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Perceptions of Chinese Women Coming to the United States to Give Birth: Birth Tourism

Juanita Childs Jaramillo

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ABSTRACT

PERCEPTIONS OF CHINESE WOMEN COMING TO THE UNITED STATES TO GIVE BIRTH: *BIRTH TOURISM*

Birth experiences and perceptions vary greatly among different cultures.

There has been an increase in Chinese women who specifically come to the United States (US) to give birth to their child and return back to their native country after being cleared at the postpartum checkup. This practice is known as birth tourism. The aim of this study is to explore the perceptions of childbirth and postpartum experiences among Chinese birth tourists. Twelve women self-identifying as Chinese, between the ages of twenty-four and thirty-eight, who came to the US to give birth to their child, and who were able to read and communicate in Chinese or English took part in this study. Using a qualitative content analysis design, the study implicated that Chinese women continue to practice their cultural traditions while practicing birth tourism in the US. The study also determined that women had positive perceptions of childbirth in the US. Chinese birth tourists in the study came to the US primarily to secure a future for their children. Understanding childbirth and postpartum perceptions among this unique population will assist health care professionals to provide culturally competent care. Future research should examine nurses' perceptions of the Chinese birth tourist phenomenon.

Juanita Childs Jaramillo
April 2018

PERCEPTIONS OF CHINESE WOMEN COMING TO THE
UNITED STATES TO GIVE BIRTH: BIRTH TOURISM

by

Juanita Childs Jaramillo, DNP (c), RN, MSN-Ed, OB-C

A project

submitted in partial

fulfillment of the requirements for the degree of

Doctor of Nursing Practice

California State University, Northern Consortium

Doctor of Nursing Practice

April 2018

APPROVED

For the California State University, Northern Consortium
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TABLE OF CONTENTS

| | Page |
|---|------|
| Perceptions of Chinese Women Coming to the United States to Give Birth: <i>Birth Tourism</i> | i |
| LIST OF TABLES | viii |
| LIST OF FIGURES | ix |
| CHAPTER 1: background and significance..... | 1 |
| Problem | 2 |
| Purpose..... | 3 |
| Background | 3 |
| Significance..... | 7 |
| Theoretical Framework | 8 |
| Aims of Research | 12 |
| CHAPTER 2: Literature Review | 13 |
| Summary | 16 |
| CHAPTER 3: Methodology | 17 |
| Study Design | 17 |
| Sample..... | 17 |
| Setting | 17 |
| Data Collection Procedure | 18 |
| CHAPTER 4: RESULTS | 20 |
| Participant Characteristics..... | 20 |
| Qualitative Themes | 22 |
| CHAPTER 5: DISCUSSION | 45 |
| Limitations | 47 |
| Implications for Practice and Future Research | 47 |

| | |
|---|----|
| Conclusion..... | 49 |
| REFERENCES | 51 |
| APPENDICES | 58 |
| APPENDIX A: Demographic Questionnaire | 59 |
| APPENDIX B: QUALITATIVE QUESTIONNAIRE | 62 |
| APPENDIX C: IRB APPROVAL..... | 65 |
| APPENDIX D: INFORMED CONSENT | 67 |

LIST OF TABLES

| | Page |
|--|------|
| Table 1. Participant Characteristics (n=12)..... | 20 |
| Table 2. Participant Narrative Comments..... | 30 |

LIST OF FIGURES

| | Page |
|--|------|
| Figure 1. Conceptual map of transition theory as applied to birth tourist mothers' transition. | 9 |

CHAPTER 1: BACKGROUND AND SIGNIFICANCE

Medical tourism is defined as the act of traveling from the native country to another country to receive medical care (Khan, Chelliah, & Haron, 2016). The medical tourism industry is growing rapidly, with United States (US) revenues reaching \$100 billion in 2012 (Khan et al., 2016). One growing type of medical tourism is the act of women traveling to another country on a tourist visa to give birth to their child, also known as birth tourism (Wolan, 2016). Birth tourists predominately come from China and Taiwan (Mikhael et al., 2016). With the rise of the Chinese economy (Sheehan, 2015), more families from China are choosing to travel to the US to give birth to their baby. Families pay cash for all prenatal care, birth, and postpartum care in order to secure a better future for their children (e.g. schooling) (Sheehan, 2015). Chinese birth tourists typically arrive in US late in their pregnancy, in the third trimester, and stay for several months in the country until infant birth certificates and passports are secured (Ballough, 2017). Birth tourists are typically away from family members back home in China, which may contribute to the development of depressive symptoms. Isolation from family members in immigrant women is associated with a risk of developing postpartum depressive symptoms (PPD) (Ganann, Sword, Thabane, Newbold, & Black, 2016).

Perinatal nurses interact with a diverse range of cultures in the US with birth tourists adding yet another culture in itself. This study will focus on Chinese birth tourists specifically regarding their practices during the birth and postpartum

period and how they may differ from those in the US (Callister, Eads, & Diehl, 2011). Several studies have examined the cultural aspects of birth among Chinese immigrants in the US. Findings of these studies indicate that while nurses provide care for the Chinese immigrant patients they may be unaware of cultural considerations among this population (Callister et al., 2011). Little literature exists regarding perceptions of birth and postpartum among Chinese birth tourists (Mikhael et al., 2016). Using the Transition Theory (Meleis, 2010), this study aimed to explore perceptions of childbirth and postpartum among a unique population of Chinese birth tourists in Southern California. By increasing our understanding of Chinese birth tourist's perceptions of birth and postpartum experiences in the US, nurses will be able to provide more culturally competent care and promote maternal-child well-being outcomes (Saito & Lyndon, 2017).

Problem

Several hospitals serve the San Gabriel valley including Methodist Hospital of Southern California, San Gabriel Valley Medical Center, and Garfield Medical Center (California Department of Public Health, 2016). These hospitals provide care for Chinese birth tourist patients. Little evidence-based research exists regarding birth tourism mothers' perceived experiences regarding childbirth and postpartum.

Purpose

The purpose of the Doctor of Nursing Practice (DNP) project was to explore the experiences of Chinese birth tourist mothers regarding the birth process and the first 8 weeks postpartum. Furthering our understanding of perceptions of childbirth and postpartum along with any barriers and facilitators among this unique population of Chinese mothers will provide areas for health care professionals to promote culturally competent care.

