



Comparing Taiwanese women's biopsychosocial features by location of postpartum recovery



Chich-Hsiu Hung, PhD, RN, Joel Stocker, PhD*, Hsin-Tien Hsu, PhD, RN

School of Nursing, Kaohsiung Medical University

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ABSTRACT

Background: In Taiwan, a culturally sanctioned ritual of maternal rest and recuperation has been traditionally practiced patrilocally during the first postpartum month. However, in recent years, the places where women may observe the ritual have become more diverse.

Aim: Our goal was to compare women's psychosocial features based on where they stayed during their postpartum recovery.

Methods: Using proportional stratified quota sampling of 18 hospitals and clinics in Taiwan by birth rate, we recruited 784 postpartum women.

Results: Women stayed in their own home (17.1%), with their parents-in-law (33.3%), with their parents (36.0%), or in a postpartum nursing center (13.6%). Women who stayed in their own residence or who stayed in their parents' residence perceived greater social support than women who stayed with their parents-in-law.

Conclusions: Further research should compare women's adjustment to motherhood and their competence in childcare based on where they stay during postpartum recovery.

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The postpartum is a time of transition and, therefore, of potential stress in a woman's life (Hung & Chung, 2001) that can have an adverse influence on maternal health (Hung, 2004). However, cultural practices during postpartum recovery may decrease postpartum stress and significantly improve maternal health (Hung, Yu, Ou, & Liang, 2010). The social support provided by the traditional postpartum rituals practiced in eastern cultures appears to play an essential role in protecting mothers from many of the negative physical and emotional conditions common in the postpartum period (Stern & Kruckman, 1983).

1. Background

In Taiwan, the postpartum ritual *doing the month* is a culturally sanctioned time in the first month after childbirth, when a woman is expected to go into relative seclusion in order to recover and guarantee her future well-being by achieving harmony with the natural environment (Pillsbury, 1978). In *doing the month*, traditionally a senior family member facilitates a woman's recovery by encouraging rest, providing nutrition, and promoting her physical well-being (Pillsbury, 1982). In the past, the mother-in-law was the

postpartum woman's principal helper in the patrilocal household (Hung, Chang, & Chin, 1993). Contemporary Taiwanese mothers are still usually assisted by relatives during the month-long postpartum recovery period (Hung, 2005; Hung, Yu, Liu, & Stocker, 2010; Hung, Yu, Ou, et al., 2010). However, in the post-war era of urbanization and economic development, there was a shift toward the postpartum woman's own mother serving as her helper in either woman's (non-extended family) home (Hung & Chung, 2001; Hung, Lin, Stocker, & Yu, 2011).

In addition to taking care of the postpartum woman, the woman's mother-in-law or mother generally helps with infant care, the household, and any of the infant's siblings (Hung, 2005). The mother-in-law or mother also tries to provide maternal wisdom and assistance regarding the woman's own physical care as well as the newborn's care (Hung, 2005). This kind of family-based support for postpartum women appears to play an important role in keeping stress levels relatively low in Taiwanese women during the postpartum (Hung et al., 2011).

The decline of the close-knit, extended family has led to changes in family relationships, including a decrease in the likelihood that a postpartum woman's mother-in-law or mother will be available to assist her or that the woman would want such assistance (Hung, 2005). Although nearly all Taiwanese postpartum women still observe *doing the month* in some form, more and more women are opting to observe the ritual in postpartum nursing centers. These centers have emerged as a commercial means of meeting the demands brought about by the changes in family structure and

* Corresponding author at: School of Nursing, Kaohsiung Medical University, No. 100, Shih-Chuan 1st Road, Kaohsiung City 80708 Taiwan. Tel.: +886 7 312 1101X2617; fax: +886 7 321 8364.

E-mail addresses: chhung@kmu.edu.tw (C.-H. Hung), jstocker@kmu.edu.tw (J. Stocker), hhsu@kmu.edu.tw (H.-T. Hsu).

relations. Postpartum nursing centers are professional, home-like health care facilities that are enabling the *doing the month* ritual to continue (Hung, Yu, Liu, et al., 2010; Hung, Yu, Ou, et al., 2010). Operated by registered nurses, these facilities for month-long recovery-in-residence are privately managed or partnered with local hospitals or obstetrical clinics (Hung, Yu, Liu, et al., 2010; Hung, Yu, Ou, et al., 2010). Postpartum nursing centers therefore perform many of the duties customarily fulfilled by the mother or mother-in-law during the month-long ritual of seclusion and those formerly carried out by public health nurses who would visit postpartum mothers in their homes (Hung, Yu, Liu, et al., 2010; Hung, Yu, Ou, et al., 2010).

2. Research purpose

In the last 20 years, postpartum nursing centers have thrived even though national health insurance in Taiwan does not cover the cost, which is relatively high. The number of postpartum nursing centers in Taiwan has been steadily increasing, from only 4 postpartum nursing centers in 1997 to 33 in 2003, and 103 in 2010 (Department of Health, 2011). Despite the rising popularity of postpartum nursing centers and other shifts in postpartum residency pattern, there is a dearth of studies comparing women's biopsychosocial features by place of recovery. Thus, our study aimed to compare postpartum women's level of postpartum stress, level of social support, and health status by residence during the postpartum ritual period of recovery.

