantasy as a reported train of thought, imagery that may occur as a shift of attention away from an ongoing task or external perceptual situation. Fantasy may be relatively organized, involve wishful pictures or imagery of frightening possibilities, or be relatively practical realistic sequences of events or grossly impossible occurrences. Both entities – daydream and night dream was subsumed under the term fantasy in Klinger's (1971) and Singer's (1975) work. Daydream refers to the fantasies that people construct while awake. Within the context of maternity nursing, daydreams include dreams of bearing an ideal child, the fulfillment of hopes or desires, and the distress imagined should those hopes and desires be shattered as a result of miscarriage, premature labor, or abnormal baby. Night dreams refer to those series of ideas and emotions symbolically occurring during some stages of an individual's sleep cycle. The term daydreams seems an appropriate descriptive concept, is used to describe the woman's desire, hope, wish and expectation.

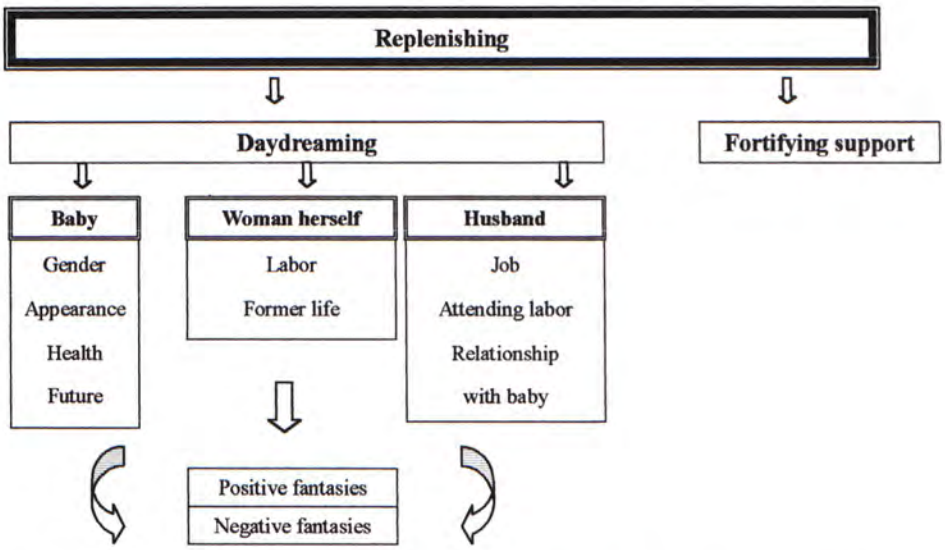

Figure 4. Illustration of the category 'replenishing' and the subcategory 'daydreaming', their properties and relationships

Gender of the babies was the most prominent reported daydream. Four women said they had no preference for a girl or a boy. The remaining two expressed the desire to have son. Three women described their wishes related to the baby's gender,

> 'To have a boy means to pass the patriarchy on . . . I want the first baby to be a son . . .' (Ann 1, p4, l 106-107, 147; p7, l 225)

> 'I want the first one to be a boy . . . he would be my guarantee. That means if I do not want to give birth again, I will at least have a son . . . may be Chinese are more traditional, and if the first born is a son, people will love me more . . .' (Jessica 1, p7, l 24-31; p16, l 31-32; 3, p5, l 210-221)

> '. . . my husband is the eldest son, his family belongs to the descendants of the village. They are Hong Kong people originated in New Territories

villages . . . I think they (parents-in-law) like sons.' (Miranda, p9, l 258-261; 264-265)

These women reflected that an old-fashioned value still persisted; though with diminished intensity. The idea is still maintained; to some extent one must have at least one son, at a minimum. After that it does not matter if one has boys or girls. Under the practice of favoritism towards sons, women were still under pressure to give birth to a male child who could carry on the family name. As stated by Ho (1984), Chinese society is a patrilineal society, the family name is passed on by men, resulting in a strong preference of sons over daughters. All women said that their mother-in-laws wish to have grandsons. One mother expressed herself after giving birth to a son,

'. . . it's lucky to have a boy. If it's a girl, I have to be pregnant again.' (Joanna 3, p23, l 771-773)

All the women hoped their babies are healthy and normal. One woman described her unborn child in relation to amount of hair. Half of the women also described their unborn child's temperament as cooperative, calm and naughty. All women fantasized that their babies grow up to be upright, healthy, happy, independent and capable persons. One woman used a Chinese metaphor, 'Hope a

son is like a dragon, a daughter is like a phoenix' to express her desire for her child's future. This metaphor means that if a person can be like the dragon or the phoenix, he or she will have an auspicious, prosperous, rich, and powerful life (Yu, 1990).

The women navigated in her imagination between two groups of representations concerning her baby. One set of representations concerns the wished-for baby: a boy or a girl, strong, healthy, charming, easy tempered. On the other hand, the same imagination is working upon the feared baby: malformed, weak, troublesome, naughty. The negative fantasies that the women reported were related to fetal abnormalities, labor pain and loss of former life. Fantasies of various conditions were explicated in following narratives,

> 'I imagine the day of delivery . . . What am I doing, will I panic and don't know how to handle it. I am afraid how painful will it be and how long the pain lasts before the baby is born. The baby will come very soon, what will he look like.' (Jessica 2, p1, l 26-28; p3, l 72-76)

> 'I think of pain and accidents that may happen . . . for example, when he is born, and suddenly he is lacking oxygen . . .' (Ying 3, p4, l 117-119)

> 'I haven't travelled for such a long time. Don't know when I can have the chance. There will be such a long period of time of losing freedom.' (Ann 3, p9, l 290-292)

Their fantasies allowed them to review their past in memory and recognize that these past stages were irreversibly finished. Rubin (1984) sees fantasy as a necessary component in resolving grief for loss of the past life and for the roles a woman must give up. This is consistent with Hughes's (1987) study that the mother explores a variety of situation and experiences she will have with the babies.

All women explored the idea of who they would be as a mother by thinking of their own mother. Joanna said,

> 'I think my mother is so kind . . . I think my mother is such a kind person she is willing to sacrifice for me.' (Joanna 1, p15, l 14-20)

This explained the reason why the women were readily in giving of themselves for their babies' benefits. Most women hoped that their husband would have a stable job, gain more money, accompany her during labor and spend more time with her and the baby. Ann said,

> 'I expect that after the baby is born, he (husband) can has some vocation to be with me . . . He should . . . I feel that I am being respected' (Ann 1, p11, l 402-3)

It was important to differentiate the 'fantasies' that reflect idealized, hopeful possibilities from those that are rigidly held as 'expectations' that reflect certain truths and specific demands. Future research is needed to discriminate these differences and their impact. Five women expected their families would help them during the early postpartum period.

The women had created in their minds many different maternal and familial images, as explicated in the following exemplar,

> 'I think it (baby) treat me bad, when I touch it (tummy), it jumps and moves all the way. When my husband touches it, it stays still. It's seems – it's dad, be disciplined, don't move too much . . .' (Joanna 2, p22, l 746-749)

One woman reported her husband daydream of the baby. She said,

> 'He said if it's a boy, he will take him to play football . . . If it's a girl, he will have her learning piano . . .'(Miranda 2, p12, l 347-356, 363-364)

Daydreams allowed the women to work upon the image of her baby as a person; herself as a mother; her husband in his new role as a father; and many

other daydreams involving all aspects of their lives. This energized mental state directed the woman to the future and in turn relinquished the past and the present. Moreover, daydreams also enabled the woman to endure the physical and emotional circumstances in the process of giving of self. This was revealed by Jessica's account,

> 'I always expect the baby to come. I think about the future, so that I can put the problems aside and stop thinking them . . . I will think about the delivery of the baby and how I am going to bring him up, when I am thinking, I smile from my heart . . .' (Jessica 2, p5, l 140-141, 148-148)

These daydreams prepared them for profound identity changes they would experience with her husband, family, and friends, as well as alterations in their sense of self. All these representations constituted a vast repertoire of experiences in the mother's mind. Some of them naturally emerged when she became a mother.

Fortifying support

As the women engaged themselves in giving of self, they recognized the importance of support received from other people. With the support of husband

and families, the women had the opportunity to learn the nurturing role of infant caregiver without being overwhelmed by other household responsibilities. At the same time, husbands and families attached a new importance to the women. They felt that they were special, being worried about and cared for and in turn they gained a sense of importance as a mother-to-be. Often, in time of frustration and overwhelming responsibility, the support offered by husband and families served as a source of replenishment (Refer to figure 5).

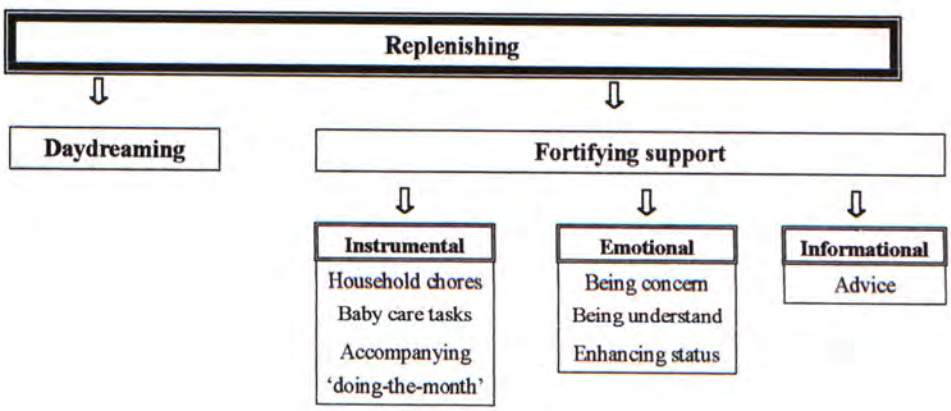

Figure 5. Illustration of the category 'replenishing' and the subcategory 'fortifying support', their properties and relationships

In this study, the types of support that the women received were emotional support that intended to meet esteem need and belonging needs or help the women to feel cared for (Cobb, 1976); informational support, which includes advice to aid problem solving; and instrumental assistance, which includes aid with tasks (Dunkel-Schetter, Blasband, Feinstein, and Herbert, 1992). Husband and mothers

were consistently named as being the most likely to meet their need for care and love. The husbands were the most supportive persons; others were mothers, their sister, mothers-in-law, and friends.

1. Instrumental support

During pregnancy, most of the women's husbands provided practical assistance including doing household activities such as cleansing, caring of pets, providing maternal items for the baby. Two women who did not received any support from her husband, appreciated and were satisfied with their husbands' assurance. One of the women said of her husband's difficulties,

> 'He works until very late . . . he's working very hard everyday. I don't want to make demands of him anymore.' (Wan 1, p13, l 403; 2, p7, l 219-220)

One woman who lived with parent-in-laws said about her husband,

> '. . . now my husband helps me to take care of all work, my mother-in-law helps me to wash my clothes. I'm really relaxed! (smile) . . . I didn't expect I don't have to do anything at such early stage. (laugh). My mother-in-law insists that I don't have to change the bed sheet, she asks me not to move around all the time and let my husband help.' (Jessica 1, p10, l 30-31; p11, l 1-2)

Her status was recognized by the family as explained by the following exemplar,

> '. . . We were not getting along very well, but now the situation has changed. She is expecting a grandson so she becomes patient . . . She helps me a lot to do the housework even though I am on my vacation and I'm free . . .' (Jessica 1, p6, l 5-10; 2, p4, l 99-100, 107-109, 319-328)

Mencius stated in his writings that there are three unfilial acts and of these the lack of a male heir is the greatest. (Lau, 1984). Pregnancy is for the women, continuation of the family line and thus brings with it a sense of visible status in the family. These actions made the woman felt cared for and nurtured.

All women were concerned that their use of support would be a burden on others. Before using support, they would consider the type of support that they needed and the possible burden it would place on the individual who provided the support. These women saw the degree of burden as depending on the amount of effort required to provide the specific type of support, other responsibilities presently carried by the provider of support, and the provider's resources of energy and health.

> '. . . My mother is seventy something now; it's too hard for her to take care of a baby . . . She has high blood pressure; her respiratory tract is not in

good condition . . . I don't expect her to help me . . .' (Joanna 1, p19, l 3-11)

They expressed a desire for support from spouse and family members after delivery, the time she really needed help.

After the birth of the baby, majority of the women's husbands performed some of the household chores such as cleansing, doing laundry, managing household business, daily errands, and shopping. They learned to bottle-feed and 'wind' the babies, play with the babies, and diaper the infants. Most of the fathers got up at night with the babies. The baby care tasks, which ranged from bathing the babies to holding the babies, were shared between the women and their husbands. Ann appreciated her husband in baby care, she said,

> 'He helps me . . . bathe the baby . . . some men do not take care of the baby. He's the new generation, he's willing to take the responsibility.' (Ann 4, p7, l 225, 231-232)

Chinese social belief about the role of the father and mother is that the woman's place is at home, she is responsible for 'inside' affairs, such as care of the baby and household chores; the man's place is in the workplace, he is responsible for 'outside' affairs, such as earning a wage (Liu-Chiang 1995). One

mother attributed her husband's refusal to help with baby bathing to the fact that his parents had spoiled him. She did not want to push her husband into a difficult position and did not push him to learn baby bathing, as she was satisfied with his involvement in other baby care and housework. Division of labor seems to be particularly important to women for whom feelings of contentment are related to husband participation in household chores and baby care. This was consistent with the Boys' and Girls' Clubs Association of Hong Kong's (1984, 1990) study which found that high paternal involvement in the household activities leads to positive feelings of the mother. The majority of husbands in this study demonstrated an interactive, interdependent male-female role relationship. Miranda described,

> 'Say when we read the newspaper. And the baby has little whining and starts to cry very loudly, he will hold him. Then I hold the baby again after I have finished reading the newspaper . . .' (Miranda 4, p11, l 362-366)

At six months postpartum, the women in this study valued the sharing of parenting responsibilities and they appreciated their husbands being actively involved in performing routine childcare tasks. Joanna said of her husband,

> ' . . . Sometimes my husband helps me to take care of the baby. At least I

> feel a lot better . . . It's better if we are supportive to each other.' (Joanna 4, p12, l 402-409, 498)

Four of the six women had invited their mother-in-laws' to 'accompany' them in 'doing the month'. This traditional Chinese ritual of 'doing the month' encompasses a 30-day period postpartum that is a culturally sanctioned time for the new mother to rest. This period is a time of proscribed behaviors that are believed to promote women's physical recovery and ensure the health of mother and baby and recognize the changed social status of the woman (Pillsbury, 1978). All women still followed the traditional 'doing the month' to some degree, to facilitate their physical recovery, to prevent chronic illness such as arthritis, and headache when one is old. Miranda who did not have any support received during the 'doing the month', expressed her feeling towards her in-laws,

> 'Perhaps they (parents-in-law) are not the parents. After all they are more distant relatives. You have no position in their heart . . .' (Miranda 4, p3, l 80-82, 101-103)

This illustrates this practice is instrumental with regard to the woman's social status in the household. Although practical circumstances may prevent a woman from observing the entire month, many want to practice at least shortened version of it. Three women in this study completed the duration of 'doing the month'.

Mother-in-laws were responsible for preparing the Bu (hot) food like chicken broth for the women e97-105

veryday. She also took up some household chores like cleansing, shopping and cooking. All the women valued this practice though they felt the customs restricted their freedom after childbirth. One woman expressed her experience as being in prison. She said,

> 'In jail . . . that is the doing-the-month. She's your mother-in-law, it's not appropriate to ask her to serve you. Be frank, you can't command her to do this or that . . .' (Joanna 2, p16, l 535-536, 542-544; 3, p 3, l 129-132)

One of the woman washed her hair (proscribed behavior that may cause chronic headache when one is old) whenever her mother-in-law was absent to avoid her nagging. Another woman negotiated with her mother-in-law in solving their conflict over the traditional practice. She said,

> '. . . I want to go jogging a couple of weeks before . . . but they ask me not to do exercise during the 'doing-the-month' period. I did compromise a little bit. I took showers and washed my hair, that's when I didn't follow their advice. But I compromise that I didn't go jogging.' (Ann 4, p8, l 253-258)

Women recognized a variety of messages associated with offers of support and at times judged that the cost in accepting help was too high. One woman

stopped accepting her mother-in-law's offer of accompanying her in doing the month because of the nonsupportive comments that she received on her mothering skills. As Wan said sadly,

> 'I think they (mother- and sister-in-law) want the baby but not the mother. They blame me even when the baby has constipation . . . they just care about the baby but not the adult.' (Wan 3, p6, l 189-200, 213-218; p10, l 346, 418, 450)

Despite of these conflicts, the majority of the women valued this period of times (doing the month). This liminal period of equality, openness, and self-sacrifice for the good of the family, helped them to relinquish former ways, center their lives on the new responsibility of caring for the infant, and gain inner harmony. Ann said of her mother-in-law,

> '. . . When I am sick, she is very helpful. She helps me to feed the baby. I only have to prepare the milk, then I can have more time to rest.' (Ann 4, p3, l 95-101, 111-112)

Miranda who described her relationship with her mother-in-law as alienated, recalled her experienced when her mother-in-law visited her,

> 'My mother-in-law is kind . . . When we take our dinner, she takes care of the baby. Then she eats after we finish.' (Miranda 4, p11, l 368-370)

Miranda's comment uncovered the contradiction she experienced in getting along with her mother-in-law. One explanation to this apparent conflict might be that in-law relationships are relatively more distant than relationships acquired through blood ties and are generally conducted both through, and in a sense, for the sake of a third party. Indeed, there are empirical evidences that blood relations are seen as having a stronger claim than relations acquired by marriage (Firth, Hubert, & Forge, 1970). It is not easy for parents-in-law and daughters-in-law to treat each other as natural parents or daughters.

In sum, the husband's support in household chores and baby care and the mother-in-law's involvement in 'accompanying' the woman in 'doing the month', provided practical assistance to the woman. Moreover, the significance of this attention fostered the woman sense of importance as she was being worried about and cared for.

2. Emotional support

All the women said their husbands provided understanding, emotional support and heard their concern. Ann said of her husband in giving reinforcement to her,

> '. . . He said, "Your situation is better than other pregnant women, you walk so natural . . . and your skin is not affected."' (Ann 2, p1, l 26-31)

Jessica appreciates her husband's patience in adapting her body changes during pregnancy, she said,

> '. . . I walk slowly and he walks slowly too . . . he held my arms . . . I think he's become patient . . . he can consider about that now, I appreciate that.' (Jessica 2, p1, l 30-34; p2, l 39-43;)

Ying said of her husband in comforting her when she was disturbed by minor discomfort,

> 'He touched my tummy and said, "Don't be afraid." He told our baby not to be naughty and not to treat his mother bad . . . I feel happy, because he really cares . . . he shares your burden.' (Ying 2, p4, l 124-127)

One woman felt she had lost all autonomy, because her husband seem concerned not principally for her but for her baby since the attention in this period related to the development of a healthy and normal child.

> 'Sometimes I got jealous. It seems he is concerned about the baby more than me . . . the attention is shifting . . . I felt a bit unhappy but I felt all right later. It's all because he cares for the baby . . .' (Ying 1, p12, l 362-368, 373-374)

The husband's support and caring helped to make these women felt worthwhile and good about themselves.