Background

Birth Tourism

Birth tourism is the act of traveling to another country on a tourist visa to give birth to an infant (Wolan, 2016). According to Khan et al., patients travel internationally based on four sources of information: professional advice, word of mouth, advertisement, and news, books or movies (2016). “Finding Mr. Right”, a popular movie made in 2013 China, is a romantic comedy about a city girl traveling from China to Seattle to have her baby and win over her rich boyfriend (Sheehan, 2015). This movie provides a source of information for birth tourist families. Another recognized source of information is the birth tourism industry. This industry markets yuezi centers in the US to promote birth tourism by marketing through the Internet search engine Baidu (Ji & Bates, 2017). Yuezi centers are housing locations that practice traditional Chinese postnatal care (Ji & Bates, 2017). These marketing agencies provide four arguments for birth tourism:

a) citizenship as an investment, b) the superior quality of US medical care, whiteness of care providers as evidence to superior care, and yuezi facilities in the US that promote Chinese cultural practices (Ji & Bates, 2017). According to the Center for Immigration Studies, in July 2011- July 2012, 36,000 birth tourists journeyed to the United States to birth their children with the number expected to rise (Camarota, 2015), predominately from China and Taiwan (Mikhael et al., 2016).

Due to the previous one child law and the high stakes schooling, many Chinese families are willing to come to the United States to pay cash for a better future for their children, such as better schooling (Sheehan, 2015). The fourteenth amendment provides citizenship to any person born on US soil (US Constitution Online, 2010). The United States immigration policies allow pregnant women into the country on a tourist visa, which therefore provides legality (Wolan, 2016). With the rising socioeconomic levels in China, more families can afford to come to the US to birth their children and insure US citizenship (Sheehan, 2015). Average costs of participating in a birth tour is \$30,000 (Sheehan, 2015), with some sources citing prices as high as \$80,000 (Jordan, 2015). Birth tourism is considered a social status phenomenon, reflecting transnationalism through a cosmopolitan health behavior (Ji & Bates, 2017).

Globalization is a term referring to the worldwide interactions of humans (Zarshenas, Sarestani, Molazem, & Moattari, 2017). Nurses face the challenge of

caring for patients not just in their community, but patients worldwide (Zarshenas et al., 2017). With the growing birth tourism population in the United States, nurses must attempt to gain cultural competencies to provide appropriate care. While minimal literature exists regarding care of birth tourist patients in the United States, some studies have shown the perceptions of Chinese women giving birth and recommend furthering our cultural understanding to provide more culturally competent care (Callister et al., 2011).

Chinese Culture and Childbirth

Zuo yuezi. An influential cultural practice is *zuo yuezi*, or “doing the month” (Chen, 2009). *Zuo yuezi* is the 30-day postpartum tradition of confinement to promote hot and cold balance according to the Yin-Yang tradition (Chin, Jaganathan, Hasmiza, & Wu, 2010). During the birth of the child, Chinese mothers lose heat and enter into a cold state (Donaldson, Kratzer, Okutoro-Ketter, & Tung, 2010). Chinese women remain at home for one month after childbirth to avoid contact with cold elements such as wind and cold food, as well as regain their level of health (Chen, 2009). Through dietary practice and activity restriction, the mother can regain health, prevent illness and improve milk supply (Lee, 2013). Although *zuo yuezi* provides the mother time at home to breastfeed exclusively, the practice also emphasizes the importance of allowing the mother to rest and regain strength while others care for the newborn (Lee, 2013). A *pei yue*, a confinement month nanny responsible for feeding and caring for the mother, may

be hired to care for the mother (Chin et al., 2010). Literature demonstrates the importance of cultural practices during birth and postpartum among Chinese women (Callister et al., 2011). While Chinese women adapt to many of the Western concepts of medicine during childbirth and postpartum, they continue the practices of *zuo yuezi* as a measure of respect to the tradition and to their elders (Saito & Lyndon, 2017).

Feeding traditions. The Chinese culture practices many traditions that have been passed down for centuries. Introducing alternative food sources to newborns dates back to the Sui Dynasty (581-618 AD). Rice drink and dates were given to newborns within the first month of life (Xu, Qiu, Binns, & Liu, 2009). These traditional practices of providing alternative foods still exist. Chinese mothers believe early introduction of alternative food improves swallowing, development, digestion and satiety (Lee & Brann, 2015).

Postpartum Depression. Postpartum depression is defined as the onset of depressive symptoms anytime within three months after giving birth to a child (Wisner, Parry, & Piontek, 2002). While Chinese practices of *zuo yuezi* are suggested to minimize postpartum depression (PPD), Chinese women have similar rates of PPD as women in the rest of the world (10-20%) with a 6% prevalence rate at 1 month (Tian et al., 2011). Immigrant postpartum women have a higher incidence of postpartum depression, which may be a result of lacking social support (Ganann et al., 2016). One study found that postpartum women

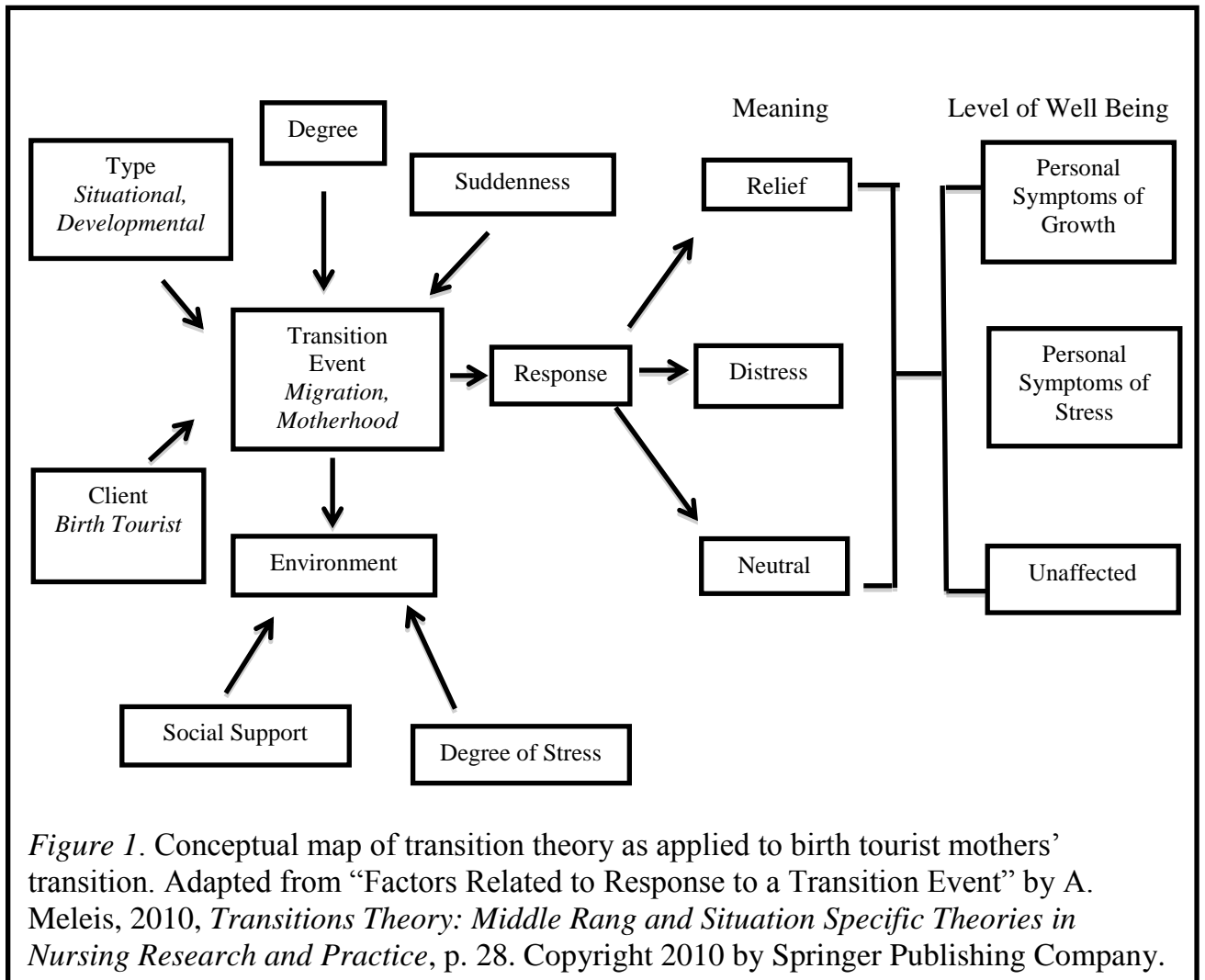
living in an area densely populated with other immigrants yields higher prevalence rates of PPD (Ganann et al., 2016). Another study found South Asian women who migrated to high-income countries have a two-fold increase of risk for developing PPD (Nilaweera, Doran, & Fisher, 2014). The most prevalent risk factors include social isolation and the quality of relationship with the partner, English language proficiency, lack of familiarity of mental health services available, and lack of mental health attention by health care providers (Nilaweera et al., 2014). Chinese birth tourism women experience isolation from social support while experiencing the same transition to motherhood which places them at risk for PPD.