3. Research methods

3.1. Design

This was a cross-sectional study design.

3.2. Sample

We used proportional stratified quota sampling to sample 11 general hospitals and 7 obstetrical clinics by birth rate in southern Taiwan's Kaohsiung metropolitan area. The sample's inclusion criteria were as follows: married woman who had a singleton birth, could read Chinese and speak Mandarin, agreed to be interviewed via telephone during her postpartum period, and stayed in only one place—her own home where neither parents nor parents-in-law also resided, her parents-in-law's home, her parents' home, or a postpartum nursing center during the postpartum ritual period. Among 859 potential participants, 75 women were excluded because 14 were unmarried; 1 was divorced; 16 had twins; 13, including 1 twin, stayed in places other than the aforementioned; and 34, including 2 twins, stayed in two places. There were 784 participants in total, who participated in the study within their first 6 postpartum weeks.

3.3. Instruments

We conducted the study using three instruments: the Hung Postpartum Stress Scale (Hung PSS), the Social Support Scale (SSS), and the Chinese Health Questionnaire (CHQ-12). The 62-item Hung PSS was developed to assess "women's stress during the 42-day postpartum period" (Hung, 2007c). The significance of three dimensions of postpartum stress—namely, concerns about maternal role attainment, negative body changes, and lack of social support—has been backed by exploratory factor analysis (Hung, 2007c). Hung (2007c) shows that the Hung PSS is generalizable and possesses high coefficients of congruence. Respondents rank each item on a 5-point Likert scale (1 = *not at all* and 5 = *always*) based on the frequency with which they have perceived stress in their current postpartum period. All ratings were added, and a higher value signified a higher

level of postpartum stress. The score ranged between 62 and 310. The coefficient alpha for Hung PSS was .95.

The SSS comprises the Family Adaptation, Partnership, Growth, Affection, and Resolve (Family APGAR) (Smilkstein, 1978) and Friend APGAR (Smilkstein, Ashworth, & Montano, 1982). It measures how often "a woman accepts social support from family and friends" (Smilkstein, 1978; Smilkstein et al., 1982). The construct validity of the SSS regarding the dimensions of family- and friend-support was verified through factor analysis (Hung & Chung, 2001). The SSS is a 10-item, 5-point Likert-type scale (1 = *never* and 5 = *always*). The score ranges between 10 and 50. A high total score indicates a high level of social support. The coefficient alpha for the SSS was .92.

The culture-specific CHQ-12 was developed to measure the expression of anxiety, depression, sleep disturbance, somatic symptoms and somatic concerns, and interpersonal issues (Cheng, 1985; Cheng & Williams, 1986). The sensitivity and specificity of the CHQ-12 are 91.9% and 66.7%, respectively. Internal consistency with coefficient alpha has ranged from .75 to .84 (Hung & Chung, 1998, 2001). Coefficient alpha for this study was .72. On a 4-point scale (1 = *not at all* and 4 = *most of the time*), respondents indicate how often they have experienced minor psychiatric morbidity symptoms. Ratings of 1 and 2 are counted as 0, and ratings of 3 and 4 as 1. The sum of a total score rates from 0 to 12 (Chong & Wilkinson, 1989). The cut-off scores for judgments of 'case' or 'non-case' for minor psychiatric morbidity are 3 and 2, respectively, within community samples.

3.4. Procedure

A research assistant approached each recruit during the woman's stay in a postpartum ward. The research assistant, an RN trained in the study's methodology by the primary researcher, explained the study to each recruit using standardized scripts. If she signed the consent form, the participant was asked to fill out the demographic questionnaire. Participants were systematically assigned to be interviewed by the research assistant by phone at her postpartum place of recovery during one of the 6 weeks after childbirth. The research assistant interviewed each participant over the phone. The institutional review board at the researchers' university approved this study.

3.5. Data analysis

We analyzed the data using Statistical Product for Service Solutions (SPSS) version 17.0. A one-way analysis of variance (ANOVA) was used to determine four mean score differences for postpartum stress and social support by type of postpartum residence. If a *p* value was less than .05, a Scheffe posttest was conducted to compare each of the four mean scores. A chi-square test was used to determine participant's differences in health status by type of postpartum residence.

4. Results

A sample of 784 postpartum women participated during their first 6 postpartum weeks. The number of women who stayed in their own home was 134 (17.1%); with their parents-in-law was 261 (33.3%); with their own parents was 282 (36.0%); and in a postpartum nursing center was 107 (13.6%) (Table 1). The average age of participants ranged from 27.8 years to 31.3 years. In each category of recovery location, most women had obtained an associate degree or higher except for the women who stayed with their parents-in-law. Full-time employment among the women ranged from 42.1% to 56.0%. With the exception of those mothers who stayed in a postpartum nursing center, most of the women in the study had a household income of less than 50,000 New Taiwan dollars (NTD) or 1667 US dollars per month.

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