When the women spoke about to whom they felt close to, and to whom they would go if they needed someone to talk to or for some help, the first choice was their husband and mothers. They turned to their mothers for information about childbearing and child rearing. All the mothers reported they valued their mother's precious practical emotional support. Ann said of her mother,

> '. . . My mum said, "everything is going to be fine. Don't worry, we can make it." My mum really loves me.' (Ann 1, p11, l 398-399)

One woman reported that her mother's support was manifested by the ways in which the mother made sure that factors influencing health were adhered to, such

as ensuring that nutritional intake was adequate to the extent of cooking meals and even being vigilant. Ying described her mother's support,

> '. . . My mother keeps calling and reminds me to drink milk . . . I feel good . . . though she's not around physically, you feel that she's with you all the time . . .' (Ying 1, p6, l 185-189, 194-195)

These actions made the woman felt care for and felt nurtured. These women also spoke about their sister, mother-in-laws and friends. Two women spoke of their relationship with their mother-in-laws,

> 'It's me who entered the family when I married him. We are still a family, but there's some distance in some sense. So I dare not to do anything wrong.' (Jessica 4, p5, l 142-147)

> '. . . Our relationship is not that closes and intimate . . . she (mother-in-law) will not care as much as my mother does . . .' (Ying 1, p11, 331-337, 342-343)

Thus, these women sought support from their mothers. One woman appreciated her mother-in-law's concern as her assurance confirmed her status as a member of the family. She said,

> 'We have more communication . . . she said, 'be careful when you cross the street.'. . . She has never talk to me like that. She cares more about me. She asked me to wear more clothes . . . pretty sincere . . . like we are in the same family.' (Jessica 2, p9, l 319-327)

Her status as a mother was further recognized by holding the 'full moon wine' ceremony for her baby. The traditional 'full month wine' ceremony announces the arrival of the baby and marks the change in status for parents (Pillsbury, 1978, 1982). With the traditional values of childbirth regarded as the continuity of family ties, the renewal of kinship network, and represent the future family passage, holding the ceremony acknowledge the status of the woman. In most Chinese family, banquets 'full moon wine' are held and food such as red eggs which symbolize happiness and good luck, chicken wine, ginger vinegar are prepared for interested family and member relatives (Xing Li, 1995). Jessica recalled her joyous feeling towards this ceremony,

> 'They (relatives) buy bu food for me . . . buy gifts for the baby when she's a month old . . . They love her . . . they celebrate her one-month old birthday in a banquet . . .' (Jessica 3, p10, l 331-337, 381-386)

In contrary, one woman whose husband was an indigenous settler in the village described this event as unhappy. She expressed her anger towards her parent- and brother-in-laws,

> 'They didn't visit me at all after I came home (the first couple of days after she had been discharged) . . . not even a call. There are many things should have been bought by grandparent beforehand, say the clothes for the baby. But there is anything, not even one.' (Miranda 3, p13, l 433-438)

Although Miranda's relationship with her in-laws had been quite good during pregnancy it seemed to deteriorate after the birth when Miranda expected more tangible demonstrations of support and approval during the first postpartum week, such as 'accompanying' (Pei) her in doing the month and baby's gifts. In later puerperium, she reestablished a better relationship with her in-laws when her mother-in-law helped her with baby care and in return, she attended the full moon wine ceremony, which was held by the in-laws for her baby. This demonstrated the daughter-in-law's obligation to her in-laws was now more 'reciprocal' and can be described to some extent as an exchange relationship. More importantly, it is the solid emotional support and practical help that count. Another woman who did not have a full moon wine ceremony held for her baby had the similar comments to her mother- and sister-in-laws. She said,

> 'Well, you (parents- and sister-in-law) haven't bought any gift when the baby is born. He (husband) said it doesn't matter because we are in a family. I said of course not. It matters as we are in the same family.' (Wan 3, p9, l 305, 321-322)

The presents for the baby and the traditional full moon wine ceremony were instrumental with regard to recognition of the baby as well as the approval of the woman's position in the family.

In sum, the women received understanding and emotional support of their significant felt worthwhile and good about themselves. The traditional 'full moon wine' ceremony and present for the baby was instrumental with regard to the acceptance of the baby and the woman in the family, further nurtured the women's sense of importance. The acceptance by others, according to Rubin (1984), is one of the developmental task the mother must accomplish to attain the maternal role.

3. Informational support

The women received a great deal of advice. This came in form of words of wisdom women received from mother, mother-in-laws, sister and friends. Jessica received advice from many,

> '. . . I have a cat, my mother kept asking me not to have it anymore . . . In the beginning of my pregnancy, I caught a cold. So my mother grouched me for that. She always grouched me for these two things. But I know she is concerned about me . . . My sister told me not to eat so many junk food; not

> to drink cold drinks, not to watch ugly stuff, scary movies . . . My mother-in-law told me not to wash my hair when I have given birth . . .' (Jessica 1, p5, l 5-14; p6, l 19-22; p8, l 15-16)

Ying said of her friends' advice,

> 'I seek advice from my friends who have babies . . . Their experience were very new, for example . . . it would be a long time ago for my mother and my mother-in-law and they may forget most of the things I should do in the hospital, (Ying 2, p4, l 124-127)

Sometimes the women welcomed the advice and found it useful. At other times, the advice of others was tolerated or even ignored if the woman thought it was useless. The women in the study believed that the advice was given with the intent of helping and making their lives easier.

Worthy of note is that the women were not passive recipients of support as they evaluated support against their own needs and expectations. When they received more support than they needed, they might react to this excess as a pleasant delight, or, conversely, they might treat it as a nuisance. Nevertheless, when the woman received less support than they expected, they were more likely to feel disappointed as illustrated in Miranda's case.

All women received the support primarily from families. Young (1983) has recently suggested that the Chinese see caring for others as arising from the self and extending outwards in different degrees according to the closeness of the receiving person. In her opinion, 'help lies in the family as the focal point for reciprocal responsibilities and radiates in concentric circle, carrying less obligation the further removed they are from the center, like the ripple effect of a pebble dropped in a pond.' (p.29) It can be seen that social support, especially family support, provides instrumental assistance and emotional empathic understanding to its members. The finding of this study is consistent with Cheng, Lai, and Sin's (1994) study that the Chinese mother usually turned to her social support network including husband, mother, sister, mother-in-law and friends for help.

To conclude, the women receive the emotional and instrumental support primary from their husbands, mothers, sisters, mother-in-laws and friends, gaining a sense of being concerned about and loved. Women reported their husbands had been a significant source of emotional support and confidence building. This is consistent with Mercer's (1986) study that a woman's mate was the most frequently mentioned source of help with day-to-day situations. The instrumental

support of the husbands not only relieved the workload of the women, it also formed a base for the women to negotiate their relationship. They would assess the support provider's condition and adjust their expectations accordingly when using the support. Received support would be evaluated against the women's need and expectation. The received support of the woman instilled a sense of importance and recognition of being a mother that helped the women to gain the strength that had been depleted by sacrificing herself during the process of giving of self.

Daydreaming helped the women to regain the energy spent in continuously giving themselves for the babies' welfare. The women had created in their minds many different maternal and familial images. These visions involved her baby as a person, herself as a mother and her husband in his new role as father, and many other dreams involving all aspects of her life. Fortifying support enhanced the woman's status as a mother and in turn act as a significant energizer to drive the mother to engage herself in giving. Moreover, support promoted the acquisition of maternal competence and adaptation to the maternal role by easing the demands on the mother. In a study by Bates, Olson, Pettit, and Bayles (1982), satisfaction with postpartum adjustment was found to be related to adequate social support.

The status of mother was further enhanced during the process of developing self as she gained self-confidence and satisfaction in mothering role. In engaging herself in giving of self and replenishing, the woman described receiving rewards from mothering, which resulted in a sense of satisfaction, confidence and competency as a mother.

Developing self

After the birth of the baby, all the women expressed a diversity of personal gains in terms of sense of achievement and competency as a mother. These personal gains are subsumed under the categories of developing self. Developing self includes rewards of mothering and achieving maternal competency (Refer to Figure 6).

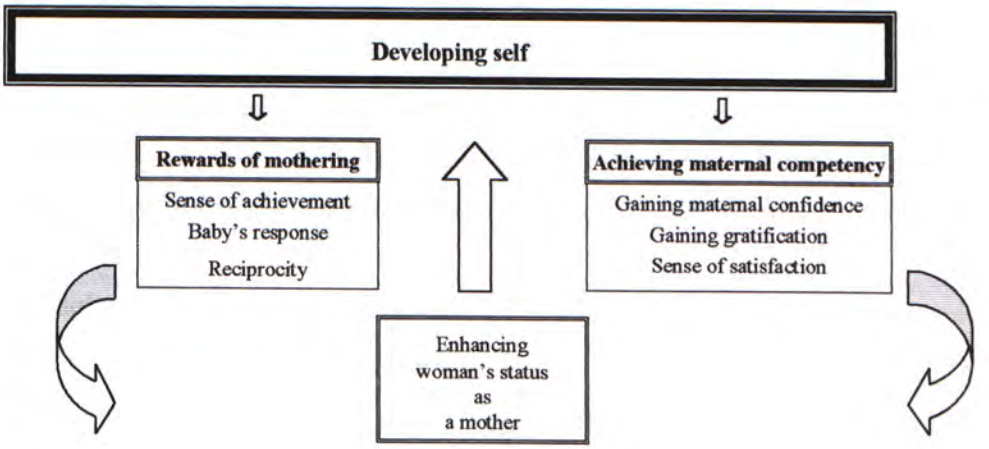

Figure 6. Illustration of the category 'developing self' and the subcategory 'rewards of mothering' and 'achieving maternal competency', their properties and relationships

Rewards of mothering

The birth of a normal healthy baby was a reward to all the woman, who gained a sense of achievement, as illustrated by the following exemplar,

> 'I feel relieved, I have born a child . . . I mean I can bear a baby.' (Wan 3, p17, l 582-585)

> '. . . because he wants a baby. So I did it . . . I can give him a baby and the baby is in good health. I am pretty happy about it.' (Joanna 3, p6, l 227-229)

> 'I find it worthy. It's the cost of having such a cute baby . . .' (Jessica 3, p2, l 37-38)

As stated by Pillsbury (1978, 1982), the birth of a daughter-in-law's first child means relaxation of tension and pressure and confirms her status as a member of the family since Confucianism attaches great importance to filial piety and considers having no child the greatest unfilial behavior (Ho, 1984)

Two mothers who had given birth to female babies reported that their prenatal thoughts of an idealized baby (a boy) conflicted with the reality of their newborn (a girl). Both resolved their disappointment by cognitive refraining. They said,

> '. . . She's very cute. Maybe she will love me a lot when she grows up . . . I feel released.' (Jessica 3, p16, l 486-487, 492)

> 'Sometimes I think: it's good if the first one is a girl . . . girls are quieter and easier to be taken care of.' (Ann 3, p7, l 218-221)

In these situations the midwife may find the best course of action is simply to point out all the positive attitudes of the baby, regardless of gender. Emphasizing the positive also contributes to a supportive emotional environment for the mother.

During the postpartum period, looking after their babies twenty-four hours a day was an experience that cannot be imagined in advance. Most women said it differed from their expectations – motherhood is more exhausting, hard. Ann said of her experience,

> 'It's tough. You woke up every three to four hours to feed the milk. It's very tough.' (Ann 3, p1, l 4-5)

However, the baby responses being readily comforted with milk and love, suggested that she was grateful for the baby's attention and she was needed and the preferred person, thus boosting the mother's confidence in baby care. Ying said of her experience in childcare,

> 'She's happy because you take good care of her. I think it is mutually beneficial . . . She cries when she's hungry, she sleeps right after you feed her. I feel very happy in this way.' (Ying 3, p13, l 437-440)

Interactional attachment behaviors are dynamic and evolve with the infant's development. At six week postpartum, the child was seen as an active participant in a mutually interactive relationship, and could reward the mother in ways that kept her engaged in a positive way. Often, in times of stress and seemingly overwhelming responsibility, a smile, a reward of mothering, gave a surge of

energy for the mothers to actively remain optimistic in giving. As Joanna said,

> 'When he smiles in front of you, you forget all your troubles . . . it is a great difference.' (Joanna 4, p13, l 447-448)

After the birth of the baby, giving birth to a healthy baby rewarded the woman. Through reciprocal exchange in the mother-baby interaction, the baby's responses to their care and their development further enhanced the woman's status as a mother as they master the baby care skill competently.

Achieving maternal competency

The adaptation to motherhood is an ongoing process beginning during pregnancy and continuing over the months following birth in which the mothers achieve satisfaction and confidence with role performance. With the arrival of the baby, the mother had to adjust herself to the acquisition of the newborn. As the mothers engaged in learning to take care of their babies, the mothering skills such as how to hold the baby, how to feed the baby, how to fold a nappy and how to stop the crying had to be learnt along with the character and personality of the baby. Through interaction with their babies, the mothers learnt to know their babies, the babies' responses to their care boosted the mothers' confidence in their

mothering role. Being a 'good mother' meant that they understood the needs and behaviors of their newborn. The women evaluated themselves as 'good mothers' based on knowledge of newborn care, which influenced their self-confidence.

At early weeks of postpartum, the woman learned how to take care of her baby. The women were satisfied with her babies and herself because their babies slept well, crying less and eating more. Through actively observing and learning to relate to their babies, they began to accept their babies. Miranda said of her experience,

> 'You only take care of his eating and living necessities at the beginning, say taking the bath, changing the diapers. Maybe I do not care about his feelings. Now I take these into consideration. I hold him and talk with him. I try to figure out the meaning of his cries.' (Miranda 3, p3, l 39-41, 48)

When the babies were at six weeks, the mothers enjoyed interacting with the babies as they were active, and demonstrated lively behavior. All the mothers reported that they had recovered physically, had more self-confidence in infant care and had adapted themselves to fit the need of the infant. One mother described how she taught her husband in baby care,

> 'When the baby makes a sound he gets very nervous . . I ask him not to panic. When he feeds the baby, he holds the baby in an unnatural position. Then I ask him to be relaxed.' (Miranda 3, p5, l 175-181)

Their confidence was further boosted as others were praising their babies. Jessica said of her baby,

> 'When I go out with the baby, the passers-by will say, "oh your little baby is so cute. Wow, she's smart. She doesn't looks like she's only a month old . . ." You will be very happy about that. The effort paid for over a month is worthy.' (Jessica 4, p3, l 128-131)

She experienced the baby not only as an individual but also as an extension of self- simultaneously part of herself and separate from her. The mothers familiarized themselves with the patterns of expressing needs of their babies and acquainted with their babies. Sometimes, the mother was confused and frustrated by baby's cry and they used trial and error in dealing with baby's crying. One woman reported that her self confidence was threatened because of her inadequacy in child rearing, she said,

> '. . . I didn't know what he wanted. Maybe he wants something, but I didn't get it. I thought myself useless. My faith was hurt . . . not much confidence in taking care of him.' (Miranda 3, p8, l 256-259)

At approximately eight weeks postpartum the women returned to their workplace. They enjoyed every moment with their babies who were now able to exhibit cooing and smiling behaviors. They could read and react to their babies' behavioral cues. The women had greater confidence in their infant care and gained a sense of satisfaction when their babies responded to the care that they gave them. Ying evaluated herself in enacting the mothering role,

> '. . . a capable mother . . . I know when to change the diaper, when the baby will get hungry, give the baby more clothes when he gets cold. I think when you see the baby, he's comfortable, he does not whine and cry aloud all the time, and then you are a successful mother.' (Ying 3, p13, l 450-456)

They missed their babies and felt guilty for not staying at home with them. Ying expressed here guilty feelings towards the baby,

> 'You will miss the baby a lot when you are working. You feel a bit sorry for the baby. You can't be with the baby for 24 hours as a mum.' (Ying 4, p1, l 3-7, 40-41)

The mothers established an emotional linkage to their babies. This was consistent with Klaus and associate's (1972) study. The study measured a mother's attachment to her infant at one month with items that included how the mother felt if she had left the child to go out, with more favorable scoring given to the

mother's worrying about the infant while out and not wanting to leave the infant. Similarly, Robson and Moss (1970) reported that mothers' maternal feeling intensified toward their infants during the second month when infants began to exhibit smiles. By the end of the third month, maternal attachment was such that the infant's absence was unpleasant.

At six months, the women reported that their babies were much more accommodating. Their demand for food, sleep, stimulation or clean nappies was easier to predict, and night sleep was longer with lesser crying. The mothers reported that they understood the baby's cry behavior and they dealt with soothing intervention. Wan said,

> 'There are differences for the cries. It's usually because of hunger or the 'wind' within couldn't come out . . . I know what's wrong and solve it so as to let him sleep.' (Wan 4, p2, l 49-55)

This is consistent with Drummond, McBride, & Wiebe's (1993) study that primiparas defined the cry as a specific communication and their soothing became more effective by sixteen weeks. The mothers appraised their babies as they took the initiative in eliciting interaction with them. The mothers reported that the relationship with their babies was their greatest source of satisfaction. Mothers

reported such things as feelings of closeness to their babies, being pleased with their infant development, or enjoying child-care activities. Ying said,

> 'I hold him, I feel so close with him . . . He need you so much . . . when he leans on you and sticks close to you, you feel very happy.'(Ying 4, p8, l 262-265)

Two women reported that as they shared their mothering skills, knowledge and experience with those who had recently given birth to babies. They gained more confidence in their childcare and affirmed themselves in the role of mother. As Schacter (1959) stated that affiliation provides an opportunity to evaluate one's opinions and abilities and feelings through social comparison Hochschild (1973) felt it was the fostering of a 'we' feeling that was the most comforting process of all.

All women reported that they gained gratification in enacting the maternal role and evaluated positively of themselves as (m)other- mother with the baby. As the mothers engaged in caring of their babies, they come to know their babies and they began to evaluate their infant's behaviors. The mothers observed passively in the initial postpartum period, then actively observed and learned to relate to the baby. As the babies developed and transmitted different cues, the mother learnt to

synchronize her mothering activities with her infant's cues. The mothers gained self-confidence and evaluate themselves positively as their skills, sensitively, empathetic responses, and nurturing behavior promoted the baby's health and development. Their confidence was further escalated as they shared their baby care experience with other mothers and their babies were praised by others, this in turn affirmed their status as mother.

As the mothers engaged in knowing their babies, they acknowledged the support offered by the families and their giving to the (m)other. In order to better accommodate the needs of the baby, they redefined and established a harmonious relationship with their families and this will be discussed next.

Renegotiating relationships

With the arrival of the babies, women engaged themselves in learning to know their babies and to take care of their babies. This required concentration and resulted in little time for the new mothers to attend to other aspects of their lives, such as their personal needs, their relationship with their husbands and mother-in-laws, and their careers. As they received the support from families, they realized

that their families were giving themselves for the good of the baby. In order to better accommodate the needs of their growing child, they redefined and established a harmonious relationship with their husbands and parents-in-law (Refer to Figure 7).