Significance

Healthy people 2020 states that improving the health of mothers, infants and children is a critical goal for the United States (Office of Disease Prevention and Health Promotion [ODPHP], 2017). Maternal and infant health is affected by social, environmental and physical factors (ODPHP, 2017). According to Mikhael et al., babies born to birth tourism mothers have higher mortality rates than those born to non birth tourism mothers (2016). Study findings also noted that birth tourist babies have a higher incidence of cesarean sections (72%) (Mikhael et al., 2016). The American Congress of Obstetricians and Gynecologists (ACOG) recommend reducing primary cesarean section rates to improve maternal health (2016). These organizations recognize the value of the improving maternal and infant health and seek to improve the nation's collective health behavior.

Theoretical Framework

Women traveling from China to the US for childbirth experience many transitions: transition to another country, transition to another culture, and a transition to motherhood. Transition is defined as “the passage or movement from one state, condition or place to another” (Meleis, 2010, p. 210). These transitions are characterized by “flow and movement over time” (Meleis, 2010, p. 58). The mother must form strategies for role attainment and transition to a new normalcy for a level of well-being. Figure 1 shows factors associated with the transition response. The birth tourist mother faces factors to transition such as suddenness, environment, social support and type of transition. These factors affect the response meanings to the transition: a) relief, b) distress, and c) neutral. Depending on the birth tourist mother’s response to the transition, she may show personal growth, stress, or neutrality (Meleis, 2010). To promote understanding regarding perceptions of the childbirth and postpartum experience in birth tourism mothers, the transition theory (Meleis, 2010) will be used for this study.



Transition Types in Relation to Birth Tourists

Meleis identifies four types of transitions: a) developmental, b) situational, c) health/illness, and d) organizational. According to Meleis, Chinese birth tourists experience two types of transition, developmental and situational (2010).

Transitioning to motherhood is a personal and interpersonal process and is considered a universal developmental transitional experience (Meleis, 2010).

Developmental transitions are dynamic phenomena regarding biological stages of growth (e.g. transition to motherhood during childbirth). The new mother assumes tasks related to motherhood and proceeds with self-appraisal. The outcome goal is mastery of maternal role transition (Meleis, 2010). Chinese birth tourists experience the universal developmental transition to motherhood, assuming new tasks and appraising self for the transition.

While Chinese birth tourists are transitioning to motherhood, they are also transitioning to a new country. Meleis describes migration as a movement of persons across regional borders, resulting in new connections and social fields (Meleis, 2010). This migration results in complex personal identities. Migration is a situational transition, which is defined as a transition which involves changes in the family situation. Meleis found that women were fundamental in the situational transition of migration. These women are affected by migration and they affect decisions regarding migration (Meleis, 2010). Chinese birth tourists are

fundamental in this transition process. These women agree to come into the US, sometimes without their partners, to experience childbirth (anecdotal).

Transitional Facilitators & Inhibitors in Relation to Birth Tourists

Meleis identifies personal, community and societal facilitators and inhibitors of transition. Personal facilitators and inhibitors include: a) meanings, b) cultural beliefs and attitudes, c) socioeconomic status, and d) preparation and knowledge. Community facilitators and inhibitors include resources and support available to the person experiencing transition. Societal facilitators and inhibitors involve the societal views of the transitional situation, such as marginalization of the person in transition (Meleis, 2010). Birth tourists experience facilitators and inhibitors during their transition process.

The childbirth and postpartum experience for Chinese women is different than those of Western society. The Chinese culture promotes traditional birth practices, regardless of location of birth (Callister et al., 2011). The Chinese cultural tradition affects the transition to motherhood for birth tourists in the US. Chinese women may not be able to fully practice their cultural traditions in the US due to lack of resources, which may affect their ability to fully master and experience positive self appraisal.

Chinese birth tourists come to the US to birth their children, utilizing the 14th amendment of the constitution. The 14th amendment allows any person born

on US soil to become citizens of the US (US Constitution Online, 2010). While this process is not illegal, many feel it is unethical (Wolan, 2011). Birth tourists may experience marginalization during their transition due to others' feelings regarding their childbirth in the US.

While transition is a common phenomenon during childbirth, Chinese birth tourists have a different transition experience. These women not only face developmental transition becoming a mother, but also situational transition during the birth tourism migration. Chinese birth tourists face even more barriers and facilitators to transition being outside of their country. Their culture affects the developmental transition to motherhood in the US. Birth tourism women face marginalization due to societal views of those in the US (Wolan, 2011). Using Meleis transition theory (2010) will provide the foundation in exploring Chinese birth tourists' childbirth and postpartum experiences.