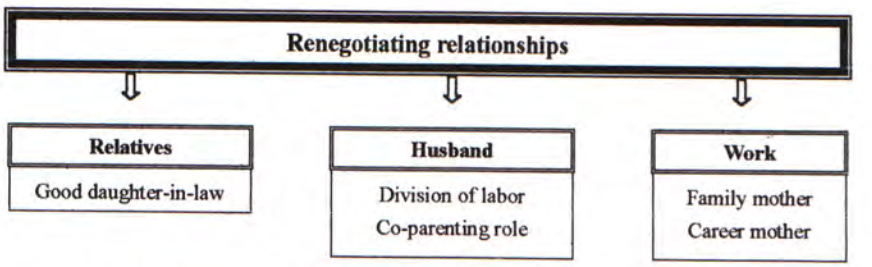

Figure 7. Illustration of the category 'renegotiating relationships' and the subcategory, their properties and relationships

For Chinese people, the concept of family is more than people living in the 'same household' or 'under the same roof'. The family extends to the wider kinship network and it involves functions. The concept of 'collective' in Chinese family is confined to one's own family and kin. All behaviors and practices are centered around family members' interest so that those who are not in the same family are excluded (Hsu, 1985).

Harmony is a central concept in Chinese thought and it is closely related to the collectivistic orientation of the Chinese (Wu, 1976). They are especially concerned about harmony among people and strive to maintain it in their social

relations (Hsu, 1963). As such, women play the crucial role in establishing harmonious family relations.

When a woman marries, she is considered to have left her maiden family to enter the lineal family of her husband, even if she and her husband live in an apartment of their own. She is considered a member of his family, and is expected to establish congenial relations with his parents and siblings.

Evidence from research studies shows that most Hong Kong families have close kinship network links, in particular between the two generations (Association of the Advancement of Feminism, 1993). This was consistent with findings from this present study as the women received and sought support mainly from mother, sister and mother-in-laws. In this study, these Chinese women's lives are not only related to their husbands, but also to their in-laws. With the arrival of their babies, the reordering of their relationships to keep the family harmony is of paramount importance.

With mother-in-law

During the postpartum period, four mothers-in-law had 'accompanied' the women in 'doing the month'. After six weeks postpartum, one mother-in-law acted as full-time babysitters with two as part time. One woman's mother was a full time babysitter. One woman was a 'family mother'. One woman had no family members to help her, no other alternatives were available, and thus the baby was placed in day care institution.

The women in this study believed that being a good daughter-in-law is not an easy job. Different family backgrounds, life styles, and habits raised conflicts among in-laws, the traditional idea of parents-in-law with authority to rule their children's families further cause disharmony in the family. Ann said of her parent-in-law's status in her family,

> '. . . I get married with him, but the family does not belong to me . . . whenever I bring something home, I need to seek my husband's advice. I need to talk with him first. But if my father-in-law bought something home, he never needs to ask him . . .'(Ann 1, p7, l 194-199)

In addition, Chinese value filial piety; which involves not only taking care of older parents, but also respecting them. Respect should go along with patience. One should not argue or complain too much. Joanna had a good relationship with her mother-in-law, but she had to be tolerant in order to keep a peaceful relationship with her. Joanna said,

> 'I was not happy at first. To be frank, I was not happy. But I kept silent. Sometimes I tell my husband. I said, 'you mum always says that our baby is not easy to take care of. I have suggested to ask somebody else to do it. But I didn't say it.' (Joanna 3, p18, l 537, 551-556)

Patience can help people calm down and avoid conflict, because if one is angry, it is easy to worsen an argument or conflict. Wan, who sent her mother-in-law back to her brother-in-law's house, was criticized by her husband. This woman did not visit her mother-in-law but did not let this stand in the way of sending her baby by her husband to see his grandmother. In this way, they tried to limit the conflict to being an individual one rather then having it became a family problem. In order to be patient, these women had to keep quiet and not talk back to their parents-in-law if they disagreed. The women in this study said they pretended to listen, keep quiet, and did not argue with in-laws, they had to be careful about the words they used when dealing with them. Two women said of their attitude towards their

mother-in-laws,

> '. . . I have to be indirect even when I am angry though I think why is she so careless . . . I can only tell her in a more indirect way.' (Jessica 4, p3, l 100-103)

> 'She always uses her traditional way . . . and sometimes you cannot get mad with her. She's the senior in the family. So you can only not to say anything. You just verbally agree and do it in another way. I give her a verbal response anyway.' (Ying 3, p9, l 297-300, 308-311)

It is clear that patience and tolerance are important ways for these women to deal with conflicts. As long as they can maintain a peaceful family life, they are satisfied with the way must act.

One woman waited for things to 'cool down' and delayed conversation until one of the parties started to talk and they might begin to communicate again with their mother-in-law. Waiting for them to promote healing and open communication can help women to avoid conflicts and find a solution later.

The conflict between mother- and daughter-in-law sometimes had to do with competition over emotional loyalties. Joanna said of her husband in making decisions of living with mother-in-law for her in favor of her mother-in-law,

> 'My husband cares for his family more than he cares about me . . . he never asks for my advice . . . I think he only respects his mum but he doesn't respect me.' (Joanna 2, p11, l 373-382)

Joanna did not want to push her husband into a difficult position and at last she gave in and lived in her mother-in-law's house during the period of 'doing the month'.

Women recognized that mother-in-laws support in taking care of their babies was very important, however, they worried that they were not in charge of the management of their newborn's care. Miranda said of her worries,

> 'It's good to see each other but not living with each other. Maybe you don't speak up. What I fear the most is the difference of dealing with a baby. There are some, but you won't argue with each other about them. I only keep patient . . . It's like the hands and feet being tied up . . .' (Miranda 2, p10, l 323-324, 337-339; 4, p12, l 386-388)

Despite their conflicts with their mother-in-laws, most of the women acknowledged their contribution to child rearing. Joanna said of her mother-in-law's support,

> 'We do not go out very often . . . there's no private time. But you need to think how tough it is for her to work for you eight to nine hours a day.'

(Joanna 4, p9, l 301-303)

Interestingly enough, majority of the mother relied on the help of either their mothers or their mother-in-laws to take care of their newborn babies. In most cases, this arrangement was possible because their mothers or mother-in-laws had already retired and therefore had the time to take care of the new born babies. In one case, the mother of the women, Ann, applied for early retirement in order to take care of her new born grandchild. The women in this study generally preferred to have either their mothers or their mother-in-laws to take care of their babies rather than relying on hired help as is often the case in Hong Kong because they were more confident in the quality of care rendered by their older generation. The criteria used by the women to judge what constituted the best care for the newborn included loving the baby, having up-to-date knowledge of newborn care, and experience. A conflict arose because mothers-in-law are believed to love their grandchild, but may not have contemporary knowledge of newborn care. Employed babysitters may have up-to-date knowledge but they may not love the baby. Many of the women had repeatedly expressed that they feel at ease when their babies were cared for by their mothers or mothers-in-law at home.

One woman established a good relationship with her sister-in-law who had recently given birth to a baby. They supported each other in childcare ranging from practical assistance like bathing to emotional assurance. This further supports the benefit of affiliation.

Although these women experienced a sense of obligation, sacrifice, frustration, and patience, they were willing to accept this life style, believing it is worthwhile to sacrifice. As Yu (1990) stated, Chinese women have a very strong sense of self-sacrifice for future generations. There is a belief that to cultivate a better generation, one has to sacrifice oneself. More importantly, they are pleased to see their babies grow up and their efforts have productive outcome.

With husband

During the postpartum period, all women stated that since their husbands were used to helping them with the household chores prior to giving birth and baby care after delivery, they felt confident that their husbands would be willing to assist them in child care activities. The women appreciated their husband's support and Miranda expressed her feeling as follows:

> 'I've never thought that he would go to the market. He finds it awful to go there . . . I have never thought that he would do it.' (Miranda 2, p14, l 463-466)

This finding support Kalmuss, Davidson, and Cushman's (1992) and Ruble, Fleming, Hackel, and Strangor's (1988) studies. Their studies used the framework of 'violated expectations' to explain women's declining positive feelings about their husbands following birth. The result found that women's satisfaction with the partner relationship decreased when experiences following birth were less positive than expected and when they were doing more of housework and child care than they had expected. The data in this study indicated that the fathers were involved in co-parenting activities.

At six months postpartum, all women and husbands had established shared parenting roles involving joint performance of infant care tasks. The husband took over household labor in a role reversal and sacrificed time socializing outside of the home to spend time at home. Miranda acknowledged her husband's involvement,

> 'He's already very giving, he has tried his best. What else do you want? . . . He takes more initiative. He may watch the ball games and has horse gambling. Now he doesn't have the time to do it.' (Miranda 4, p15, l 501,

509-520; 4, p18, l 613-614)

Both parents were acting in synchrony. While in synchrony, each parent began to form habits of co-parenting, coming to acknowledge and value the enactment of the parenting role of the other. Ann was satisfied with the division of labor, she said,

> 'He's good enough as a father. He sends him to day care center and take him back. He runs the bath for him . . . I do the housework. We take turns in feeding the milk . . .' (Ann 4, p9, l 292-298)

Division of labor seemed to be particularly important to wives for whom feelings of well being and depression are related to husband participation in household chores (Ross, Mirowsky, & Huber 1983).

With work

Two working women of nuclear families mentioned that they missed their babies at work and would prefer to stay at home to take care of them if the economic situation had permitted. One woman who lived with mother-in-law revealed that she longed to go out to work. As her mother-in-law asked her

whether she could find a job, she responded,

> 'I thought, "I will tell you (mother-in-law) at once, that I don't have to see you (mother-in-law) when I go to work." You get mad sometimes . . . The two elders are in the family. When the baby cries and you ignore it, it's like, "how can you be a mother when the baby cries and you ignore it."' (Jessica 4, p2, l 150-152; 11, l 415) (Jessica 3, p2, l 52-55; p10, l 296-299)

The reason might be that the family situation of the nuclear family was simpler and under the direct control of the mother while the extended family might be more complicated and the mother found it harder to arrange things as she wished, thus making staying at home less satisfying.

All women stated they would de-emphasize the career role while attempting to meet the pressing demands of a mothering role as they continued to bear the primary responsibility for child rearing. Miranda said of her attitude towards her job,

> '. . . I won't try that hard . . . In the past I worked until seven or eight . . . now, I go to work on time and I leave at five pm.' (Miranda 1, p6, l 180-196)

Inconsistent with this, Johnson and Johnson (1980) found that although dual-career families are replacing the single breadwinner in the household, women

continue to bear primary responsibility for child rearing whilst also actively engaging in careers, increasing the potential for both role conflict and role strain.

The women expended considerable energy in redefining relationships with their husbands, mother-in-laws and job so as to better accommodate the needs of their growing babies and keeping the family harmony.

Storyline

To become mother, the woman has to incorporate the (m)other into her own self. All the women in the study engaged in giving of themselves in order to fulfil the needs of the (m)others. This giving involved giving up or giving away of the physical, psychological, and social self as the women experienced the discontinuity of self and actively engaged themselves in taking care of (m)others. Despite of personal loss the women sustained in giving, suffering and deprivation. The woman replenished the energy by daydreaming and fortifying support from families and others further kept the women engaged in a positive way. The support by husband and family nurtured in the woman a sense of importance as a mother, they felt cared for and cherished. Moreover, support promoted the

acquisition of maternal competence and adaptation to the maternal role by easing the demands on the mother. The competency in maternal role further fostered their status as mother. This personal gain, a sense of satisfaction and confidence, coupled with the rewarding of mothering balanced the personal loss in giving of self. Harmony was maintained and energized by the balance of giving of self and developing self and was further affirmed as the women redefined and established a harmonious relationship with their families so as to better accommodate the needs of the baby.

CHAPTER V

CONCLUSION AND RECOMMENDATION

Summary of the study

Women in this study found the transition to motherhood stressful, not only because of a myriad of physical change, but also because they repeatedly confronted, through their body experience, demands for maternal giving and enduring. They endured a period of time when they were giving a lot before they were receiving in order to maintain the inner calm and harmony. Thus, this period is significant for midwives to ease women's transition to the maternal role.

The pregnancy introduced a break in the continuity of the self by creating a radical alteration of boundaries and self-world orientation. There was not only a radical change in the physical dimensions as the pregnancy developed, but also change in body function. The women experienced continues inner reaction and changes, continuous along polar opposition – joyous/worried. Through out the process, the woman endure the lost of control over managing one's body and

feelings.

To ensure a healthy (m)other, the woman engaged herself in adopting protective behaviors, which include adhering to traditional ritual practice; changing lifestyle; seeking information and learning to take care of the baby. The women were actively in giving of one's time; of caring attention, or concern despite experiencing personal loss such as lost of personal time, interest, former life and woman identity.

Daydreaming helped the women to regain the positive energy that had been depleted by sacrificing herself for the baby's welfare and the fortifying support from family and others further kept the women engaged in a positive way. Daydreams allowed the women to works upon the image of her baby as a person; herself as a mother; her husband in his new role as a father; and many other daydreams involving all aspects of their lives. All these representations constituted a vast repertoire of experiences in the mother's mind. Some of them naturally emerged when she became a mother. This energized mental state directs the woman to the future and in turn relinquished the past and the present. The women received emotional, informational and instrumental support from husband

and families. They felt that they were special, being concerned and care and gained a sense of important as a mother. Often, in time of frustration and overwhelming responsibility, the support offered by husband and families served as a source of replenishment.

The women status was enhanced when they practiced the traditional Chinese ritual of 'doing the month' which encompasses a 30-day period postpartum that is a culturally sanctioned time for the new mother to rest. This practice is instrumental with regard to the woman social status in the household. Her status as a mother was further recognized by holding the 'full moon wine' ceremony for her baby. The traditional 'full month wine' ceremony announces the arrival of the baby and marks the change in status for parents. The 'doing the month' and the traditional full moon wine ceremony were instrumental with regard to recognition of the baby as well as the approval of the woman's position in the family and act as a significant energizer to drive the mother to engaged herself in giving.

With the arrival of a normal healthy baby, the women gained a sense of achievement. Through reciprocal exchange in the mother-baby interaction, the baby's responses to their care and their development further enhanced the

woman's status as a mother as they master the baby care skill competently. At approximately eight weeks postpartum, the mothers established an emotional linkage to their babies as they missed their babies and felt guilty of not staying at home with them.

In order to better accommodate the needs of their growing child, they redefined and established a harmonious relationship with their husbands, parent-in-laws and jobs. Women who returned to their work place expressed that they would de-emphasize the career role while attempting to meet the pressing demands of a mothering role. All women and their husbands had established shared parenting roles involving joint performance of infant care and household task. Mothers-in-law were the major resource that they relied on to take care of their babies and help with housework. The women believed that being a good daughter-in-law was not an easy job. Different family backgrounds, life styles, and habits raised conflicts among in-laws, the traditional idea of parents-in-law with authority to rule their children's families further cause disharmony in the family. In addition, Chinese traditional values and beliefs such as filial piety, harmony has a strong influence on these women's ways of thinking of their lives. Although these women experienced a sense of obligation, sacrifice, frustration,

and patience, they were willing to accept this life style. They acknowledged the support offered by the families and their giving to the (m)other.

Social support, especially family support, provides instrumental assistance and emotional empathic understanding to the women. Husbands and mothers were consistently named as being the most likely to meet or assist with meeting felt needs. Hsu (1985) has argued that the Chinese conception of man rests on the individual transactions with his follow human being. So, for a Chinese whose culture says that self-esteem and future are tied to the first group, parents, siblings and other close relatives are closely and permanently bonded. The individual tends not to look beyond the intimate society (i.e. family and close relatives) for intimacy, as it is readily and continuously accessible. Midwives should recognize the unique importance of the support network and include the supportive members in the parental educational class. Thus, support can be offered to woman by the significant members who have comptemporary up-to-date knowledge of mothering care (Cheng, Lai, & Sin, 1994). New model of prenatal educational classes may be helpful for the first time women in making their transition to maternal role and implications for practice will be discussed in the next section.

Implications for midwifery practice

The process of childbearing poses significant bio-psycho-social changes to the woman and her family. This finding was instrumental in developing maternal preparation program to help the new mother's transition into motherhood and to give her an opportunity to observe and practice maternal skills. The program implementers (registered midwives) also acted as an additional social support system for the new mother during this role transition period. The program included material on physiological changes that typically occur in the new mother, management of activities of daily living associated with the maternal role, infant development and individual differences, and the mother-infant relationship. Antenatal education class in form of an educational support group model could begin in the first trimester of pregnancy. The area might include information pointing out the problems, social stress and psychological issues likely to arise during pregnancy. Since expectant couple would be made aware of those factors they might be better able to cope with the changes posed. The antenatal class, which is in the form of a support group, offering couples an opportunity to share, concerns and discusses changes and psychological issues. The use of groups as a supportive intervention has been highly regarded (Hochschild, 1973). Groups can

create an atmosphere of trust, caring, and mutual aid, and can offer the opportunity to share feelings and experiences. This enables the person to obtain reinforcement and empathy, to try out new perspectives and ideas, and to develop an appropriate reference group to evaluate his or her own performance. Daydreaming prepared women for profound identity changes they would experience with her husband, family, and friends, as well as alterations in their sense of self. The prenatal education classes should included a session of the primigravid and multigravid to share their daydreams. They can learn from each other and can be challenged to assess their fantasies in relationship to the realities of parenthood presented from lived experiences. The aim of the parenting groups is to facilitate the adjustment to parenthood through education and sharing experiences with similar others.

Further, the study reflected the new mothers' concern revolved around their babies, type and amount of support, lack of time for themselves, feeling of incompetence, and fatigue. To facilitate the woman in organizing her life around her baby during the first few days after delivery, a broad assessment not only of concern about pregnancy but also the concerns and coping skills related to internal and external resources. These might serve as a basis for nursing action and

decision-making about possible community referral. The midwife would help the expectant parent to explore the transition to parenthood (both expectation and experiences) and any concurrent stress events; to understand now her personal supports and external supports may be assets or liabilities to the transition; and ultimately to cope by using these resources to help assimilate the transition. If the women are not expecting someone to be with them, a strategy for coping with this time should be developed by the midwife and woman. Women can helped to evaluate other sources of support such as homehelper services or friends. The women could pair prenatally with experienced mothers, not only to learn baby care, but also to develop a trusting relationship with someone they could rely on for help after delivery. During prenatal visits and classes, couple should be encouraged to discuss how they plan to manage initially after delivery. After birth, reunions could provide mother means of support and would mobilize women to get out of the house and establish relationships with other new family. To gain knowledge and boost confidence, new mother discussion groups, being paired with an experienced mother can be organized. The area may cover the management of activities of daily living associated with the maternal role, infant development and individual differences, and the mother-infant relationship. Moreover, the mothers can be referred to the health midwife and discussing and

practicing baby care with the midwives.

As the findings revealed that the appearance of anticipated changes could be reassuring, perhaps preparation for motherhood should not be left until the first pregnancy become a reality. Anticipatory preparation for the new mother may be more beneficial and preparation for motherhood may start from childbearing age or even before and continuing through out one's lifetime.

New mothers in this study were found to be psychologically open to negative as well as positive influences during the perinatal period. Midwives need to make the perinatal period a constructive period by validating the mother in her new role and by avoiding all criticism and disqualification. Moreover, mothers were frustrated by contradicting information, unsolicited and negative advice and facing negativity from others. The postnatal services such as parent support group or hotlines which include physical, social and psychological issues would be helpful for those mothers under stress immediately after the birth of their babies.

Besides, women still followed the traditional ritual practice. Midwives need to avoid imposing their values on the women, must learn more about the cultural

belief/practices of their clients, and show a nonjudgmental and flexible attitude in giving appropriate advice (Andrews & Boyle, 1999). Conflicts arose from the women's desire to do what they wanted to take care of themselves against their families' need to protect them from potential dangers. Intergeneration conflict concerning traditional practice could be minimized by involving the mother-in-laws in the antenatal educational class. It is important to explain the reason for those practice which are inconsistent with traditional cultural custom like bathing and washing hair and not to assume their mother-in-laws will follow orders that violate the traditions and wisdom of her own culture. Likewise, the tradition belief that childbearing ensured the continuation of the family line was postulate to mediate a preference for sons. It was not surprising that gender of the baby is the most prominent reported daydreams. The prenatal thoughts of an idealized baby (a boy) may conflict with the reality of their newborn (a girl). In these situations midwife may find the best course of action is simply to point out all the positive attitudes of the baby, regardless of gender. Moreover, it was important to differentiate the 'fantasies' that reflect idealized, hopeful possibilities or if they are rigidly held as 'expectations' that reflect certain truth and specific demand. Future research is needed to discriminate these differences and their impact.

Mercer (1986) reported that 85% of mother experienced internalization of the maternal role by nine months postpartum, when mother had a sense of harmony, confidence, and competence in the role. Women in this study appeared to acquire maternal role earlier, demonstrating problem solving by six months postpartum. Their confidence was nurtured by the support from husband and family. This study adds to the construct of maternal role attainment as described by Mercer (1990), by expanding the focus from the dyad of mother and infant to the inclusion of the husband, family.

To conclude, this study using Chinese Hong Kong women as sample supports Rubin's (1967a, 1967b, 1984) conceptual framework of maternal role attainment. For these women, ensuring a healthy (m)other means to seek safe passage for the dyad, and this explains why the women did or did not do certain things during childbearing. They experienced personal loss such as loss of personal time, interest, former life and woman identity. This giving was further strengthened by daydreaming and fortifying support from families. They accomplished the four maternal tasks as described by Rubin (1984) to attain the maternal role. As Rubin (1984, p. 54) stated 'the fabric of a maternal identity is actively woven in themes of the maternal tasks', which include ensuring a safe

passage for herself and the infant, finding social acceptance of herself and the infant, increasing in emotional ties to the infant, and exploring in depth the act of giving and receiving. The major difference between Chinese culture and western society is that, in Chinese family, the meaning of the transition from a dyad to a familial triad following the birth of a couple's first child suggests reorganization to a family as a social system. They emphases on the process pursing harmonious relations with the environment through self-regulation based on the principles of mean. The Chinese first-time mother endured a period of time when they were giving a lot before they were receiving in return and this period is significant for midwives to ease their transition to maternal role.

Limitations and recommendations for further study

A number of limitations have been recognized in this study. Due to time limitation and small sample size, categories did not achieve theoretical saturation. Subsequent studies would do well with a larger sample so as to increase the likelihood of theoretical saturation. The findings of this study are based on an in-depth study of six mothers who were Hong Kong Chinese women, therefore, the findings cannot be necessarily be generalized nor transferred. Moreover, the study

sample was largely homogenous. Future studies using grounded theory methodology might include a more heterogeneous grouping: women of different backgrounds, ages, or parity and those experiencing high-risk pregnancies. Further studies should include these adaptations.

Personal reflections on study

Motherhood is a universal phenomenon. It has been portrayed as a period in a woman's life to provide a door onto female growth and development. I have always been fascinated by how the women grow and what happens to them as they navigate their transitions into motherhood.

This study deepened my understanding of the ways in which women may grow and change. There are moments where growth can make leaps. Having interacted with the six women, I came to see that motherhood is one of these leap points because it is a time of radical change in all realms that defines a woman's life: family, job, title, and relationships.

Moreover, it offers the women new ways to see themselves. Several women

indicated an increased level of awareness and enhanced understanding towards their perceptions and experiences of becoming first-time mother as a result of the interviews, and they expressed their appreciation for the opportunity provided to participate in this study.

I was especially blessed in keeping in touch with all the women from my study, so that I have been able to follow their continuing progress since the interviews. Unique friendships have arisen, a kind of 'women's support group' that is interested in ongoing personal growth. The women's experience is different, and yet they have this in common: motherhood was a catalyst for personal transformation. All the women, who faced the challenges of pregnancy for the first time, experienced growth which involved moments of pain, conflict, love and discovery. I, too gained the experience of personal growth as a result of dealing with the challenges of learning the grounded theory approach for the first time.

When I read for the first time about the grounded theory approach, it was quite clear and straightforward as the text (i.e. Strauss & Corbin, 1990) describes the analysis process in notable detail. However, I encountered problems in shaping the research processes as a whole since this approach does not follow the

chronological stages of the traditional research process. When I analyzed the data during the data collection, I found it difficult to understand how the codes were connected to others and felt that the data did not describe the research phenomenon. I discussed the organization of the data with colleagues. However, I felt confused because their opinions were different from mine. I had a lot of ideas hanging in the air about the construction of theory but I was unable to fix them in a coherent picture. I sought advice from my supervisor. I read the data again and again and continued coding even when I was very unsure about the analysis. I wrote down my thoughts and discussed them later with other colleagues and my supervisor. I gradually identified the grounded theory as I studied the connections between the categories through axial coding. I learned to tolerate the uncertainty of not finding connections between the categories and the feeling that the analysis was a laborious and time-consuming process.

To conclude, this study heightened the women's understanding of their experiences of becoming first time mother experience, they experience personal growth through motherhood. Similarly, this study facilitated my growth as a researcher in encountering the challenges of grounded theory approach for the first time.

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Appendix A

Letters of approval - The Chinese University of Hong Kong

THE CHINESE UNIVERSITY
OF HONG KONG
FACULTY OF MEDICINE
SHATIN. NT. HONG KONG

香港中文大學
醫學院
香港新界沙田

FAX 傳真：(852)2603 6958 , TELEGRAM 電報：SINOVERSITY TELEX 電傳：50301 CUHK HX

SERVING THE COMMUNITY THROUGH QUALITY EDUCATION, CARING PRACTICE AND ADVANCEMENT OF HEALTH SCIENCES

Our Reference : FM/C/13

Your Reference :

25 February 1999

Ms Susan Siu Yan Li
Dept. of Nursing
CUHK

Dear Ms Li,

I write to inform you that ethical approval has been given for you to engage in the project named below:

Project Title:	**"The transition to first time motherhood in Hong Kong Chinese women's life: a grounded theory study" (ref. No. CRE-9018)**
Investigator(s):	**Ms Susan Siu Yan Li, MPhil. Student, Dept. of Nursing, CUHK**
Supervisor(s):	**Ms Valerie Levy (Associate Professor)**
Location of Study:	
Duration:	**16 months**
Conditions by Clinical Research Ethics Committee (if any):	**Nil**

It will be much appreciated if the completion of the project will be reported to the Committee in due course.

Yours sincerely,

Andrew Chan
Secretary
Clinical Research Ethics Committee

Dean : Professor J.C.K. Lee MBBS, PhD, FRCPC, FCAP, FRCPA, FRCPath, MIAC, FHKAM (Pathology)
院長 : 李川軍教授 Tel 電話：(852) 2609 6870 E-mail 電子郵件：joelee@cuhk.edu.hk

Planning Officer : Mr. Andrew Chan BA, CertEdMgt
策劃主任 : 陳燈塘先生 Tel 電話：(852) 2609 6788 E-mail 電子郵件：yungchan@cuhk.edu.hk

Appendix B

Letter of Approval - General hospital

19 January, 1999

Ms LI Siu Yan, Susan
Nurse Educator
School of Midwifery and Continuing Nursing education

Dear Ms LI,

Re : Application for permission to conduct research project on :
"The transition to first time motherhood in
Hong Kong Chinese women's life a grounded theory"

Thank you for your application letter dated 11/1/99. I am pleased to inform you that permission is hereby granted to you to conduct the captioned study in our hospital. You may recruit eligible clients from the obstetric unit as your sample subjects in your study. Please note that prior consent must be obtained from them and all data collected should be kept strictly confidential and to be used for academic purpose only.

Please submit a copy of the final report to us upon completion of the study. You may also be required to seek for approval again if you wish to publish the results in public. Please feel free to contact the undersigned at 29588313 should you need further assistance.

Yours sincerely,

(Paula YUEN)
for General Manager (Nursing)

cc. COS, Dept of O&G
DOM, Dept of O&G

Appendix C

Subject Information Sheet for the Participants

I, Li Siu Yan Susan, am master student of the Department of Nursing, Faculty of Medicine, The Chinese University of Hong Kong. I am conducting a study to examine the experience of the first-time mother in Hong Kong Chinese women.

The study only involves women to be interviewed individually during pregnancy and six months after delivery. The interview will be conducted at the time and place, which are convenient to you. The interview will take approximately one hour.

To protect your identity, I will either use fictitious names or assign a code number to you for identification purpose. Thus, I will be the only people knowing who you are.

Whether you choose to participate in the study or not will not influence the care you get here at the hospital. If you change your mind about participating, you are free to withdraw from the study at any time.

I can be contacted at the Department of Nursing, The Chinese University of Hong Kong, if you have any question you can also ask to speak to me by telephoning me on telephone number: 2508 9997.

Appendix C

訪問通知書

我，李小恩是註冊護士並於香港中文大學修讀護理哲學碩士課程。 我現在正進行一個「香港婦女對首次生育過程的體驗」之研究。我希望用訪問的方法收集意見，希望妳能提供寶貴的意見。

為保障妳的隱私權，我們只會用化名或用代號來代表妳。一切資料只有我知道。

無論妳是否選擇參予此科研，都不會影響妳在醫院應得的服務。如果妳改變主意不參予此科研，妳有權隨時放棄。

如有任何問題，可以致電中文大學護理學系 26096475 或直接致電 25089997 給我查詢。

Appendix D

Informed Consent from the Participant

I, _____, hereby voluntarily consent to participate in the research, entitled: 'The transition to first-time motherhood in Hong Kong Chinese women', conducted by Ms. Li Siu Yan Susan.

I understand that the information obtained from this research may be used in future research, and may be published. However, my right to privacy will be retained, i.e.: personal details will not be revealed.

The procedure as set out in the attached information sheet has been explained to me. I understand what is expected of me and the benefits involved. I consent for participation in the project is voluntary.

I acknowledge I have right to question any part of the procedures and can withdraw at any time without this being held against us.

I have been familiarized with the procedure.

Signature: _____

Date : _____

Appendix D

訪問同意書

本人_____，同意參予「香港婦女對首次生育過程的體驗」 之研究的訪問。

本人明白在此提供的資料會被用於科研上。 此科研可能會被刊登並用於其他科研上。 但是, 我的個人資料將會保密並且不會公開。

這訪問 已於隨附的資料上向我作出解釋並已明白, 本人明白參予這訪問純屬留自發性, 本人有權就這個訪問中任何一部份提出問題, 以確保本人之認知程度。

簽署: _____

日期: _____

Appendix E

Case 1 : 1st interview – 21 Feb
Maturity : 21+2 weeks
Place : Office **I: Interviewer / R: Interviewee**

I: 嗡，受訪者可唔可以請你嘅簡單咁介紹下自己
R: 我今年32歲，咁呢就讀到Pre U啦，咁喜實今次嗡雪个BB呢係我哋on schedule嘅，因為嗡，我能我都我同我先生一样年紀嘅，咁有時聽住講成日想話雪个BB，咁住覺得都差唔多啦，差唔多時期咁，咁住話ok啦，即係on schedule咁同住plan啦，估唔到咁快就已经pregnant囉。
I: 你同你丈夫大概係几時倒开始即係有个計劃，覺得係適當嘅時候？
R. 真實應該on我schedule，應該係舊年年尾嘅事嚟嘅，小过咁啱啲陣时，就啱啱开始傍襟呢就，就譬如，譬如"Tan"邊個schedule啦，咁样，咁就諗住預算係今年年初嘅，咁点就咁唔好彩，我老爺就过咗身，咁我就話咁好啦，等啲D事过晒先啦，咁我今年，嗡，八月初去芸旅行啦，咁我就开始plan啦，即覺得差唔多啦，因為，嗡，我知道34歲度呢就会掛羊水，掛好痛嘅，咁我就想係34歲之前攞掂佢，咁所以就plan咗呢个时間囉
I: 係即如果我頭先理解無錯呢，就係今次係第一胎？
R: 係第一胎
I: 請問你哋結咗婚几年度呢？
R: 五年
I: 係过去啲五年，有冇一D特別原因係諗住要到最近首尾呢个時候先打算係有細妹仔？
R: 我成日都覺得等自己经濟能力好D先至生囉，唔想錯嘅，你睇咗佢出嚟之後，自己幸苦，佢又幸苦，所以就，嗡，傍襟使到咁上下啦，比較舒服D嘅時候，先至开始plan
I: 你提起傍襟，你個家庭係有几多人一齊住？
R: 兩个，兩夫婦
I: 你兩夫婦住，果啲係几多个房，几多个廳？
R: 三个房，一个廳

P.1

I: 知唔知道大概係几大？
R: 六百呎'倒'，實用面積有六百呎
I: 有唔有意讲一讲屋企，你自己屋企有几多个房呀嘛？
R: 我细个弟呀嘛。我有兩个阿哥，一个家姐，我最细
I: 即係屋企入面最细
R: 係呀
I: 你係做乜野嘅？
R: 我做会计嘅
I: 而家係有乜嘢業，定係係公司度？
R: 唔係，而家係公司度打，我有考过试，淨係做一家公司仔果D account 嘅
I: 頭先你都提过啦，你结咗婚大概五年'倒'，有冇宗教背景啊？
R: 有，兩个都有
I: 你原来係边度人呀？即原来嘅籍貫？
R: 籍貫呀，籍貫係清遠
I: 哋好呀，重有一点关於你个人嘅資料，我地都希望了解一吓你而家屋企你嘅收入大概嘅 range 係几多？
R: 嘅 range 大约係三萬五'倒'，三萬五
I: 你係几时知道自己有咗身孕呢？
R: 十一月十一，即係因為，因為我果嘅经期係好準嘅，一过咗兩三日'倒'，已经知道应該係有D問題啦，咁自己就去買试紙返D试，一试就试到 positive，但係 positive 之餘，都覺得係唔好啦，咁就过多一个礼拜再去睇私家医生，咁样验就清楚D嘅，咁就 confirm 就係，即係我自己验到就係十一月十一，咁係医生再 confirm 就大约係十一月十七'倒'，咁上下时間
I: 即換句說話，一方面係因為你同你丈夫都打算咁上下时候準備会有小朋友，同一时間身体起咗变化，即係经期
R: 係啦，因為一停咗，停咗任何避孕措施，你就应該要自己留意咗嘅时間
I: 當时你嘅心情点呀？
R: 嚟，我就有乜野嘅，即係我覺得已经 plan 咗，咁个过就覺得好似咁快嘅，咁即係有諗过，因為我聽D朋友话，有

时就话要半年啦，就算佢採取自然半年都未有啦样。咁我
谈点解会咁快嘅呢，都未嚟得切在何之往嚟啦。但
係我先生就好开心囉，因為佢一路都好斜意细路仔，但係
我一路都拖住，避D先啦，避D先啦啦。

I：特别係你見完医生之後，確實你有事多啦，咁係果段时間
你自己谈住有D也打算呀？

K：嚟，見完医生果段时間，咁咪小心D囉，咁嚟，事實我屋企仲
有兩隻狗嘅，我養咗兩隻狗，咁D人就成日同我讲，你D狗
好矜贵啦，咁佢就成日覺得佢發出来D毛呢，即係果D fur
呢，会对个BB唔好。但係我就覺得暫时嘅影响都唔会
大囉，因咁我養咗咁多年呢，我又唔想咁唔負責任咁就托
咗佢，咁所以我係屋企就变咗做保护动物。即係佢一嚟
呢，就"捐"开佢D囉，咁我老公好多时就"捐"开佢D，唔俾
佢扑我囉，即自己take care 自己小心D囉，最主要就係話，
同埋我覺得细细有果排，好似蜗牛咁嘅行路，又慢又驚
人地撞到你啦，因為人地唔知你又唔見肚，又驚人地撞到，咁
你咪要好小心咁。你行咪俾佢行先，又避开果D人。最主要係
自己小心D囉，唔好俾人撞倒囉。

I：你頭先提到小心，即係除咗你擘咗兩个例子，你屋企兩隻
狗，D同佢哋近嘅接觸，咁另外就行路时小心，唔好俾人
撞倒，即係你讲D小心，除咗哩兩个，仲包括边几方面？

K：有嘅，以前我未有BB之前，每个礼拜都打波，當我懷疑咗
我自己有果陣时，因為一俾咗结，你就开始懷疑啦，咁我
自己同自己讲，以後都無打波啦，要等十个月後先重波打啦，
咁你就要小心D，同埋因為嚟，即係好多老人家就比
較老思想D囉，咁佢成日對住你话家有咗，唔好行俾人聽
住，要等三个月，定咗唔讲比人知，咁要咗我朋友个个都
唔知，但点解我唔出嚟呢？咁个个都係度住，住完就问
我：我请返度有BB嗜，今过屋企多家務仗，唔出嚟嗜嘛，
同埋我嚟，会好take care我自己飲食，因為我皮膚唔好，
因為我自己多咁，媽咪遺得比我果陣时呢，皮膚係好差嘅，
我手身自己係有，我唔知係个医学上，俗稱叫做皮，我係有

啦，所以我所以仍有飲食我都揀得好清楚，海鮮，我全部我睇。但係牛肉我都有食，因為牛肉有好多高啦鐵質啦，樣我都有照食

I: 嘩，或者將來我地都會多D討論一下你飲食果度，不過我想暫時了解一下你頭先提到飲食方面，會唔會係知道自己有咗事之後啦，就特別謹慎咗啦？

R: 會，會謹慎咗好多，凍嘢啲飲，D鴨啦話羊啦蛇啊全都冇得食，海鮮又冇得食，豆類又冇得飲，豆腐又唔比食，咁我就話咁咁啦即係也都冇得食，咁囉，咁佢就算有得食啦，食菜同魚囉。其實最主要係我知道自己本身皮膚唔好啦，我唔想BB第二日出世都好似我咁差，咁就小心飲食，同埋而家都減量，因為而家都係兩個零月初期，所以都一定唔會做運動囉

I: 你丈夫係係乜嘢情況下知道你懷孕？

R: 嘩，呢個情況，其實係星期，大約星期四check'倒'自己有咗，咁原先就星期六我地就book咗啲宴食，咁我同佢講，唉使食啦啦，無得食啦，咁囉，咁佢就話唔好有得食啊。咁我話有咗咪有得食囉。咪佢就係係哩個情況下知啦，即係打電話比佢，話有得食啦，叫佢轉咗張飛囉。