Aims of Research

The overall aim of this DNP project was to explore Chinese birth tourist women's experiences of their childbirth and postpartum experience in Southern California. A secondary aim was to identify the level of depressive symptoms in Chinese birth tourists in the first few weeks after giving birth (postpartum depression). Findings of this study furthered our understanding regarding this unique population's childbirth and postpartum experience, therefore assisting health care professions to provide more culturally competent care.

CHAPTER 2: LITERATURE REVIEW

This chapter briefly outlines some of the current research in relation to Chinese birth tourists and the Chinese birth and postpartum traditions. While minimal literature exists regarding Chinese birth tourists in the US, several sources cite the traditions of Chinese women giving birth in the US. The following studies provide significant information regarding birth practices and perceptions among Chinese women in the US and the implications for cultural training among healthcare workers in the US.

Using snowball sampling, Callister, Eads, and Diehl (2011) interviewed 34 Chinese women who gave birth in Guangzhou, China (n=10), Taiwan (n=12), and the US (n=12) to compare experiences of childbirth in differing cultural contexts. Participants' ages ranged between 24-38 years of age and were largely college educated (n=18, 53%). Thematic analysis identified emerging themes including: expectancy of child and defining birth expectations, child birth experiences, adherence to cultural beliefs and practices, and birth in the sociocultural context. Study findings indicated that many Chinese women adhered to traditional practices, but health care workers in the US did not provide culturally competent care. One strength of the study included the use of a semi structured interview guide that has been used for two decades of cross cultural studies of child bearing women while a limitation is the use of snowball sampling which may limit the generalizability of the findings. Cultural tensions were higher in the US as

healthcare workers were less culturally sensitive. Health care workers would benefit from cultural training to provide culturally sensitive care (Callister et al., 2011).

In another qualitative study, Leung (2017) interviewed 10 Chinese mothers living in London who had given birth in the last 12 months to explore the cultural considerations among Chinese women's diet and infant feeding. The subjects were recruited through convenience sampling. Participants were an average of 36 years of age with 80% (n=8) first time mothers, 90% (n=9) professionals and 90% (n=9) born outside of the United Kingdom. Results suggested all participants were aware of *zuo yuezi* and practice the cultural tradition to varying extents. Primarily, the dietary aspect of *zuo yuezi* is the most practiced cultural tradition. One strength of this study is the depth of data retrieved from interviews and a weakness of the study includes lack of a Mandarin or Cantonese-speaking translator. Health care professionals could benefit from cultural training to provide culturally appropriate care to the Chinese patient giving birth in the US (Leung, 2017).

Using a qualitative design and convenience and snowball sampling, Saito and Lyndon (2017) interviewed 13 foreign born Chinese women to explore their use of traditional birth practices. Participants ages ranged from 28-45 years, and were largely college educated (n=5, 39%) or had completed graduate school (n=7, 54%). Constant comparative analysis and grounded theory approach revealed that participants integrated Chinese and American perspectives, forming individual

perceptions. Women also received pressure from elders to incorporate *zuo yuezi* and would integrate tradition due to this pressure. One strength of this study is the conceptual model of individual perceptions developed through this study and limitations include the use of only English speaking participants from a Chinese community in California. Health care providers should recognize the importance of elders' influence regarding cultural practice and provide accurate education to both the mother and family members (Saito & Lyndon, 2017).

While minimal studies exist regarding the birth tourist phenomenon, one study that focused on the effects of birth tourism on infants provided relevant data regarding birth tourism. In a retrospective chart review, Mikhael et al., (2016) examined the differences of 46 newborns in the neonatal intensive care unit (NICU) of birth tourism (BT) mothers compared with 100 NICU neonates of non BT mothers. Study findings suggested that BT neonates were significantly more likely to be born to older mothers ($p < 0.001$), via cesarean section ($p = 0.007$), have longer hospital stays ($p = 0.02$), and higher hospital charges than non BT births ($p = 0.003$). One strength of the study is the comparison with a control group regarding various aspects of research including: perinatal demographics, patient characteristics, social outcomes, and financial analysis. Limitations include a retrospective descriptive design at a single institution which may cause bias. BT families may have higher NICU admissions due to travel, exhaustion and

advanced maternal age. Health care workers should be aware of the added stress of traveling to birth a child in another country (Mikhael et al., 2016).

Summary

While an increase in literature regarding Chinese birth tourism is occurring, little research is available regarding childbirth and postpartum perceptions among Chinese birth tourists in the US (Mikhael et al., 2016). Much of the literature discusses Chinese immigrants, a different population than Chinese birth tourists. One study performed by Mikhael et al. shows the demographics of Chinese birth tourism patients and NICU admissions, and suggests the stressful impact of birth tourism on childbirth and postpartum (2016). Studies regarding Chinese immigrants giving birth outside of their native countries show the lack of cultural humility from healthcare providers (Leung, 2017). This study will analyze childbirth and postpartum perceptions among this unique population which can be used to educate health care providers for culturally competent care.

CHAPTER 3: METHODOLOGY

Before data collection began, institutional human subjects approval (See appendix C) and permission from physician offices where participants were recruited from was obtained.

Study Design

This study used a mixed methods design. Quantitative level of depressive symptoms were assessed with a 2-item questionnaire and written questionnaire data was analyzed using qualitative content analysis, which aims to understand the human experience in a situation or phenomenon of interest (Powers, 2015).

Sample

All women, self-identifying as Chinese, who came to the US specifically to give birth to their infant, who could speak and read Chinese or English, and who were coming into their private OB/GYN office postpartum visit (anytime up to 8 weeks) were invited to participate in this study. Two methods of sampling: convenience and snowball sampling were used for this qualitative study which was appropriate for this qualitative design.

Setting

As previously discussed, these patients used private physician offices for their obstetric care (Grant, 2015). Patients at their four-week postpartum visit to the private physician's office were asked by this author to participate. The

physician's office had several private rooms which could be used to conduct face-to-face semi-structured interviews.

Data Collection Procedure

Data Collected

Data collected included: demographics, childbirth experiences of Chinese birth tourism mothers, and postpartum experiences of Chinese birth tourism mothers. 11-items assessed participant demographic characteristics (See appendix A). Perceptions and experiences of being a birth tourist were assessed with the 16-item study questionnaire (See appendix B). Risk of developing postpartum depression was assessed using the Kroenke, Spitzer and Williams (2003) 2-item Patient Health Questionnaire (translated into Traditional Chinese and validated). All questionnaires were translated into Traditional Chinese and back translated into English by validated translators in order to ensure veracity.

Recruitment methods

Flyers written in Chinese providing a brief description of the study were distributed in the physician's office to participants meeting study criteria.