I: 換句話，係你直接……？

R: 直接比電話佢。果刻聽到個心情係好開心啦。

I: 即係佢當時啦反應係……？

R: 係好開心啦

I: 佢，嘩，你自己有咗事實之後，特別係確實咗之後，你對呢個肚入邊個BB有冇咪特別啲期望？

R: 最緊要就係皮膚靚過我啦，高過我啲健康啦，其實有乜期望，因為我覺得你而家期望乜嘢都有用啦啦，你出到嚟，譬如你個political啲好，個society又啲好，你自己又有時間教佢啦，你期望太多都係有用囉。我成日實得佢至緊要係健康囉，可以四肢健全就得啦啦。咁到時出咗嚟，睇你自己點樣生活佢囉，就係點樣教佢。

I: 丈夫呢？丈夫有冇特別一D期望啊？

R: 我諗佢期望生仔多D啦，因為佢自己係教室主任啦，咁

佢就成日想有个仔，可以带佢出去，教佢D咕嚟，咁至珍爱
他，好似人地果D望子成龙啦，我谂我地都有啦。
I: 你丈夫希望有个仔，除咗顾先话希望个仔佢继承事业之外，
佢系系係几多兄弟姊妹？
R: 佢系系四个仔，一个女
I: 换句说话，你丈夫唔係獨生啦？
R: 我丈夫唔係獨生，但佢係大仔
I: 但佢都希望有个仔？
R: 係啦，佢都希望有个仔，我听到佢D口气就係咁讲嘅，即觉得
係，咁我就成日同佢讲，你唔好期望咁高，我通常都係生女多，即
实事佢第二时先望嘅。
I: 嚟，可唔可以请你讲吓你爱他屋企人，你爸爸妈妈都健在？
R: 我爸爸过咗身，妈咪仲係度。
I: 你妈咪知道咗呢个消息，有D乜特别反应？
R: 有乜反应，因为我同我妈咪讲果阵时，佢实係有乜反应，跟着过
咗几日，我再问佢，究竟你听唔听到我讲乜嘢，我话我有咗，佢
话我听到，我知啊，咁。但係就有爱他嘅嘅喔。但係爱他D
阿嫂，其实我就唔係同D阿嫂一齐住，係分开住，屋企得两个人，
但係D阿嫂就觉得吵，谂清楚未嘅？即係你咁多年都唔回
家嘅啊。嚟，好幸苦啊，同埋细家D细路仔好难教啊，同埋
始终觉得你有乜如果有咗之后，就小心D啦，其实就唔係。其
实我D性格就比较硬颈，同埋小嗰咁多年嚟，我都同佢地
讲，我唔针意细路仔，其实咁多年成长阶段之中呢，我都係唔
针意细路仔，因为可能我自己屋企家庭环境唔係咁好啦，我
地细个果阵时，搵得好紧要，间屋就有啦，但係细个时
我地同妈咪一齐出去倒垃圾啦，即係倒果D。咁我成日觉
得，因为个社会唔好，你生咗出嚟，我觉得佢地要受苦。咁所
以一路以嚟，咁多年以嚟，由小学到中学，都係唔想要细
路仔。係近呢几年，近呢两三年，可能自己又大咗啦，同埋
有时见到人地D小朋友几得意，咁果个感觉开始改变小小，
同埋可能又见到我和仔喺喺生活个状况，好得意，咁可能
同化咗小小，会针意咗少少。咁所以我D阿嫂就话你谂

清楚啦，如果唔需仲趨得切。

I：嘩，你叫奶奶……

R：奶奶

I：佢地都健在？

R：我老爺唔係度啦，奶奶健在

I：奶奶呢？奶奶知道呢个消息有D七反应？

R：因為唔係我直接講嘅，所以我就唔係咁知，不过聽我先生D口氣，就係笑咗一笑咁囉，所以我諗都有些少开心囉，因為自己经已有一个孫，所以佢哋家另外一个孫出嚟，就唔会係覺得咁特別，因為哋兩期我姊仔又有咗，仲早我一個添哋要咗个驚喜就唔係咁大。

I：即換句話，你丈夫通知你奶奶呢个…

R：係啦，係啦，我通知咗佢之後，佢同日已经通知我奶奶啦

I：你頭先提到，係你个家庭入面，尤其係丈夫果边，个阿叔就有咗小朋友。換句話，你奶奶就有咗个孫，男孫嚟喎？

R：男孫，係，

I：有冇知道你奶奶对你有咗身孕，有冇七特別期望或者…？

R：佢同我一样，話男女都一样，最緊要健康，即佢淨係講咗一句嘅，其餘就有七点講过

I：即換句話，你奶奶係呢方面唔係特別強調要你生个男嘅出嚟？

R：因為佢早几年間我生唔生，我都話唔生嘛，咁佢变咗呢几年佢都話生啦，你幫我地生一个啦，就係女都好啦，就咁我哋家肯同佢生，佢就唔期望得太多啦，即係又唔敢期望太多啦

I：你对你奶奶呢种开放嘅態度，特別係中国社会嚟講算几开放嘅態度，你自己有七睇法？

R：嘩，我成日就覺得佢已经有一个男孫，变咗以前嘅講法，佢已经有人繼後香燈啦，变咗佢就話，哋家呢个孫係男係女都冇所謂，最緊要健康，因為我奶奶好经好经生嘅，四十几歲，佢可能覺得都冇所謂，最緊要健康，咁所以就算男孫女孫都冇所謂，所以佢思想上嚟講就叫比較好D，但係我估計如果我知仔未有个仔嘅話，我哋在冬

就会大D，所以我估住係咁嘅心態

I: 嚟，頭先你提过，你又未果迪D阿嫂就曾经提过意見，就覺得叫你諗清楚，因為以前你对小朋友有另外一个睇法，你对住嘅嘅咁嘅意見又有D七嘢睇法呢？

R: 我覺得正常啦，因為住地見到我咁多年嚟，因為以前DBB係我媽咪添啦，我以前係完全唔会抱住D仔女，就算住地住係我屋企，我又唔会帶住地出街啊，小会抱住地啊，我有時唔会抱住地，可能因為我真係唔鍾意細路仔，當初，咁同埋大家分开咗咁多年呢，你有你一頭家，我有我一頭家，咁住嘅都見唔到我轉變咗少少嘅，咁所以住地咁样諗，个心態都好正常，我覺得。

I: 嚟，你知道你知道有多多到而家已经一个月多D啦...

R: 兩个零月

I: 你自己有冇覺得一D特別生理上嘅变化，除咗你頭先提到係月经方面之外？

R: 嚟，生理上一定有嘅，覺得肥咗好多啦，咁就开始覺得嘅面泡泡地、腫腫地，最唔舒服係每朝起身，个胸就会冧。可能係血行嘅問題啦。嚟，其餘就有七特別，因為我就好彩D，我唔係成日呕，而家院咗兩个零月，我係呕咗三四次嘅，咁可能我就比其他人舒服。

I: 你自己对呢D生理上嘅变化覺得点啊？

R: 嚟，頭咗嘅真實，因為有BB之前，都大约睇过咁D書啊咁大约都知道会係咁样嘅，咁我覺得自己院得都几舒服嘅。因為好多人都話我仲週圍走，行来行去咁，咁所以我覺得都几舒服，冇七大辛苦嘅感覺。

I: 你又未呢？对你呢D生理嘅变化？

R: 嚟，住啦，住都覺得你都唔係几辛苦嘅，住話你都院得几舒服啊，都唔係，人地辛苦过你果D，你都未見过啦，人地日呕，你都唔係日日呕嘅，都冇七嘢啊，即係咁。但係成日都叫我唔好週圍去，因為我鍾意週圍走。

I: 其實住有冇覺得你身体上出現咗新嘅变化，譬如你頭先提到肥咗D啊？

R: 但成日都話你个男朋友有个肚腩嘅啦，个男朋友有个肚腩仔，都唔係肥咗好多嗰。哈哈啦，但又覺得唔係变化好大因為我哋经常係週圍走嘛。人地D大肚婆通常都"坐"住，初初果几个月就唔会週圍走。但係我哋係嘛，我仲係週圍去。同人食飯呀，行街呀，我都会去。哈但就叫我小心D，自己小心D，哈好似比人撞倒啊。即實但都有take care你果个变化。不过可能我D兩个性格都好independent嘅所以佢見到我以前都係咁，而家又好似有也嘢，但係通常出外之前，佢都叫你小心D呀，唔好比人撞到啊，会係咁。實實哋个已经係关心。又不过就話唔係咁深層嘅关心囉

I: 係过去一至兩个月，你有冇發覺自己係行為、脾氣方面同懷孕前有D唔同嘅地方？

R: 基本上差唔多，因為本身我嘅脾氣嘞，我对我先生脾氣唔係咁好，但我对出返人脾氣好好嘅，唔知点解对佢要求高。但係我陰蘇虾时，脾氣有也变差度。

I: 你頭先讲对丈夫脾氣唔係咁好，你个時个意指嘅係...

R: 舉一D例呀嘞，好多时呀，有时我覺得我係，好主观嘅人嚟，即係譬如我地決定買呢一層樓果陣时，我地係睇个几个樓盤，哈我地係買房屋嘅。哈佢就鍾意果一个，但我就鍾係二樓，同埋有條天橋经过，就我哋鍾意，人地見到我嘅私隱，因為人地经过会見到我間屋。哈我就唔鍾意果間，但果間就面正D囉，哈我而家買呢間就有咁面正同實用嘅，但我就覺得好D囉，因為無人望到我，有私隱權，同埋所有时讲嘢，可能我決定咗某一样嘢果时呢，我对佢，我先生嘅態度可能会係咗D嘅。可能讲嘢hurt到佢我都唔知，哈有时我地傾交，佢都会話你七都係咁㗎啦，你做也決定你都话畀你鍾意咁就咁，唔鍾意就这个都改唔到你，即咁，所以我事後檢討番，都覺得自己好係。好多时我決定咗嘅嘢呢，實係好多人都改变唔到，哈由於性，可能会有抗拒啦

I: 可唔可以請你讲一讲最近呢段时期，你自己覺得嘅心情係点？

K: 几愉快囉，因為咁样嘅你自己已经 plan 咗出来，顯然快咗D，比預期中快咗少少，好似有七抖过就已经开始。咁样，我哋心情有七点变，要緊哋，你預咗要緊哋就緊啦，咁你就慢慢等佢緊囉。

I: 咁你又去呢？係你有咗身孕一兩个月来，佢有冇提过意見，話你哋行為，脾氣方面有D也嗰特别意見，覺得你係点？

K: 冇嘅，因為可能我真係冇大轉变，即迎咗几个月都冇七大轉变，同埋我有时都会同佢"呻"公司哋老板同埋同事都咁係咁斜意，因為始終你懷孕啦，要成日請假去 check 啊，咁老板都会唔斜意，有时都会攞我出氣，咁我有时都会同老公訴慘啦，我哋家变咗公司出氣袋囉。有D環境碎碎都要頼你咁样，咁我先生都会訓，唔使理佢啦，陀地个个女人都係咁哋啦，公司模係唔斜意啦，咁你咪唔好理佢囉，咁样，同埋，你生完出緊，你覺得唔好咪唔好做囉，所以我变化唔係好大

I: 你頭先提到，因為你懷孕，公司D老板好，同事好，都...？

K: 老板，通常都係老板

I: 老板將你視為出氣袋，你对呢个問題点睇？

K: 我就覺得，嗯，个个公司女人陀地都要去覆診檢查啦啦，你唔係先，你請咗女人，你就預咗呢样嘅，你唔係先，如果你認為唔滿意啦，你有理由，你可以炒我囉，我覺得咁样如果你有理由啦，你炒我咪稍為俾我囉，即係我心態就係咁囉，即係你唔好用手"Pay"來諗自己，你請得女性僱員就預咗咁样，如果你唔滿意，搵到佢痛腳咪炒佢囉，如果唔係，你都要等佢生完先至算啦。

I: 我想了解多D，如果我頭先理解有錯，即係因為你有咗身孕，有时要去下診所，就引起老板唔高興，咁就因為咁啲事就乘机向你出脾氣。除此之外，你覺得工作上，係你有咗身孕後，便到老板嘅態度同往常好唔同

K: 都冇實有七，要實我老板好特别啦，佢係一个大陸人嚟嘅，咁我感覚上佢係一个好傳統啦男人嚟啦，咁佢就好斜意D女人生仔啦，咁但係可能我公司得我一个做会計，咁变咗我有时行开行埋，冇人幫助佢啦，或者佢想問D嘢

但係有人做到，变咗就"猫憎"少少。我覺得就咗有时会"猫"囉，变咗有时佢一下子搵唔到你，因为我喺医院，我媳手提，唔比佢打比我，佢搵唔到我，有时就会"猫憎"。有时会係D同事面前呻，就话嘅，我唔負責任，走咗去咗，即我剩係听到D同事讲番比我听，咁我就覺得，而家就走之系然，我都覺得係，即係而家係事實嘅啦，你咁样话都有七意思嘅。如果你话为係，一係请个人番嚟帮手囉，一有七事，係可以問番个啲人，唔使搵我，我会咁諗，我同佢讲咗出年请多个人帮手，咁可能咁样，大家D冲突就会好D。

I: 你啱啱提到走之系然，但係你啱啱懷孕初期，你老板因为係件事对你發脾氣…？

K: 我都会嘅，我有时都会"猫"，有时我都话，你唔满意咪炒我哋番D数比我之嘛。我有七所謂，我咪係度坐生七个月，拿四个月人工囉，即係我初期係咁諗。因为覺得你请得我，同埋你都讲，任小姐，今次你生个仔啦，咁我注意D先，遲D先，我话我生仔，你好唔着数嘅。我话放產假，又要成日覆診，即係我果陣都会咁讲，早几年前係咁同佢讲，咁既然而家有咗啦，咁事實嘅嘅啦。如果你唔满意，我都有辦法啦。

I: 即係早几年，你已经…？

K: 因为佢请我嗰陣时，都問我结婚几年啊？我话大约三年度，咁佢话你仲唔生仔，我话遲D先啦。即係當初佢就好鼓勵你院BB，但當佢發現一个人院BB係有咁多麻煩出現时，佢就有D問題囉。可能佢本身有金钱，大太就係私家生嘅嘛。咁就有咁複雜嘅問題囉。同埋，嚟，有金钱钟意化时去都得，唔似我地限时限刻，Book咗期去医院咁囉。

I: 除咗工作上出現嘅D变化之外嘅，你頭先都有為提到，係，飲食方面，你有D开始戒D啦，即有D唔食啦，少咗運動啦，行街时謹慎，你点样睇嘅D新嘅变化？

K: 嘅D新嘅变化，我覺你要預咗，要Regret就要預備定嘅D嘢。又不过就係話，飲食方面，我係唔到咁多嘢唔食得，豆漿又唔飲得，咁生果又七都唔食得。咁就唯

有啲是但啦，都係十个月嗰，生完就可以用食番药本囉。我就咁諗，你哋可以浮係顧住自己哋，德而哋理住呀嘛。咁你咪忍，十个月之後用食番药本。但重哋如果佢出來哋效果係好哋，咁你都值得囉。至於你話運動果D，你有辦法哋啦。你院住个BB，你就唔可以做劇烈運動哋啦，因為你可能会影响到佢。影响到佢就双方都有問題，係唔係先？咁就諗住，生完先減肥囉，生完先做囉，就会咁諗，即係向家我好多时都係以佢為基本先囉。

I: 哋种懷孕哋心理準備，係你之前已经有哋，即係话一旦有咗BB仔，就係咁啦，定係懷孕咗之後？

R: 懷孕後，懷孕咗，知道有咗先咁样諗。

I: 實唔實得辛苦啊？

R: 我又唔係好辛苦，你見我行來行去都唔係好辛苦

I: 儘管哋D变化都好，但你…？

R: 即係因為你預咗，所以就實得唔辛苦，同理如果我好似有D人咁，長期呕就好辛苦。我就唔係呕得好多，所以就唔係好辛苦我向家係驚肥

I: 即係好似我讲，後來你就睇通咗，所以就唔實得辛苦

R: 係啊，係啊，同理因為我 compare 妻哋朋友，由开始院呕成四、五个月，又唔食得又唔瞓得，咁我實得好D，我淨係唔瞓得嗜

I: 唔瞓得哋会意係？

R: 因為我事身我仔出世果陣时，医生都話过我个膀胱係好敏感哋，要咗一有少少，就要去厠所，咁向家院咗佢之後，就更加去得密，咁我一晚去四次度，咁你可以估计我一晚瞓八个鐘，去四次都成兩个鐘一次，咁咪唔夠瞓

I: 實唔實得辛苦咪，咁？

R: 初初果个月都会係咪，咁麻煩要成日去厠所，同理向家冬天又凍呢，咁向家去慣咗，又實得要去咪去囉，係咁咪向家就算囉，因為我个人向家好容易瞓哋啦。譬如我四点鐘，我地樓下係平台花園，六晨運客係度傾计，我都聽到佢地係度讲也，但始終人地有自由，你唔可以嚟人地话，你好收声囉，咪

你唔可以唔啦嘛。唔仔咪自己攞係度望住个天囉，有时都瞓得番啦

I：係，我想問一問你，我点样稱呼你丈夫好啊？

K：你叫佢丈夫啦

I：ok，嗱，你係生活细節上，有啲點要重新適应过，其實丈夫又点样睇？

K：佢唔知啦，喺，即係例如我瞓唔到，我都会同佢讲，因為我先生番通宵班啦

I：变唔佢夜晚完全唔会干擾到你？

K：我都会同佢讲夜晚瞓唔着喺，成日都瞓唔着，唔我老公話，唔聚埋啦，如果你瞓唔着，攞个你番嚟，攵完工番嚟瞓一陣先煮飯囉。如果係唔想煮，咪出街食囉，即係我地係啦。始終兩个人，兩夫婦係自由D，即唔同話同老人家住，可能会麻煩D，因為你成日唔煮飯，老人家咪唔斟煮囉，咁兩家兩夫婦就自由D囉。

I：係丈夫主動提出嚟啦？即係如果你唔想煮，佢唔介意...

K：咁佢話唔想煮，咪唔好煮，出街食囉

I：嗯，除咗呢D之外，丈夫係在何日常生活方面，有有係幫到你手啦？

K：我成日覺得佢有少少，冇餘，冇餘个係因為一間屋兩个人，攞个D家務，唔係佢做就係我做啦啦，係咪係先？但係佢就成日唔得閒做呢D家務，咁我有时都同佢讲，你幫我做下啦，咁佢唔係唔想幫，不过真係冇时間，但係我又唔想屋企太污糟，我已经成日比阿媽話我懶，屋企嘢唔做，但係我同佢得兩个人，佢唔做你都要做啦啦，变唔有时見到D污糟嘢，你都要照做，攞个拖地，吹塵，其實，基本上我哋家都仲做到，咁佢有陣时都会幫下我，不过就好时先幫一次囉，咁佢有时都話，我都叫唔你唔好做啦，又唔忽得，我話等你番嚟做啦，几个礼拜後啦，七都铺晒塵啦，我話，所以通常都係自己做。

I：你頭先用到一个词来形容呢个情况，我就覺得好好，係話冇餘....

R: 1. 有金系而为个是

I: 换句话，丈夫係有心想帮你，个过係有时间

R: 係呀，我觉得係。因为好多番夜更嘅人，个时间顶倒嘅，哋佢日头瞓个时间係 long lasting 过我D好多。因为佢有时又去八点钟番到嚟屋企就瞓瞓瞓，哋有时屋企又有地话嘈，哋佢有时咪瞓唔到。佢瞓实好时间咪长啦，哋所以佢唔到屋企嘅嘞。

I: 哋你自己又点睇？你一方面又睇到丈夫係有心帮你，个过有时间，但有时一方面，佢又忙到屋企唔乾淨，但係你又需求好乾淨，但係佢又帮唔到你手，哋你实点处理？

R: 我有时会怨佢，话你在家哋帮我做啲件嘢，又冇做到，但佢话你都知我有七时间帮你做嘅啦，即係唔係唔想帮你做嘅。哋我有时会呻几句，之後，哋我咪冇嘢嘞。因为可能响家我发现有咗BB之後，件更加顺咗添。个忙量又大咗，即忙屋企个活嘈度大咗，即所以啦。有时如果唔忽得嘅，咪自己做嘞，如果忽得嘅，咪边个先做嘞。

I: 自从你怀孕咗之後，你觉得个忙量大咗，即係屋企...？

R: 屋企嘅活嘈忙量大咗。

I: 过往有冇D哋嘅情况，丈夫想帮你，但係又帮唔到，但係你又好想佢帮你？有冇因为呢D哋而引起D摩擦啊？

R: 会嘅，我会做完之後番嚟关关佢嘞。会嘅，我做完之後，佢番嚟我黑D黑面，唔睬佢嘞。跟住佢就知发生咪事嘞。哋佢就解释话我唔係唔帮你做，我係有时间做嘅，我一向对有D哋发脾氣

I: 哋通常如果有D哋嘅事故，你发脾氣会发几耐，先至消番嗰口氣？

R: 两日"度"啦，即係我係因为我係一个忙量大D嘅人，我可以两日之内唔睬佢嘅。

I: 但係响哋两日，你嘅心情点啊？

R: 嘶，会开开心心嘞，同埋点解屋企D野要我一个人做晒嘞，即有时个心态会係哋嘞。

I: 嚟，ok，頭先我地都稍為睇過呢个問題，不過我想了解多D，你哋屋企人係知道你懷孕之後，首先係你媽媽，佢有冇乜嘢特別意見比到你啊？

R: 特別哋意見就係叫我唔好週圍走囉。因為佢知我成日唔"癡"家嘛。特別當我唔好週圍走啊。仲凍攞上冲凍缸又當小心D啊，嚟…凍嘢又唔准食，嚟…，又唔好亂食嘢啦。叫我拴D狗走。最主當係叫我拴哂D狗走，因為佢成日覺得狗对BB唔好囉。咁佢淨係想拴哂D狗走。其實，都冇乜特別。佢最主當都係話自己小心D啦，話如果有D唔舒服哋就番屋企住囉。因為始終我先生返週末更嘛，有乜嘢事有人知嘛，所以咪我哋家都稱咗返我媽咪度住。

I: 你对你媽咪提到哋意見呢，你自己又有D咪睇法？

R: 嚟，好，好事來哋。因為其實佢 care 你，先至会叫你做呢D嘢嘅，咁变咗哋家我番咗媽咪度住，就变咗好似个廢人咁样囉。因為食完晒，瞓完食，佢又唔比你幫佢洗碗啊D咁。嚟，譬如我媽咪自己都有嘢做哋，咁佢来放工之前就唔準我冲凍哋，因為佢惜我冲凍时俾親，所以要等佢番嚟至冲。咁其實做媽咪都係关心你嘅。

I: 你自己哋感覺係点啊？

R: 我覺得係，其實我知道屋企人一向好錫我哋，但家哋感覺更加大囉。因為我D阿嫂都話你唔舒服就番嚟啦，即係覺得但家哋媽咪就更加錫我啦，比以前更加錫。

I: 你覺得你就嚟作為一个媽媽，你媽媽对你哋支持…

R: 好重要呀。因為好似但家咁，我自己就覺得陰得有乜嘢囉，但係我媽咪都話你番嚟先啦，等走咗三个月，因為三个月之內可能会有小產嘛，三个月之後穩定咗落嚟，你再番屋企住，佢都唔 care 囉，咁我覺得好啲啦，我媽咪真係好啦，同埋因為唔係咁多媽咪都係咁样，我媽咪自己又要做嘢啦，我媽咪要做嘢，唔可能煮飯比我食，我原先 plan 好先係我哋去度食，然後先番我媽咪度，咁我媽咪就話唔好佢落場果段时間我返嚟食，其實我又唔係咁想麻煩我媽咪，因為佢都大年紀，但佢都堅持你？叫嘅嚟食啦，唔好出去食啦，頭

P14

頭撲撲，係咁撲，咪仲衰过自己係度住。咁我覺得媽咪真係好偉大囉，爸爸啦。

I: 丈夫呢？丈夫又点睇：即係稱呼番媽媽度住？

K: 佢都覺得係好。因為佢知道自己啲條件有限，夜晚 take care 時到我，咁如果我真係有起事，因為我試过兩次剩料就係有肚痛，即係係懷孕初期我肚痛，咁我有晚真正好肚痛，痛到一點落床就成晚冇郁过，除咗去廁所外，咁要咁佢見到都驚啦，所以佢都應承比我返媽咪度住，但要咁佢自己要 take care 食物啊，生活。

I: 你頭先提到有兩次係為緊係肚痛，你當時嘅感覺係点？

K: 咁果時我先生就話，今晚我送你去医院啦，咁我話家吓好痛，你唔好都我啦。如果都我，可能个係果件嚴重。我話由得我瞓一陣，如果有事就唔使睇医生啦，如果再痛就去睇医生啦。我瞓係度，係間歇性咁痛，即係抽住痛，放鬆，抽住痛，放鬆。咁我見到我攞係度都冇乜嘢，咁咪冇睇医生囉。咁就攞到第二朝，第二朝又冇乜嘢，又冇見到乜特別跡象，例如流血，跟住我返咗工，打电話問医生，問妹妹。妹妹話如果冇乜特別情況，都唔使睇医生啦。咁咪唔睇囉，咁就冇乜嘢，冇乜大問題。

I: 你哋哋呢？除咗頭先...

K: 我有比佢知，佢唔知，我唔想多一个人担心囉。

I: 嗰，頭先你提过，你哋哋比年前又係提过一个意見，就係關注地生番个啦，除此之外，佢知道你懷多後，仲有冇提一D特別意見？

K: 冇喎，因為佢見我哋家定时番去食飯，咁有时我哋哋就唔係咁鐘意煮飯大家出街食啦，咁有时佢地鐘意食虾蟹咁。但係佢就見我一隻都唔食，佢就話真係唔食，我就話院住BB，唔想食，費事。咁我哋哋都話驚咪啊，食一兩隻唔就堅持唔食，咁佢又冇乜嘢，但係就每次見到都叫我食啦，即真實我哋哋係比較 modern-D啦，咁佢就覺得冇乜所謂，可理可能佢m前院BB都冇所謂乜都食。

I: 真他D阿嬤呢？

I: 其他D阿嬤呢？
R: 我最大嘅啦啦，我係大嬤
I: 咁你D叔仔，D点稱呼...
R: 叔仔其實我嘅問題係我都唔知佢地知唔知，因為呢，我覺得我哋哋家族都几麻煩。咁啱我頭先提过我姑仔有咗BB，早我一个月。咁佢有之前已经同我哋哋讲話想我哋幫佢湊个小朋友。咁我哋哋又在啾唔在家之間囉，咁就冇正正式式咁到佢正式院BB，就同我哋哋讲佢有咗BB啦。但可能呢，我哋哋嘅反應，又差咗少少，又冇笑，又冇話开心，也都冇，又冇話究竟同唔同佢湊，咁當我哋哋知道个女有咗身孕後，又冇反應啦。咁个女就喺佢同D姑姐申訴話佢嗎咪偏心。因為我第一个叔仔有BB嘅嘛，咁佢當时就好开心囉，仲"Gina"咁D話畀湊。但我姑仔今次嘅反應呢，哋哋表現得唔係几好，冇反應。咁我姑仔就同佢D姑姐喊，話佢嗎咪偏心，即仔嘅就湊，細嘅就唔湊。就算事先讲明都唔湊，仲呻咗句，如果第日阿哥有咗，實唔幫我湊啦。点知咁啱我真係有咗，我哋哋知道姑仔小氣，就冇將我懷孕呢件事讲比屋企人聽咁我諗，要實屋企人都唔知嘅。
I: 你对你姑仔可能有咁嘅睇法，你自己覺得点？
R: 我認同，因為我知道姑仔比較小氣，同埋係大陸人。但係我始終覺得，小嗎咪湊这个，係佢自己嘅決定，係咪係先？我諗哋哋唔会因為我有咗而唔湊你果个。因為佢始終有自己決定嘛。同埋我同我嗎嗎商量过，我份人就好公正嘅，既然佢排咗号先，你就湊佢果个囉，係咪係先？因為我唔想因為湊BB呢D嘢，而揸到有conflict之囉。咁我話个如你同佢湊，我就請个工人湊，我話咁大家都好。但係我哋哋又未表態同这个湊。佢就話个如叫我姑仔揸住自己哋哋先。咁我姑仔，讲得難聽D，份人比較计較D囉，可能佢计过條數，可能比哋哋湊貴过比嗎咪湊，因為我老爺过咗身之後，我地每个月都比錢畀去，佢可能计过，如果我比咪个BB嗎咪湊，咁每个月比少好多錢。但如果比哋哋湊，可能Double

哎个價錢囉，哎我就叫妳妳自己決定。如果真係唔得
嘅話，我地自己請人湊囉，哎我有時都同老公講，你个味陀
BB就个个都知，无往地義。我就好似咁理生喺，嗦，
我都会講笑哎講囉。哎我始終係要通你嗎咪表態囉，
咁竟湊返个，哎我地自己好打算嘛。

I: 又无呢？又无係呢个問題上有乜睇法？

R: 係就話，我當初咪第一时間通知佢，第一时間通知佢阿
嗎，哎佢阿嗎都呻过一兩句，咩，咪你地唔啱撞哩一
齊喫，哎啱一齊有喫，哎講。佢阿嗎就問过佢，你打算
比返个湊，我先生又唔識做，佢話，梗係比你湊，唔係
比返个湊啊，跟住佢阿嗎話，返湊倒哎多个呀。哎
我就話，既然我知道佢細味發生咗件哎嘅事，同人
申訴，喊过。我又唔想因為呢件事而大家唔开心，我話
不如叫你阿嗎唔好湊啦，我地搵人湊。我嘅打算係
哎。因為本身老人家已经湊住一个小朋友啦，而家再初生
一个，初生兩个，点湊呢？根本有可能。哎我話不如我地
自己搵人湊，大家都好

I: 你有有D知乜啊？即好傾得埋D…？

R: 有，有

I: 佢地又点睇？

R: 我有同人傾过呢样嘢，哎我都同D阿嫂傾过，哎我
D阿嫂都話，其實唔比妳妳湊，都可能係一件好事，因為一
來唔会龍壞。同埋二嚟你見住湊得唔啱，你咪唔可以
話佢囉。但係如果請工人，佢唔啱你可以話佢，同埋佢
可以幫你做埋屋企嘢

I: 我頭先帶出一个問題，係想問你，你好知乜知道你有身孕
之後，佢地点睇？

R: 佢地都係一样嘅，你是乜有嘢啦。个个都係哎講囉。
嘩，小小D，唔好週圍走。又係好似我屋企人哎諗，因為
我成日週圍走，佢就話你向家，因為我知乜屋企有好多細
妹，个个都生哎BB，佢就話，你都好知期，有D時舒服
就講哎比我聽。你有D咪BB彩嘢嘅出声，我幫你搵，因

1.17

为住D味有太多。其实我D朋友都觉得生BB对我来讲係件好事

I: 頭先你提出番嗎嗎屋企食同埋瞓，除此之外，你嗎嗎有也特别 support 比到你？

R: 有，有呀。其实我觉得，做你阿嗎，生得你出来，養到你咁大，任務責任已经完曜，以我嘅心態，任嘅責任已经完啦。咁你而家番去，要任操勞，你已经係好过份。呢我係我嘅心態。又分过我係件有限，一有七事，我一定要屋企人幫曜。咁我先会番去我嗎咪度。因為ㄐ麻煩，任D，因為你已经搬开五年，咁任為你可能又做多D嘢嚟，煮飯比你食啊，咁我覺得你哋好要求太高曜。

I: 除咗物質之外呢，你嗎嗎会唔会同你開ㄐ傾下將来点样出世、点样湊BB啊？

R: 我嗎咪其实都有讲过。其实咁样，因為我嗎嗎係移咗民去第二度，而家又分过係短暫番嚟住嘅。任都讲过过一年可能会番去移民嘅地方，咁任就提过，如果你有需要，可以叫我番嚟幫你湊。又分过我覺得嗎咪七十ㄐ歲啦，湊BB可能太辛苦，同埋任移咗民可能生活会好D，因為嗎咪有糖尿病，血压高，氣管又唔好，咁任移民果度空氣好D，可能適合任多D，我都唔expect任番嚟幫我湊，同埋湊BB真係好辛苦，BB夜晚要食奶，可能要「秒」醒任

I: 你嗎嗎呢！自從知道你有咗，有冇一D特别嘅支援？

R: 有七特别支援，可能而家任都湊緊我知你果个啦，自己wk，同埋自己本身体又唔係真係咁好，我唔expect嗎嗎湊，因為任雖然係生，但係開好似有ㄐ暗瘡，咁我唔expect任太操勞。

I: 其他，其他D阿嫂啊，有冇一D特别嘅支援？

R: 我而家番去咪同一个阿嫂住嚟，咁任都係叫我七都唔使做，食完就瞓，嘥ㄐ洗碗果D，任话你唔好做咁多啦，走啦。我覺得其实任嘅支援夠，因為任要做嘢，你唔可以要求太多

I: 啊，我而家先清楚阿嫂係你哥哥果边，唔係又去果边

R: 我又未果边，我成日觉得我院BB啲时，佢地其实係唔知
嘅，我诠佢地又唔係完全唔知，知同唔知之间，但始终佢
地係生过你，有七 support 比到你
I: 嚟，你真实壞多至现阶段，有冇希望屋企，包括自己同丈夫
果边，可以比到七點 support 你？
R: 冇，冇，因為你哋大个人，有自己一家住，人地有自己嘅
生活，自己的困難，哋你唔可以 expect 人地做太多嘢 比
你嘛，同埋我自己家庭来讲，我嘅收入係最高嘅，
哋始终你收入高过人地，唔可以期望人地比到七
support 你，因為人地唔求你，你都应该觉得好滿足囉
哋我從来都唔 expect 佢地有D咪支援，哋至於叔仔果
边，可能佢地唔知卦，同埋可能个个掛着自己揸拖啦，
哋姐仔果边收哋計数，更加唔可以 expect D咪嘢，
I 精神上呢？
R 都冇，但係我间家哋，唔舒服番嗎咪度，已经好滿足，嗎
咪哋对我
I 对丈夫呢？现阶段
R 现阶段啊？希望佢轉日頭，搵份穩定嘅工，因為始终
初期有咪問題，我自己 handle 到，但可能到咗五、六个月
或者就嚟 deliver 陣时，就会比較麻煩D囉，我諗如果果
段时間冇人係身边就麻煩囉，因為我一路未有BB之前，
我都叫佢，你轉份穩定D呀，轉份日頭啦，但係
由於佢间家呢份人工高D，佢始终覺得趁自己係生嚟
多D，哋唔我间家有咗BB，佢公司出咗封信，話佢份
contract 三月到期，即係一定要搵过份工，佢都打算搵
份日頭嘅，哋个問題可以暫时解決，
I: 你地討論过…？
R: 我地討論过，我話你長期开夜，我諗好簡单，我院
BB一定会抽筋啊咪，哋到时边个幫我「猫」嘢都呢，
哋有时我肚痛，边个幫我呢，有时嗌得五車嚟，可能
有第二D問題出現呢，哋所以都討論过个問題，哋
佢都覺得，搵揸都哋啱，到时又要搵过份工，所以

T: 都会轉日頭.
多謝你接受訪問.

Appendix F

Case 1 : 1st interview – 21 Feb
Maturity : 21+2 weeks
Place : Office

I: Interviewer / R: Interviewee

I: Would you introduce yourself, (informant's name)?

R: I am 32 years old. My education level is Pre-university. It is my schedule to have a baby now. Well, I am in the same age with my husband. He always talks about his willingness to have a baby and I think it's about the right time. So we have reached the agreement and we started our plan. I didn't expect I have already becoming pregnant in such a short period of time.

I: When did you start your plan? I mean, why did you think it is the right time?

R: Actually the whole thing was a little bit behind my schedule. I should have started my plan around the end of last year. But it was just the time when we started to repay the mortgage loan for our apartment, so we thought we should leave it later and made it the beginning of this year. However, my father-in-law passed away, so I don't think it is a good time for having a baby. I delayed the plan again. So I went travelling in August and after the trip, I think it is the right time and we started our plan. I choose such period of time because I know that if I am pregnant after 34 years old, I need to draw amniotic fluid and I know it is very painful. I want to get things done by 34 year old.

I: If I didn't think it in a wrong way, this is your first pregnancy, right?

R: Right.

I: In this five years of time, is there any special reason for you not to have a baby until now?

R: I always think that I should wait until we have built a good financial foundation. I don't want to give birth to a baby by putting myself in a difficult financial situation. I wait until we repaid a certain part of the mortgage loan. We started our plan in an easier period of time.

I: You mentioned our Mortgage loan. How many of you are there living together?

R: Two. My husband and I.

I: You two only. How many rooms and living room are there?

R: A living room and 3 bedrooms

I: Do you know the size of the apartment?

R. Around 600 square feet.

I: Would you mind talking about your family? How many brothers and sisters do you have in your family?

R: There are totally 4 children in my family. I have 2 elder brothers, 1 elder sister, I am the youngest.

I: You are the youngest.

R: Yes.

I: What is your occupation?

R: I am an accountant.

I: You work on your own or you work for a company?

R: No. I work for a company. I haven't taken any examination, so I work as an accountant in a small company.

I: Just then you have mentioned that you have been married for around 5 years, do you have any religious belief?

R: No. We do not have any.

I: Which place were you born? Where's your homeland?

R: My homeland? It is Qing Yuan

I: OK. There's something about your personal information, we want to know more about it. What is the range of income of your family?

R: Around $30,000 ... 35,000.

I: When did you know you were pregnant?

R: My menstruation comes very accurately. If it didn't come in 2 or 3 days, there should be a problem, so I bought something to test, the result is positive. Besides the result, I didn't feel good, so after a week, I went to see a private doctor, to check it again and the same result was confirmed.