Data collection method

Information about the study was given to participants meeting study criteria in the physician office waiting room. Any participants who wished to take part in the study were provided with a study packet that included the informed consent

form (See appendix D), demographic questionnaire, and study questions. A nurse fluent in Mandarin and Cantonese was available in the office to translate the interview questions if needed.

Data analysis method

Demographic and baseline mental well-being data were analyzed using descriptive statistics including frequencies, means, and other measures of central tendency. Qualitative questionnaire data were transcribed verbatim, translated into English, and analyzed using content analysis, a method aimed at understanding the human experience in a situation or phenomenon of interest (Powers, 2015).

Emergent themes and subthemes were pieced together to form a holistic understanding of the experience of Chinese birth tourists by three advanced practice nurses with backgrounds in maternal child health and Asian culture.

CHAPTER 4: RESULTS

This chapter discusses the quantitative and qualitative results of this study. Data collection for this study occurred after institutional human subject's approval was obtained, between August 2017 through December 2017.

Participant Characteristics

Twelve Chinese birth tourist mothers participated in this study. Ages ranged from 26-39 years of age. All (n=12) were married and reported Mandarin as their primary language. Most (83.4%) were born in China while 16.6% came from Taiwan. Nine women (75%) had vaginal births and 50% of the infants were breastmilk and formula fed. Please see Table 1 for full participant characteristics.

Baseline mental well-being assessment using the PHQ-2 revealed 1 participant was at risk of developing post partum depression.

Table 1. Participant Characteristics (N=12)

| Characteristic | N (%) |
|-----------------------------|-----------|
| <i>Maternal Age (years)</i> | |
| Range* | 26 – 39 |
| Marital Status | |
| Married | 12 (100%) |

Maternal Language

| | |
|----------|-----------|
| Mandarin | 12 (100%) |
|----------|-----------|

Maternal Country of Birth

| | |
|-------|------------|
| China | 10 (83.4%) |
|-------|------------|

| | |
|--------|-----------|
| Taiwan | 2 (16.6%) |
|--------|-----------|

Maternal Education Level

| | |
|---------|-----------|
| College | 8 (66.7%) |
|---------|-----------|

| | |
|-----------------|-----------|
| Graduate School | 4 (33.3%) |
|-----------------|-----------|

Type of Birth

| | |
|---------|---------|
| Vaginal | 9 (75%) |
|---------|---------|

| | |
|----------|---------|
| Cesarean | 3 (25%) |
|----------|---------|

Infant Age - Days

| | |
|-------|--------------|
| Range | 14 – 53 days |
|-------|--------------|

Infant Weight in grams

| | |
|-------|-------------|
| Range | 2700 -4170g |
|-------|-------------|

Infant Gender

| | |
|--------|---------|
| Male | 6 (50%) |
| Female | 6 (50%) |

Infant Feeding

| | |
|----------------------|---------|
| Breastmilk only | 3 (25%) |
| Breastmilk & Formula | 6 (50%) |
| Other | 3 (25%) |

Number of children at Home

| | |
|-----|---------|
| One | 6 (50%) |
| Two | 6 (50%) |

PHQ-2 Score

| | |
|-------|------------|
| 0 – 2 | 11 (91.7%) |
| 3 -5 | 1 (8.33%) |

**Age only available for six participants, PHQ-2 = 2-item Patient Health Questionnaire*

Qualitative Themes

Chinese Cultural Traditions

Pregnancy. Participants had a varying range of cultural traditions in which they practiced. Half of the participants (n=6) stated they did not take part in any

cultural practices during the pregnancy. A common traditional theme was dietary changes. One mother from Taiwan stated, “Watch diet. For example, no spicy food. Don’t drink soda.” Another mother from China stated “Don’t eat cold food. So many things I cannot eat.” A participant from mainland China said “(eat) More nutritious food.”

Another theme emerged regarding exercise and rest. Four women specifically mentioned light exercise such as strolling (easy walking). According to one participant, “Pay attention to relaxing. Don’t do anything severe (exercise).” When asked what Chinese traditions you or your family take part in, a mother stated “For me: exercise, strolling.... For family: walking...”. Another mother mentioned the importance of getting “physically adjusted”.

Some participants practiced other Chinese traditions including going to temple, feng shui, and no housing renovations. A mother practicing feng shui during pregnancy explained “If you name a baby, you should do feng shui. Release anything live (as opposed to eating it).” Two participants discussed the importance of going to temple during pregnancy.

Half of the participants stated they did not experience these traditions during the pregnancy and one participant abstained from answering. Of the participants (n=12), seven stated they were not able to follow pregnancy traditions while in the US. One participant stated “China’s culture and America’s culture do not conflict. They go together.”

Birth and postpartum. While over half (n=7) of the participants stated they did not practice childbirth traditions, postpartum traditions were more stringently followed. A common theme was an avoidance of “cold” and “wind”. This theme emerged in dietary, hygiene, dress and activity recommendations.

Dietary modifications were the most widely practiced Chinese tradition among the birth tourist mothers (n=10). While the mothers answered with a variety of foods, some described included hot water, sesame oil, dried dates, brown sugar soup, pig’s feet, pig liver, and ginger. When asked to describe any special foods to eat after having the baby, one mother stated she used “Postpartum water. Dried dates. White tremella mushroom. Bird’s nest soup.” Another mother said “Need to eat iron food. For example, pig liver, spinach and red dates...”. A first time mother reported “ Family prepared the brown sugar soup, but I did not drink.” While these traditions were the most practiced, variations existed.

Another area of cultural traditions that presented during the study was in hygiene. Three Chinese women stated they would not wash hair or shower. A second time mother expressed “ I don’t take a shower during postpartum. I don’t wash hair, only partially wash and have a shower hat on, with shoes on...”. When asked what cultural traditions were you able to follow in the US during first 4 weeks after baby’s birth, one mother explained “Don’t take a shower too soon. Keep body warm.”

In keeping the body warm, several women mentioned the necessity to wear long sleeves, hats and not use the air conditioner during the postpartum period. These mothers also did not go outside in an effort to avoid “cold and wind”. One mother stated “Cannot go out, wash hair or have air condition. Should wear something to keep body warm. Cotton and postpartum cloth.” Avoidance of cold and wind were common themes throughout the participant’s responses.

When asked what postpartum traditions were you able to follow while giving birth in the United States, over half stated they were able to follow traditions. One mother from Mainland China stated, “Basically insist on postpartum care, but still have some change. For example, for postpartum care, I didn’t go out.” Several Chinese women insisted on the traditional postpartum care after childbirth, and were able to practice while here in the US.

Childbirth Perceptions in the US. One focus of this study was to explore perceptions of childbirth among Chinese women who were in the US specifically to give birth. While in the US, Chinese women experienced various perceptions of environment and health care. Three participants mentioned the good air in the US. According to a first time mother from Mainland China, “Air is much better than China...” Another mother from Mainland China stated, “ Everything is very smooth. Good air, good environment. I am very happy.”

Prenatal care in United States. Perceptions of prenatal health care were positive among the birth tourist women. Compared to childbirth in China, as one

stated in America "...it is very easy, relaxed. Less pressure." During prenatal care, one first time mother described her health care perception:

"Here in America, the OB does not check as many things. Easy and quick. Doctor's attitude is very good. Doctor is very patient and takes time to explain. Doctor takes more responsibility. Helps pregnant woman. Provides much better education."

A second time mother from Mainland China stated "During pregnancy in this country, I can enjoy one on one check up. In China, we do not have this kind of choice." Several women stated that everything was good and went smoothly.

Childbirth in the United States. Several themes emerged regarding Chinese birth tourists perceptions including: painless childbirth, hospital staff professionalism, and ability to have companions in the labor room. Five birth tourist women (42%) expressed the ability to have a painless childbirth as a positive experience to giving birth in a US hospital. A birth tourist from Mainland China explained,

" Before I was very nervous because I had a cesarean section before, but this time it is especially good. From the procedure until the cesarean section was good and the recovery was very good and very fast. I am very happy because just a couple of days and I can do even better than before cesarean section. The whole procedure from beginning to end-no pain, because I picked a good doctor."

Similarly, another birth tourist stated “You can have a painless delivery. Hospital has a Chinese nurse and they respect Chinese culture.”

Professionalism and bedside care were common perceptions among the birth tourist women. One mother described the health care team, “ Easy and professional work. The doctors and nurses make the environment feel relaxed (not anxious).” A second time mother explained, “Very important to communicate with the nurse. They are professional.” Professionalism also included “human care” or the good bedside care of the doctor and nurses. Fifty-eight percent (n=7) of the birth tourist women described the nursing staff as “nice”, “excellent”, “friendly”, and respectful of “Chinese culture”. Overall, Chinese birth tourist mothers were happy with their birth experience in the US.

Postpartum experience in the United States. Postpartum experiences for this study focused on the first 4 weeks after the birth of the baby. Infant age of the study participants ranged from 14-53 days with a median of 34.6 days old. When asked to describe the experience in the US during the first 4 weeks, women focused on postpartum care and keeping a “good mood.” Seven women (58%) described rest as an important component of postpartum care. According to one mother, “Keep a good mood. Sleep more.” Another described her postpartum experience “(eat) Postpartum meal. More relaxing. Go out of house less.” While many women tried to relax, some added shopping to their postpartum experience. A mother explained “During this time, can do shopping for the baby.”

As women were trying to rest, they were also caring for their babies. One woman explained “Tried best to breastfeed. Sometimes massage baby.” Another mother described her breastfeeding experience, “Put baby to breast to suck more and get more milk.” Most birth tourist mothers (n=11) attempted breastfeeding while in the US. One mother stated she wanted to breastfeed exclusively but supplemented with formula due to perceptions of not enough breast milk.

Women’s postpartum experiences while in the US were focused on keeping Chinese traditions and maintaining a good mood. Women not only focused on rest and healing, but on caring for their newborn. With help of family or friends, women were able to have a satisfying postpartum experience.

Reasons for Birth Tourism to the United States. To date, minimal research has examined the phenomenon of tourist mothers from China come to the US to birth their children. This study specifically asked why women came to the US to give birth to their infant. While most of the mothers stated American citizenship for their infant as a reason, five (42%) specifically mentioned education as their primary reason for birth tourism. One mother explained “Kids may have more choices. Thinking about having them go to school here. Get a different kind of education.” Birth tourist women came to the US to secure a future for their children: whether for education, better environment, political stability, or for future careers. They perceived that the US provided these options and therefore chose birth tourism.

Perceived Variations Between Childbirth in China/Taiwan and the United States.

A question posed in the study asked how the birth experience in the United States differed from where they live. Answers were varied including two mothers from Taiwan and Mainland China who stated there was no difference in the birth experience. Two birth tourist mothers explained that in America, they can have a birth without pain. One mother described her experience: “No pain at all. Good job with procedure. Doctor was very nice. From beginning to end, the doctors and nurses treat me like VIP.” Professional care from health care staff was cited by three of the women as variations from their home country. One woman stated “In hospital, professional nursing care. And doctor is very professional.” These women discussed a pleasant childbirth experience in the US as compared to their country of origin.

Many women described the difference in the hospital environment as well as the local environment of their birth tourism residence. According to one birth tourist “In Taiwan, only a few LDR (labor delivery recovery) rooms, so no privacy during delivery. In America, LDR rooms are very comfortable. Less anxiety”. A mother from Mainland China described her current residence as a “different (good) area. Everything is quiet and green.” From professional bedside care to a more pleasant living environment, birth tourist women had many positive perceptions regarding birth in the US. See table 2 for a complete list of participant responses.

Table 2. Participant Narrative Comments

| Question | Participant Number & Responses |
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| 1. Write about Chinese traditions you or your family take part in during pregnancy | <p>1. Postpartum.</p> <p>2. Don't eat crab. Do not lift high and heavy. Look at a good picture (of a cute baby).</p> <p>3. Not any.</p> <p>4. For me: exercise, strolling, listen to music, learn something. For family: walking, going to market, buy and cook food.</p> <p>5. No scissors. Cannot renovate house.</p> <p>6. If you name your baby, you should do feng shue. Release anything live (as opposed to eating it). No makeup. Don't eat cold food. So many things I cannot eat.</p> <p>7. Eat a lot. Less exercise. Less housework.</p> <p>8. I pray.</p> <p>9. Family gather together to eat. Weekend go out to eat.</p> <p>10. Husband gave up smoking. More nutritious food. Get physically adjusted. Exercise. Teaching (talk to</p> |

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| | <p>baby and listen to good music).</p> <p>11. N/A.</p> <p>12. 1. Watch diet. For example, no spicy food. Don't drink soda. 2. Pay attention to relaxing. Don't do anything severe (exercise).</p> |
| <p>2. Describe the traditions during pregnancy and discuss location and who takes part</p> | <p>1. None.</p> <p>2. Talk more with the baby.</p> <p>3. Not any.</p> <p>4. Traveling with husband and parents.</p> <p>5. No. We are not superstitious.</p> <p>6. Family and other people will go to the temple to release live animals.</p> <p>7. None.</p> <p>8. Go to temple.</p> <p>9. In a home with husband, parents and friends.</p> <p>10. None.</p> <p>11. Postpartum care. Drink soup.</p> <p>12. At home, no.</p> |
| <p>3. Did you experience these traditions you described above during your pregnancy?</p> | <p>1. None.</p> <p>2. Yes.</p> <p>3. Not any.</p> <p>4. N/A</p> <p>5. Yes. I used scissors.</p> |