I: In other words, your husband and you have been planning to have a baby around that period of time, and there is a change in your physical condition, that is your menstruation.

R: Yes. Because once you stop taking any contraception, you should notice around the time.

I: How did you feel when you know the news?

R: Well, there is no special feeling, because it is what I have planned. But I thought it would be a bit later than I expected. Some of my friends told me that it will take half a year, even there's no contraception, they have to wait for half a year, so I haven't got any idea why my

pregnancy comes to me so fast, even faster than what I can handle. But my husband was very happy, because he loves children. Well, all the way we were delaying again and again.

I: What is your plan after you saw the doctor and was being confirmed you were pregnant?

R: Well, I tried to be more careful. Actually there are 2 dogs in my house. I have 2 dogs indeed. People around me kept asking me to do away with my dogs. They always think that the hair of the dogs is harmful to my baby. But I don't think it will have bad influence at least temporarily. My dogs have been with me for so many years, I don't want to be irresponsible and throw them away. I became the protected animal at home. When they get near to me, I get them away. My husband kept them away from me all the time so that they cannot get too close. I got to take care of myself. By the way, in the beginning period of time, I walked like a snail – very slowly and I was afraid I crashed on somebody. It is because I was not obviously looked like I was pregnant and the others just don't know. I was afraid if somebody crash on me, so I need to be careful. I let people go first and tried to stay away from the crowd. The most important thing is to be careful, not to crashed by people.

I: You have mentioned that you need to be careful, besides the 2 examples here; you avoid close contact with your dogs and walked carefully, what else?

R: Oh yes! Before I was pregnant, I played ball games every week. When my menstruation stopped and I started to suspect myself to be pregnant, I told myself, 'no more ball game from now on, I need to wait for ten months. You have to take care. Moreover, well, my mother-in-law is quite conservative, she always tells me that "Well, you are pregnant now, don't tell anyone until 3 months later when the situation is stable. So all of my friends didn't know the news, but why I didn't show up all the time? Everybody was guessing and they asked me. I told them how come will I have a baby, it is just I am very busy at home, that's why I don't go out. By the way, I concern a lot about my diet. My skin condition was not good; this is due to the heritage from my parents. I have a kind of skin problem, I don't know how it is called medically, and it is called "skin of snake" in common term. That's why I choose what I eat carefully. I cut all the seafood. But I do eat beef, because the iron is rich in beef.

I: Perhaps we will talk more about your diet later. For the time being I want to know about your attitude towards diet. Did you treat it in a more serious way?

R: Yes, sure. I didn't have cold drink. Some mothers told me not to have lamb and snake, seafood, soybean sauce and bean curd. And I thought it's like I am having anything. Well, not totally not having anything but vegetable and fish. It is mainly because my skin is not in good condition, I don't want my baby will be in the same condition like me. I take care of my diet. I don't do any exercise because I have my baby for only two months, it was only the beginning.

I: In what situation did your husband know about your pregnancy? 119

R: Well, it is around, around Thursday I knew that I am pregnant, and on that coming Saturday we planned to have a snake meal. So I told him that I can't have that meal, he asked me why, I told him that I was pregnant, that's why I can't go. 'So he knew that news in such situation. Actually I called him and asked him to give the ticket of the meal to other one. 120 121 122 123 124 125

I: In other words, you told him directly? 126

R: Right, I called him and tell him directly. He was very happy. 127

I: So his instant reaction is? 128

R: He was very happy. 129

I: He, er, when you confirmed that you have a baby, do you have any expectation to the baby? 130 131

R: The most important thing is to have better skin than me, taller than me and healthy. In fact I don't have any expectation, because it is of little use to expect anything so early. When you've grown up, maybe the political environment and the society were not good, you don't have time to teach him, it is no use for you to have expectations now. I think it is very important to be healthy ad build in a good body. When he grows up, it depends what kind of life you lead him and how you teach him. 132 133 134 135 136 137 138 139

I: What about your husband? Does he have any expectation? 140

R: I think he expects to have a boy. My husband is a karate teacher. So he always want to have a boy, then he can bring him out and teach him. I think we don't expect on the success of our child as other parents do. 141 142 143

I: Your husband wants to have a boy. Is there any other reason besides he wants his son to learn karate? How many brothers and sisters are there in his family? 144 145 146

R: There are 4 sons and a daughter in his family. 147

I: So he is not the only child. 148 149

R: No. He is the eldest son. 150

I: And he wants to have a son? 151

R: Yes. He wants to have a son. I can sense it by his words. That means it's my guess. So I always tell him not to expect too much. I probably will have a girl. I stopped him from being disappointed. 152 153 154

I: Well, would you please talk about your family, are your parents healthy? 155 156

R: My father has passed away, my mother's still here.

I: What's your mother's response when she heard the news?

R: She didn't have any special kind of respond when I told her. After a few days when I asked her again if she had listen to what I said about my pregnancy, she said she had already known it. She responds nothing else. My sister-in-law, who are not living together with us, there are only two persons in my house, were very surprised by the news and they asked if I had think about it clearly. They thought I haven't got a baby for many years and it is quite hard for me to have one now. They think nowadays it is really difficult to bring up a child. They think I should be more careful, but actually I do not. I am quite a stubborn person. I told them that for so many years I do not like children. As I grow up, I don't like children. Maybe it's because of my family background was not so good. When I was young, the time was very hard but now the time has gone. I collected the trash with my mother that's what I did. I always think that if the society is not good, your children will suffer when they grow up. In many years, I don't want to have baby, all the way since I was in primary school to secondary school. In this recently two to three years, perhaps I am getting older, and I see how cute the children of others are, my mind have changed a bit. My brother-in-law and his wife have just give birth to a boy, he's so cute. Maybe I am influenced by them and become to love children more. So my sisters-in-law ask me if I think about it carefully, and they said it is not too late if I don't want to have a baby.

I: Well, you call your mother-in-law …

R: As 'mother'.

I: Are they healthy?

R: My father-in-law had passed away, my mother-in-law is still here.

I: So what was her reaction when she heard the news?

R: I didn't tell her directly, so I don't know the first reaction of her. Well, my husband told me that she smiled. So I think she was a bit happy. My baby will not be the first grandchild of hers, it's just another one. It will not be that special. My sister-in-law is also pregnant, even a month earlier than me. I don't think the surprise will be that big.

I: In other words, it is your husband who told your mother about …?

R: Yes, yes. He told his mother the same day after I told him.

I: You have mentioned that there are children in your family, especially on your husband's side? Your brother-in-law has a child, that means your mother-in-law has got a grandchild, it's a boy, right?

R: A grandson, right.

I: Does your mother-in-law have any particular expectation on your baby?

R: The same as mine. The most important thing is healthy no matter it's a boy or a girl. She says nothing besides this.

I: In other words, our mother-in-law does not emphasize that you need to have a boy?

R: A few years ago they asked if I want to have a baby, I said I don't want to. Through all these years they have been persuading me to have one, no matter it's a boy or a girl. Now I am willing to have a baby, that's why they don't expect too much. Not daring to expect too much now.

I: What do you think about such open attitude of your mother-in-law. In a tradition Chinese society, such can be considered as open. What's your opinion?

R: I always think that she already has a grandson. That means their family is continuing in heritage. So it's no big deal to have a boy or a girl afterwards. Health is the most important thing. My mother-in-law is still young actually. So she really don't care too much except health. It is okay to have a boy or a girl. Her mind is comparatively open. But I guess if my bother-in-law was not having a boy, my pressure will be bigger. I think her attitude is like this.

I: You've mentioned that the sisters-in-law on your husband's side have asked you to think about it very carefully. It is due to our different attitude towards children in the past. What do you think of their opinion?

R: What they think is normal. They have known me for so many years. In the past, their babies even stayed with my mother, I didn't touch them at all. I didn't bring them out even if they lived in my home. I didn't touch them and hugged them at all. Maybe I really didn't like children at first. After many years I have my own family and they have theirs, they don't know how I have been changing, so I think it normal for them to have such opinion.

I: So you have known that you are pregnant for one month or more now.

R: Two months and more now.

I: Did you notice any physical change, except what you've mentioned about menstruation?

R: Well, sure. I am a lot fatter; the muscle of my face becomes looser. When I get up in the morning, I don't feel well because my breasts are painful. Perhaps it is a matter of the circulation of blood. Well, not anything special. I am luckier not throwing up all the time. I threw up for 3 to 4 times within this 2 months. I think I am more comfortable to many pregnant women.

I: What do you think about your physical change?

R: It is within my expectation. I read about it before having a baby. I know it will happen like this. So I am quite comfortable actually. Many said that I still hang around, I feel quite good indeed, it is not really that hard

for me.

I: How does your husband feel about your physical change?

R: Well, he thinks I am not in a very hard situation. He thinks many people are much harder than me. The others are throwing up everyday, but I am ok. Anyway he asked me not to go around everywhere, because I like hanging around all the time.

I: Does your husband realize your physical change, for example, does he notice that you are getting a bit fatter than before?

R: He said I always have a big belly, so I am not getting very fat actually. He doesn't think the change is very big. I still hang around all the time. Other pregnant women usually will take good care, not going anywhere. I spend time with my friends. He asked me to take good care, not letting people crashed on me. Actually he does care about my change. Maybe both of us are independent. I used to be like that and it is now the same. Usually before I go out, he reminds me to be careful, not letting other to crash me. That's already a kind of concern. It is just not very deep anyway.

I: In the past one to two months, do you realize that you act and your temper is different from the time before you were pregnant?

R: More or less they are the same. Well, I got hot tempered towards my husband, but somehow I treat the other people very good. I don't know why I always have higher expectation on him. My temper has not getting worse because of my pregnancy.

I: You mentioned you are hot tempered. When you are with your husband, do you mind telling …

R: For example, well, I am a very subjective person. When we decided to buy a house, we went to a few places. We were buying the house through the house ownership scheme. He liked a particular one, but I did not like it because it is on the second floor and there is a pathway beside. People will know your privacy if they pass by the house, so I don't like it. But the structure of this house is quite good actually. Finally, the one we bought now was not as practical as that one, but I want my privacy. When I was talking or making decision, my attitude towards him is bad. Maybe I'll say something that hurts him. Sometime when we quarrel with each other, he thinks I am making all the decision and always doing what I want, I am not going to change my mind for anyone. So I evaluate myself and I think I am too stubborn. In many times when I make decision, I will not change my mind by anyone. This is the reason of why we are quarreling.

I: Can you talk about how you feel recently?

R: Quite good actually. My pregnancy comes as what I have planned; and it though a bit quickly than I expect. I don't have time to take any result happens, but my emotion was not changing, if it is to happen, it happens according to when you expected, so you got to wait with patience.

I: What about your husband? Did he mention anything and give you any advice about your act and temper since you were pregnant?

R: Not really. Perhaps I was not changing radically, I mean in recent so months. Sometime I'll tell him that my boss and my colleagues are not happy about my leave, I need to have body check all the time, so my boss was not very pleased. Poor, I became the focus of complaints now in the company. People will blame on you in small matters. My husband asked me to ignore them. He said every pregnant woman will face such kind of discrimination. He asked me not to be bother by other's response. If I don't think it's happy to work there, he tell me to quit the job after the baby is born, my change was not so big.

I: You've mentioned, because our pregnancy, your boss, your colleague …

R: Usually it's my boss.

I: He complains about you all the time, what do you think about it?

R: I think, well, you should have such kind of expectation if you hire a woman. Is that right? If you think you have enough reason you are not satisfied, you can fire me. This is what I think. If you don't have any reason, you paid back my salary and fire me, that's fine. I am now having an "I don't care!" attitude, you should know it once you hire a woman. If you are not satisfied, you pick on her mistakes and fire her, if you can't, you have to wait until her baby has born.

I: I want to know more about it, If I don't get it in a wrong way, you mean you are pregnant, you need to go to clinic and your boss was not happy about it, so he has bad attitude towards you. In your work, you think the attitude of your boss has changed since you were pregnant.

R: Not exactly. My boss is special, he is from Mainland China, I think he's a very traditional man. He likes woman to have kids, but there's only one accountant in my company, if I'm not available for helping him, he will get a bit mad getting nobody to help. Sometime when I am in the hospital, I turned off the mobile phone, so he can't call me at once and he will get angry. Sometime he complains in front of my colleagues that I'm not responsible, I get away all the time. This is what I heard from my colleagues. So I'm relaxed now, well, it's the reality that I'm pregnant, it's no use for you to complain. If you think there's any problem, you can hire someone and your can always refer to that person but not only me. That's what I think. I've asked him to hire one more person to help; perhaps the conflict can't be solved.

I: You've mentioned you are relax, but your boss was treating you badly when your pregnancy started!

R: Well, sometimes I'll get mad too, sometimes I asked him, if you don't satisfied, fire me. I don't care! I get four months salary and wait for seven months to delivery the baby. I think it is you who hire me. By the way, he told me, "Miss Yam, why don't you have a baby?" That time I said later. I said, "if I am pregnant, it's not good for you. I need to take vacation, and I have to go to see the doctor very often. A few years ago I

have been saying this. So it turns out to be the reality now and you are not happy about it, I don't have any idea what to do.

I: So it was a few years ago that he …

R: When employed me, he asked how many years I've been married, I said about 3 years. He asked if I want to have a baby, I said later. He actually encouraged me to have a baby at first. When he realized there are so many problems a woman will bring when having a baby, like the situation now, he brings out his complaint. Maybe he is wealthy; his wife goes to private hospital, the problem will not be so complained, because you can go anytime if you go to a private one. It is different from my situation; I need to make booking when I go to the hospital.

I: Apart from the change in your role, you've mentioned a bit, that you started to stop eating certain kinds of food, you take less exercise, you take extra care if you are in the street, how you feel about such changes?

R: I think you need to be preparing for these changes when you desire to give birth to a child. But I don't expect that there are so many things I can't eat now. I can't have soybean sauce and fruit. So I comforted myself, it's only ten months, after that I can eat whatever I want. You have to be patient. I eat those forbidden food again after 10 months. If it can't only consider your desire of eating and ignore the baby, so you can have good influence to the baby, it deserves. About doing exercise, I can't do anything with it. Your can't do energy-burning exercise because I have a baby, it may have bad effect to him/her, and then it'll be a problem, right? So I think, I am going to lose my weight after I give birth to my child. I put the need of my baby's need first basically.

I: When did you have such kind of preparation? Before or after you were pregnant?

R: After it, I prepared myself since then.

I: Do you find it hard?

R: I don't think it's that hard. I always hang around everywhere.

I: Even though there are many changes, you still …?

R: It is what I have expected, that's why it is not so hard so long as I have imagined about it. If I throw up all the time like some other women, I will find it very hard, Luckily I do not. What I do worry about is that I am becoming fat.

I: So it's like what I am saying, you understand so you won't find it very hard.

R: Right, by the way, some friends of mine have been throwing for four to five months, they cannot eat well and sleep well. I am comparatively better, I only do not sleep well.

I: What do you mean by not sleeping well?

R: When I was a girl, the doctor told me that my bladder is very allergic, so I need to go to the bathroom very often. Now when I am having a baby, I go even more frequently. I go to the bathroom four times a night. So you can think about it, I sleep eight hours a day, that means I go to the bathroom in every two hours., That's why I am not having good sleep.

I: Do you find it very tough?

R: I complained at first. It is very inconvenient to go to the bathroom all the time especially when it is so cold in winter. But now I have got used to it. I go when I need to go. It is just like that. Even if I am awake… I can be awaked very easily. For instance if it is four o'clock in the morning, people talked as loud as I can hear in the podium out there. Well, they have their rights; you can't complain and ask people to stop talking, so you lay still and looking up to the sky. I can get back to sleep.

I: Yes, I want to ask how can I call your husband?

R: You can call him (informant's husband name).

I: Ok! So you need to adjust the detail in your life. How does (informant's husband name) feel about it?

R: He doesn't know much about it. For example, if I can't sleep well, I will tell him because he works in the overnight shift.

I: So he won't disturb you at night.

R: I tell him I can't sleep at night very often, and he asks me not to worry. He suggests I can sleep a while before I cook, if I don't want to cook, we can go out to eat. It's all between the two of us; it's much freer. It is different if we live with the elderly, it maybe quite troubles. The elderly won't like to eat outside, so it's up to us. There's only two of us at home.

I: Does he mention it by his own thought. He doesn't mind if you don't want to cook?

R: He said if I don't want to cook, we can go out to have our meal.

I: Well, apart from this, is he helpful in other areas in your daily life?

R: I found that he is willing in his heart but he does not have enough strength do it.. There are only two of us at home. If he does not do the housework, it will be me who do it, right? But he does not have time to Sometimes I asked, 'please help me to do it.' It is not that he does not want to help but he really does not have time. I don't want the house to be very dirty. My mother blames that I am too lazy for to do housework. There are only two people in the house, so it's only him or me to do the housework. If you find that there is some dirt, you have to deal with it. For example, sweeping the floor and using the vacuum cleaner. Basically I can still manage it for the moment. He helps only once in a while. Sometimes he says, 'I have asked you not to do it, you just cannot bear it for a while.' And I will tell him "It takes me several weeks to

wait for you. Everywhere will be full of dust by then.' So usually I do it on my own.

I: You used a phrase to describe such situation just then, which I think is very good. You said the heart is willing…

R: The heart is willing but the strength is not enough.

I: That means he want to help but he can't afford the time?

R: Yes, I think so, he works overnight. His time is exactly the other way round. He sleeps during daytime, so he sleeps longer than I do. Sometimes he gets home at 8 a.m., and he starts sleeping, sleeping, and sleeping. If the telephone rings, he can't get to sleep. He sleeps for longer times, so he can't do any housework.

I: What do you think? On one hand you know he is willing to help you, but he doesn't have time. On the other hand, he can bear the uncleanness of the house, but you expect the house to be very clean but he can't help, how do you deal with it?

R: Sometimes I blame him that he promised to help but he didn't keep his promise. He said, 'you know I don't have time to help, it's not that I don't want to help.' I will complain for a while and I know I will be fine after that. I think that I become lazier after I found that I was pregnant. My capacity becomes bigger. I mean I can bear a dirtier home. If I can't bear anymore, I clean it up. But if I can bear, I do it later.

I: Since you were pregnant, your capacity to bear things becoming bigger, that means your home…?

R: I can bear the dirtiness of my house

I: Has the same situation happen before? That he wants to help but he can't. And you want him to help? Do you have any conflict when such thing happens?

R: Yes, I will scold him when I finish the housework. When I have done the housework, I get mad and ignore him after he gets back, than he knows what happen and he will explain to me that it is not that he doesn't want to do it but he does not have time. I have that kind of temper.

I: If such kind of thing happens, how long does your anger disappears?

R: Two days usually. I can bear with quite a lot of things, so I can ignore him within two days.

I: What do you feel in these two days?

R: Well, I will be a little bit unhappy. Somehow I will think that why it is me doing all the housework?

I: Well, ok. I have mentioned a bit just then about the reaction of your family after knowing your pregnancy. I want to know more about it. First of all, did your mother have any particular advice to give you?