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| | <p>6. No.</p> <p>7. See number 1 (Eat a lot. Less exercise. Less housework.)</p> <p>8. No.</p> <p>9. Yes.</p> <p>10. No.</p> <p>11. Yes.</p> <p>12. No.</p> |
| <p>4. Please describe your experience while in the United States during your pregnancy</p> | <p>1. Everything was good.</p> <p>2. Everything is very smooth. Good air, good environment. I am very happy.</p> <p>3. N/A</p> <p>4. Shopping. Traveling. Supermarket. Basically just relax, shopping and reading.</p> <p>5. Environment is comfortable. Good mood. Very relaxed.</p> <p>6. Compared, it is very easy, relaxed. Less pressure.</p> <p>7. Not too much different between here and China.</p> <p>8. Do more exercise. Shopping. Swimming.</p> <p>9. Walking. Air is much better than China. Shopping very often. Painless</p> |

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| | <p>delivery. Doctor has good human nature (good bedside care).</p> <p>10. Here in America, the OB does not check as many things. Easy and quick. Doctor's attitude is very good. Doctor is very patient and takes time to explain. Doctor takes more responsibility. Helps pregnant woman. Provides much better education.</p> <p>11. N/A.</p> <p>12. During pregnancy in this country, I can enjoy 1 on 1 check up. In China, we do not have this kind of choice.</p> |
| <p>5. Which cultural traditions were you able to follow during your pregnancy while in the United States?</p> | <p>1. No lifting heavy objects.</p> <p>2. China's culture and America's culture do not conflict. They go together.</p> <p>3. Not any.</p> <p>4. Yes. I like to eat Chinese food.</p> <p>5. No.</p> <p>6. None.</p> <p>7. None.</p> <p>8. Basically no.</p> <p>9. None.</p> <p>10. None.</p> |

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| | <p>11. Basically insist on postpartum care, but still have some change. For example, for postpartum care, I don't go out.</p> <p>12. Yes.</p> |
| <p>6. Please write about any Chinese cultural traditions that you or your family perform or take part in during the baby's birth</p> | <p>1. Nothing special.</p> <p>2. N/A</p> <p>3. Nothing at all.</p> <p>4. Now, I don't have.</p> <p>5. Everything is no. I didn't do anything Chinese.</p> <p>6. Drink or eat porridge. Postpartum care.</p> <p>7. None.</p> <p>8. N/A.</p> <p>9. One month party for baby. Elder give red bag (money).</p> <p>10. None.</p> <p>11. None.</p> <p>12. Baby cannot have wind and get cold.</p> |
| <p>7. Please describe your experience in the United States when you were at the hospital giving birth</p> | <p>1. It was good.</p> <p>2. Before I was very nervous because I had cesarean section before, but this time it is especially good. From the procedure until the cesarean section</p> |

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| | <p>was good and the recovery was very good and very fast. I am very happy because just a couple of days and I can do even better than before cesarean section. The whole procedure from beginning to end- no pain, because I picked a good doctor.</p> <p>3. Induction is very smooth. Everything is ok. Delivery is very smooth. Doctors and nurses are very patient (careful).</p> <p>4. Excellent. Very, very good. Doctor and hospital extra good.</p> <p>5. Easy and professional work. The doctors and nurses make the environment feel relaxed (not nervous).</p> <p>6. Much easier than I thought. Doctors and nurses are very nice. Delivery is very smooth. Altogether 8 hours. From 6 am and delivered baby at 2 pm. Had an epidural. Not very miserable. Doctor did his job. Postpartum nurse took very good care.</p> <p>7. Epidural is very good. No pain.</p> <p>8. Very important to communicate</p> |
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| | <p>with the nurse. They are professional. For everything by doctor's order.</p> <p>9. Good environment. Nursing care is more friendly (good human care). Painless delivery.</p> <p>10. Family can keep company during delivery. Can give pregnant woman more encouragement. Painless delivery. Nurse helped give correct instruction on delivery essentials.</p> <p>11. N/A.</p> <p>12. You can have a painless delivery. Hospital has a Chinese nurse and they respect Chinese culture. For example, warm water. Doesn't take a shower....</p> |
| <p>8. Which cultural traditions were you able to follow while you were giving birth in the United States?</p> | <p>1. No cold water.</p> <p>2. I don't take a shower during postpartum. I don't wash hair, only partially wash and have a shower hat on, with shoes on and I drink postpartum water.</p> <p>3. Didn't do.</p> <p>4. Strolling. Watching Chinese movies.</p> <p>5. Whatever I think I can do, I do it.</p> <p>6. Drink hot water. Wear long sleeves.</p> |

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| | <p>7. N/A.</p> <p>8. N/A.</p> <p>9. None.</p> <p>10. Postpartum care.</p> <p>11. Prevent wind. Prevent cold.</p> <p>12. Need to have one month postpartum care. Cannot eat uncooked and cold foods. Cannot wash hair. We eat foods differently for each week during postpartum care.</p> |
| <p>9. Please describe how you are currently feeding your baby while here in the United States and why you have chosen this method?</p> | <p>1. Breastfeeding and formula</p> <p>2. Hospital formula. At hospital discharge, formula and breastfeeding.</p> <p>3. Breastfeed-if not enough, then formula.</p> <p>4. Formula and breastfeeding.</p> <p>5. Formula.</p> <p>6. Breastfeed and formula. At the beginning, I only wanted to breastfeed, but was not enough. Now is formula and breastfeed.</p> <p>7. Formula and breastfeed.</p> <p>8. Breastfeed.</p> <p>9. Breastfeeding.</p> <p>10. Breastfeed and formula.</p> <p>11. Breastfeed and a little formula.</p> |

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| | 12. Formula and breast milk. |
| 10. Please describe any special foods you are supposed to eat and why after you have a baby | <p>1. Sesame oil. Sweet soup.</p> <p>2. Postpartum water. Dried dates. White tremella mushroom. Birds nest soup.</p> <p>3. No.</p> <p>4. Chinese food. Soup. Chicken, beef and egg.</p> <p>5. Fish soup and sesame oil chicken.</p> <p>6. Family prepared the brown sugar soup. But I did not drink.</p> <p>7. Vitamin, calcium. Fish oil.</p> <p>8. Brown sugar soup. Rice wine. Pig feet. Ginger.</p> <p>9. None.</p> <p>10. Pig liver. Pig feet. Soybean. Red dates. Brown rice.</p> <p>11. Cock (male chicken). Dates. Red bean.</p> <p>12. Need to eat iron food. For example, pig liver, spinach and red dates...</p> |
| 11. After you gave birth here in the United States, was any family living with you? | <p>1. Yes.</p> <p>2. Yes. My mom and husband.</p> <p>3. Yes. Husband and mom.</p> <p>4. No.</p> |