R: The particular advice is to ask me not to go around. My mother knows that I don't stay at home all the time, so she asks me not to hang around. Moreover, she asks me to take extra care to get into the bathtub. Well, not to eat the food, which is cold, be careful about what I am eating, and do away with my dogs. The most important thing is to take my dogs away. She thinks that the dogs will not be good to babies. It is nothing special actually; all she wants is to take away the dogs. Mainly, she asks me to take care of myself. If there is anything wrong, go back home.

Well, my husband is on duty during midnight, so nobody knows in case anything happens. That's why I am staying in my mum's house.

I: What do you think about your mother's opinion?

R: Well, that is a sweet thing. She asks me to do this and that because she cares. I think I have become a useless person since I stayed in mother's place. I eat and then I sleep, I eat again after I wake up. She doesn't let me to wash the dishes. My mother goes to work. She is afraid that I might have fallen down when I take a bath, so she doesn't allow me to take a bath before she comes back. So I have to wait until she's back. All she does is because she's a mother who concerns.

I: What do you feel?

R: I agree with her. I know that my family loves me a lot. Now I can feel it more clearly. My sisters-in-law ask me to go home if I am not feeling well. It means that my mother loves me even more than before.

I: What do you think about the support of your mother, as you are going to be a mother soon?

R: That's very important. I find it quite comfortable now. But my mum she asked me to come to her place first and wait for three months. It is because the baby won't be stable until three months. There may be some kind of danger. She asked me to go back home until the baby is three months old. She won't care so much by then. I think it is a good thing. Mother is so kind. Not so many mums like her. She needs to go to work, can't cook for me. I originally want to stay with my mother-in-law first, then I go to my mum's home. But my mother suggests that I can eat in her home during her break. I don't want to border her, but she insisted that I should not be so rush to eat outside. She thinks it is even worse to eat outside than to stay at home alone. I think my mother is such a kind person she is willing to sacrifice for me.

I: What about (informant's husband name)? What is his opinion on your stay in your mum's place?

R: He thinks it is good for me. He knows his limitations. He can't take care of me at night. If I have anything wrong… there are two times that my belly was very painful. It was at the beginning of my pregnancy. I fell onto the bed and it was too painful that I didn't move except going to the toilet. If he sees it he will be very nervous. So he allow me to stay with my mum. But he needs to take care himself in his daily life, such as food.

I: You've mentioned that there are two times you felt very painful. What was your feeling? 500

R: My husband suggested sending me to the hospital. I said that I was too painful and ask him not to do anything, or it will be even more serious. I asked him to let me sleep for a while. If I was ok then there's no need to go to the doctor. If I still feel the pain, then I'll go to the doctor. I lie down, and the pain was coming and going. It became very tense, then it looses. I felt I am ok to lie there, so I didn't go to see the doctor. The next morning I thought everything's fine. There's nothing special, for example, bleeding. I went to work and I called the doctor and the nurse. The nurse said that if there's no special occasion, then no need to see the doctor. So I didn't see the doctor. Everything is just fine. 501 502 503 504 505 506 507 508 509 510

I: What about your mother-in-law, expect what …? 511

R: I didn't tell her. She didn't know it. I don't want any more person to worry about me. 512 513

I: Well, you've mentioned that your mother-in-law only gave you one advice, a few years ago, which is to give birth to a child to their family. When she know that you were pregnant, did she give you any advice? 514 515 516

R: No. It is because she knows that I go home to eat regularly. My mother-in-law doesn't like to cook. Usually we go out to eat. Sometimes they like to have crab. When she sees that I don't try even one, she asked if I want to have it. I said that I don't want to have one when I am pregnant. My mother-in-law asked me not to be afraid; eating one or two will not be any problem. I insisted not to eat. She didn't mind but she keeps asking me to eat every time. My mother-in-law is quite a modern person; she doesn't care about this. Maybe it's her attitude when she was having a baby. 517 518 519 520 521 522 523 524 525

I: What about your sisters-in-law? 526

R: I am the eldest. So I am the eldest sister-in-law. 527

I: What about your brother-in-law, how do you call …? 528

R: Brother-in-law, actually my problem is that I don't know whether they know it, since I think that my mother-in-law's family is quite troublesome. I have just mentioned that my sister-in-law is pregnant, a month earlier than me. The answer of my mother-in-law was between yes or no, she didn't give them any response. It was when my sister-in-law really having a baby, she told my mother-in-law to confirm. Perhaps her response was not so good; she didn't smile or showed any kind of happiness, nothing at all. She didn't mention whether she would take care the baby for them or not. When my mother-in-law knew about the pregnancy of her daughter, she didn't say anything. So my sister-in-law complained to her aunt that her mother showed favoritism. When the son of my brother-in-law was born, my mother-in-law was very happy and she insisted that she would take care of the baby. But this time she was not responding at all. My sister-in-law cried in front of her aunt, complaining that her mother only takes care of sons but not daughters, 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543

even they have afraid with each other before. And she added that if her brother's wife has another baby, my mother-in-law wouldn't help me to take care of my baby. It happens that I became pregnant at such a period of time. My mother-in-law was afraid that my sister-in-law would be jealous, so she didn't tell her family that I am pregnant. So I don't think anyone will know about it.

I: What do you think about the attitude that your sister-in-law may have?

R: I think she will have such kind of attitude. She gets angry quite easily. By the way she came from mainland China. But I think it is my mother-in-law's decision to take care of whose child, right? I don't think she will set her baby aside because of my pregnancy. She can make her own decision anyway. Besides I have discussed with my mother. I am righteous. If you have made the promise to take care of her baby, then keep the promise, right? I don't want to have any conflict because of the issue of taking care of babies. I suggested that she help her to take care of the baby and I employ a maid. That makes everybody happy. But my mother-in-law has not shown her opinion yet. She suggested my sister-in-law to ask her mother-in-law to help first. Well, my sister-in-law was to say it, quite serious about her own benefit. Maybe she has been comparing about the expenditure, which she needs to afford. Since my father-in-law had passed away, we give money to the family every month. If she keeps the baby in her mother's place, it saves a lot of money. If she keeps the baby in her mother-in-law's place, she needs to spend the money in double. So I asked my mother-in-law to decide on her own. If it is not possible, I will employ a maid to take care of my baby. Sometimes I said to my husband that everybody knows about the pregnancy of her sister. Not for me, it is like I am hiding from the world to give birth to a baby. I was just kidding. But I have to get the final decision for his mother eventually, so that we can have a plan.

I: What about (informant's husband name)? What does he think about this?

R: He told me that when I told him at once about my pregnancy, he told his mother at once. His mother complained a little that how come we are having the baby at the same time with Ah Wai's sister. His mother asked, 'Who help you to take care of the baby?' Ah Wai was not smart enough, he said, 'Of course it's you!' and my mother-in-law complained that, 'How can I handle both of your babies?' After I knew that his sister was crying and complaining, I suggested that we should employ a maid in stead of asking his mother to help. It is because she is already taking care of a baby, and now there is another one, how can she handle it? That's impossible. So I suggested that we find somebody to help, that makes everybody happy.

I: Do you have any close friend who can always share with you?

R: Yes, sure.

I: What do they think?

R: I didn't talk with the others on this matter. Actually I have discussed it to with my brother's wife. Her opinion is that maybe it's a good thing not

leave my baby to my mother-in-law. It avoids that the baby will be spoiled. If I see that she is not treating the baby in a correct way, I can't blame her. If I employ someone, I can tell her if she makes mistakes, and she also can help me with other housework.

I: I asked you a question beforehand. How did your friends feel when they know that you were pregnant?

R: They also shared the same feeling. 'You want it (baby) finally!' Everybody say so. They also asked me not to hang around just like my family. I always hang around. My friend said that … She have many sisters and they have given birth to babies … She said that, 'Well, it is just the beginning in your case. If there's anything wrong, tell me all about it.' 'Tell me if you need any clothes for your baby, I get it for you.' It is because she has so many sisters. My friends think that it is a good thing that I am pregnant.

I: You have mentioned that you eat and sleep at your mum's house, what else does she do in order to support you?

R: No. Nothing. I think my mother needs not to be responsible for me it's anymore. ? She gave birth to me and she brought me up, that's really enough. To me, my mother has finished her responsibility on me. I think too demanding for her if I go back and ask for her help again. This is what I think. I am quite limited actually, in case there's anything that I really need help from my family, I will go back home. It is not convenient that I have moved out for five years. It takes them more effort to cook for me, etc. I don't want to demand them too much.

I: Besides material, does your mother tell you how to take care of the baby and keep yourself healthy?

R: She has mentioned about it. Actually she has immigrated to another country; she stayed for just a while. She will go back a months later. She has mentioned that if I need help, she can come back and take care of my baby. My mother is seventy something now; it's too hard for her to take care a baby. It is better for her to immigrate. She has high blood pressure; her respiratory tract was not in good condition. The air is better in that country, it is more suitable for her. I don't expect her to help me in Hong Kong. It is really hard to take care a baby; it wakes her up when the baby needs to be fed at night.

I: What about your mother-in-law? Does she give you any kind of support when she knew that you were pregnant?

R: Nothing special. She needs to look after a grandson, she's very busy. Her health was not in a good condition, I don't except her to look after my baby. Though she's young, but I was told that she has heart disease, so I don't expect her to do so many things.

I: What about the others? Do they give you any special kind of support?

R: I am now staying with a sister-in-law when I go to my mother's home. She also asks me to do nothing. She asked me not to wash the dishes and

go. I think she is supporting enough. She has to work anyway, I cannot expect too much.

I: Ah! I realized that the sister-in-law was your brother's wife, but not the one in (informant's husband name) family.

R: Well, I always think nobody knows about my pregnancy in my husband's family up till now. Maybe they have heard a bit about it, between knowing and unknown. They are younger than I am anyway, there's not much they can support.

I: So, starting from the day you became pregnant, do you expect that you can get any support from both your family and your husband's family?

R: No, nothing. You are an individual. You have your own family, the other have their own lives; you cannot expect so much from the others. I am the one who earns the highest income I my family. You can't expect to get any support if your income is higher. You should be satisfied if the others are not asking for help. I don't expect their support. For the side of my brother-in-law, perhaps they don't know too much, and everyone is caring about their dating lives. My sister-in-law was not generous, so I can't expect too much.

I: What about spiritually?

R: No. But when I am not feeling well, I can always go to my mother's place. I am already satisfied. My mother treats me so good.

I: What about (informant's husband name)? For the moment.

R: In this stage? I hope that he can exchange to day shift and find a stable job. I can still handle it at this stage, but after five to six months, or near the time of my delivery, it will be much more complicated. If there's no body with me by then, it will be very difficult. When I was not having a baby, I always ask him to find a stable job and change to day shift. But the salary he has now is higher. He thinks that he should earn more while he's still young. Now I am pregnant and his company send him letter saying that the three-month contract is over. So he needs to find a job. He decided to find a job, which he works at daytime. So the problem is solved in a short term.

I: You have discussed about it?

R: We have discussed it before. I said, 'What if I cramped, who is going to help me; if my belly is painful, who is to help? If I call the ambulance and wait, other problem may occur …' We have discussed about it before. And he thinks it's a coincidence that he needs another job, so he decided to find a job in daytime.

I: Em. (informant's name), do you have anything to ask?

R: No.

I: OK. Thanks.

I am doing the follow-up of the first interview with (informant's name). (informant's name), your mother-in-law asked you to wait for three months to tell everyone about your pregnancy, why is that?

R: I think it's the traditional thinking for the elderly. My mother also shares the same opinion. If the situation of the baby is not stable, don't tell anyone yet. Traditional women think that babies may die. If you have became pregnant for just around a month, and you tell everybody about the news. Then it is not good for you if the baby dies. Sometimes I also think it that way. I am afraid that if the baby is not stable and it dies, people will feel disappointed as well as myself. I will wait until the baby is stable, then when I tell everyone, they will be happy and I too. If I try not to tell anybody except my boss. I need to tell him. It's difficult to escape. I said nothing but I didn't eat so many things and I didn't take any cold drinks. My friends noticed that and asked me if I was pregnant, I admitted it.

I: (informant's name), last time you mentioned that the friends with whom you played ball games were asking why you disappear, you said that you have to do the housework. You can't tell them directly that you were pregnant, does it give you any pressure?

R: I don't think it is a kind of pressure. I find it funny and mysterious. When I have become pregnant for three months, many friends don't know about it as well as my brother. I went to have barbecue with them on Saturday and Sunday. I was wearing loose clothes and I told nothing to them. I wait until my birthday. I think it's a surprise to them. I want to make it funny and relax. I don't think it is a pressure to tell or not to.

I: So, you use a funny method to handle …

R: I make it a joke and I use ways to hide. You are lucky if you discover, and I am lucky if you don't notice

I: Let's talk about your expectation on your baby, Ah Wai wants it to be a boy, you think it will probably be a girl, why do you think so?

R: Actually what I am trying to say is: I give you a preparation first, don't be so sure that it's a boy, if it's a girl, then you'll be disappointed. But if I tell you that it should be a girl and, at last, a boy is born, then you will be unexpectedly happy. If a girl is born at last, it is under expectation and you will be less disappointed. Moreover, maybe I like daughters more as I think that it is easier to take care of them and also a self-comforting spirit. It means that even a son is born, it is also expected, so that I myself will feel good and others will also feel good. Then there is no need to think about, 'son, son, son …' It will be disappointing if it is a girl turn out. Now, mother-in-law has a lower expectation, 'You have a grandchild. Maybe that's a daughter.' Others have expected that it is a daughter , not a son so they had prepared their mind.

I: Last time, you mentioned that your sister-in-law advises you to think to carefully when you were pregnant. Now, you are still able to decide not have the baby born. It is quite tough to have a baby because you don't

want to have it for years? How do you think about her advice?

R: I think that is reasonable. From my age of kid to adult, I told them that I don't like children. Maybe due to the low living standard of my family, I think that raising kids is very troublesome. Moreover, we were poor and maybe my mother don't have time to take care of us and rarely concerned about us. I thought that, 'Our living is so poor, why do you give birth to me?' The kid cannot choose to born or not and they are just like born to suffer. Therefore, I tell others that I don't like kids even when I am in secondary school. Until these 2 to 3 years, maybe I became mature and my characters stared to change, feeling that he kids are very lovely. Sometimes, my niece is quite lovely though he is also naughty, so I discovered that I myself started to change. When I live with my sister-in-law, I said that I don't like kids, troublesome, difficult to take care of, doesn't sure whether I can give him/her the best and also the unfavorable political factor. She may not recognize my changes these years. Because we don't live together, so she may think that I always have a concept that I don't like kids and you always think that it is troublesome. Now that you are pregnant, it is natural? Or just accidentally? If it happened accidentally, then just abort it and this is her thinking way. Maybe my image of disliking kids is too deep, so she advises me to consider carefully. Therefore, I think it is reasonable for her to think so. I have explained it to her that my characters have changed these years, and I also think that it is the right time, about 30. Unless you don't have kids, you should have it earlier. I think in this way. She knew that I've changed and she told me to consider carefully whether it is suitable for me or not, and she did not told not to have kids.

I: Did your sister-in-law's opinion or comment bring you some negative feelings?

R: No, maybe she felt that I don't like kids so much in the past, so that she response like this.

I: Sometimes, your husband will remind you to be more careful. You felt that it is a kind of concern, but not a deep concern. From your point of view, what is a deep concern?

R: It is, for example, not only telling you to do or not to do something, but also making some actions. For example, revisiting the doctor. As he had to be on duty at night, he is able to go with me in lunchtime. Sometimes, maybe I do not understand him. He may be indeed very tired after working throughout the night and he needs to sleep. Although he told me to be careful not to do this, not to do that, I think that he did nothing actually. I can't see that he is helping me out, just like the housework. He did not help me anything but I am just not able to do so much. For example, cleaning the windows, sweeping the floor, I don't dare to do it now. So sometimes I may think, I may think that his words mean nothing. I really can't feel that he really cares, he really helps. It is all only his words without action. It is the same when I tell you not to do this and that but I do nothing to help. It nothing if you are not taking any action. I do think so. But on the other hand I know he's really hard for him. So I told myself to relax, he's already trying very hard. He wants to help but he can't. I won't get mad if I think this way.

I: Oh.. sorry, I need to check if there's any follow-up questions. 766

R: It's alright. 767

I: (informant's name), we have discussed all the follow-up questions. 768
Thank you very much. 769

R: You are welcomed. 770

Appendix G

Demographic summary of interview participants

Demographic data

Demographic data	Case no					
	1	2	3	4	5	6
Age	32	24	36	28	34	26
Age at marriage	27	22	35	26	32	23
Education	Pre-U	F.5	High school	F.5	F.5	F.5
Occupation	Accounting	Clerk	Unemployed	Clerk	Secretary	Clerk
Husband's occupation	Printing Night Shift	Catering Shift duty	House decoration	Hotel manager Night Shift	Sale representative (Business trip)	Sale representative (Business trip)
Monthly family income	~$35,000	<$20,000	-	~$32,000	~$40,000	~$30,000
Family members	Mother Father (died) 2 older brother 1 older sister	Father Mother 2 older sisters	Mother 1 elder brother 3 elder sisters	Father Mother 1 younger brother 2 younger sisters	Father Mother 2 elder brothers 1 younger sister	Father Mother 1 elder sister 1 younger sister 1 younger brother
Husband's family members	Oldest Mother 3 younger brothers 1 younger sister	Oldest Father Mother 1 younger sister	Father, Mother 1 elder sister 1 younger brother	Oldest Father Mother 1 younger brother 2 younger sisters	Oldest Father Mother 3 younger sisters	Oldest Mother 2 younger brothers
Family members that living together	Husband only	Husband Father-in-law Mother-in-law Sister-in-law	Husband only	Husband only	Husband only Parent-in-laws (occasionally)	Husband only
Home environment	600 sq. ft 3 bedrooms sitting room	400 sq. ft 3 bedrooms sitting room	600 sq. ft 2 bedrooms 1 sitting room	580 sq. ft 2 bedrooms 1 sitting room 1 dinning room	400 sq. ft 2 living rooms 2 bedrooms	490 sq. ft 2 bedrooms 1 sitting room 1 dinning room
Planned/Unplanned pregnancy	Planned	Planned	Planned	Planned	Planned	Planned
Religion	None for both	None for both	None for both	None for both	None for both	None for both
Province	Qing Yuan		Nanhai	BoAn	Nan Hai	Shanghai

Appendix G

Demographic summary of interview participants

Demographic data

Demographic data	Case no					
	1	2	3	4	5	6
Gestational age	39 wks	39^{+2} wks	37 wks	40 wks	40 wks	37^{+4} wks
Mode of delivery	LSCS x CPD	NSD	LSCS x PP	NSD	LSCS x Breech	LSCS x Breech
HAL	HAL	HAL	-	-	-	-
Baby sex	Male	Female	Male	Male	Female	Male
Mode of feeding	Breast feeding	Artificial feeding	Breast feeding	Breast feeding	Artificial feeding	Artificial feeding
Baby sitter	Mother-in-law / domestic helper	Mother-in-law	Self	Mother-in-law	Mother	Day centre
Remarks	Baby needs PT		Baby needs PT			