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| | <p>5. Yes, my mom and my husband.</p> <p>6. Yes, my husband.</p> <p>7. Husband is with me.</p> <p>8. No one with me. In house alone.</p> <p>9. Yes.</p> <p>10. Mom and husband.</p> <p>11. N/A.</p> <p>12. Yes. Husband, parents and mother in law.</p> |
| <p>12. Please write about any Chinese cultural traditions that you or your family perform or take part in during the first 4 weeks after the baby's birth</p> | <p>1. No lifting heavy objects. Postpartum care. Postpartum food.</p> <p>2. No</p> <p>3. Take a rest. Postpartum care. Don't eat cold food. Everything boiled. Don't strain myself.</p> <p>4. Keep Chinese way.</p> <p>5. Need to wear a hat.</p> <p>6. None.</p> <p>7. None.</p> <p>8. N/A.</p> <p>9. Postpartum care.</p> <p>10. Postpartum care. Don't go out. Avoid cold and wind. Less shower.</p> <p>11. None.</p> <p>12. Cannot go out, wash hair or have air condition. Should wear something</p> |

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| | <p>to keep body warm. Cotton and postpartum cloth. At night, mother in law takes care of baby. I just breastfeed according to the hour.</p> |
| <p>13. Please describe your experience here in the United States during the first 4 weeks after your baby's birth</p> | <ol style="list-style-type: none"> 1. A little bit tired but recovered well. 2. Tried best to breastfeed. Sleep more. Sometimes massage baby. Take a shower once in awhile, but not everyday. 3. Postpartum care. Put baby to breast to suck more and get more milk. Increase to suck to get more milk. 4. Relax at home, take care of baby. Shopping. 5. Comfortable, relaxed environment. During this time, can do shopping for the baby. 6. Postpartum care at home. Woman caring for the baby. 7. I went to pediatrician 1 time. I went to see OB/GYN 1 time. Not any special condition (everything is fine). 8. Keep a good mood. Although in America, must insist on one month postpartum care. 9. Postpartum meal. More relaxing. |

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| | <p>Go out of house less.</p> <p>10. Keep a stable mood. Sleep more.</p> <p>Suitable exercise. Talk with baby.</p> <p>Build a good relationship with baby.</p> <p>11. Just follow doctor's order.</p> <p>12. Pay attention to relaxing and sleeping more. Cannot lift anything heavy.</p> |
| <p>14. What cultural traditions were you able to follow during the first 4 weeks after your baby's birth while here in the United States?</p> | <p>1. No.</p> <p>2. No.</p> <p>3. Take a rest. Don't eat cold food.</p> <p>Don't take a shower too soon. Keep body warm.</p> <p>4. No.</p> <p>5. Wear a hat.</p> <p>6. Postpartum party at 1 month.</p> <p>7. None.</p> <p>8. Postpartum care.</p> <p>9. None.</p> <p>10. None.</p> <p>11. N/A.</p> <p>12. Just do everything.</p> |
| <p>15. Please write in below why you chose to come to the United States to deliver your baby</p> | <p>1. Political reason and for future education.</p> <p>2. For the good education.</p> <p>3. Give the baby more choice.</p> |

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| | <p>4. Kids may have more choices. Thinking about having them go to school here. Get a different kind of education.</p> <p>5. More choices for education and career.</p> <p>6. For citizenship. For painless delivery. Less pressure (both sides of parents not here). Cheaper to deliver in America.</p> <p>7. American citizenship.</p> <p>8. Citizenship for baby and more choice.</p> <p>9. Painless delivery. Better care and service.</p> <p>10. Because environment of hospital. Give the baby a much better environment to live.</p> <p>11. Education.</p> <p>12. Have choice about painless delivery. Decrease pain. Can enjoy human care service. Baby can get American citizenship.</p> |
| <p>16. Please write about how the birth experience in the United States is different from where you live</p> | <p>1. About the same.</p> <p>2. No pain at all. Good job with procedure. Doctor was very nice.</p> |

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| | <p>From beginning to end, the doctors and nurses treat me like VIP.</p> <p>3. Here there is no pain.</p> <p>4. Different (good) area. Everything is quiet and green.</p> <p>5. In Taiwan, only a few LDR rooms, so no privacy during delivery. In America, LDR rooms are very comfortable. Less anxiety.</p> <p>6. After delivery in China, they stay in hospital 1 week. In America, discharge is in 24 hours.</p> <p>7. Here in America, patients pick doctor, then go to hospital (good care).</p> <p>8. In hospital, professional nursing care. And doctor is very professional.</p> <p>9. More quiet. Every time you go out, we have to drive.</p> <p>10. Family can keep company during delivery. A painless delivery.</p> <p>11. None.</p> <p>12. During delivery, I can have family at bedside to keep company.</p> <p>Experience is very happy. Doctor and nurses are all very nice. Only one</p> |
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| | problem here, we had to pay a greater fee. |
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CHAPTER 5: DISCUSSION

This study was one of the first to examine childbirth and postpartum perceptions of Chinese birth tourists in the United States. The findings in this study were similar to previous studies regarding cultural implications of Chinese women in foreign countries (Callister, Eads, & Diehl, 2011; Leung, 2017; Saito & Lyndon, 2017). This study determined that while Chinese birth tourists adapt to the western surroundings, they maintain their cultural practices regarding to childbirth and postpartum. While half of the women stated they did not practice the cultural traditions among Chinese women giving birth, most of the birth tourist mothers followed some variation of the cultural practices regarding zuo yuezi. Cultural practices which were implicated as being important to follow included the dietary practices during zuo yuezi and maintaining hot and cold balance through the avoidance of “cold” and “wind”.

Chinese birth tourists coming to the United States had positive views regarding their childbirth and postpartum experiences in the country. Several women discussed the professionalism and caring nature of the doctor and physicians. The study implied that Chinese birth tourist women appreciate the treatment provided by the health care staff in the hospital. Another implication in the study was the importance to the Chinese birth tourists of receiving a painless birth. The birth tourist women mentioned painless delivery when describing their birth experiences in the United States. According to a study by Wang (2016),

many women in China did not receive pain relief during labor. Labor was seen as non-emergent by the health care team and therefore not an anesthetic necessity (Wang, 2016). For women who feared the possibility of a painful birth, the option of an epidural provided a positive experience.

While immigrant women have been documented to have a higher rate of post partum depression (Ganann et al., 2016), this study did not indicate that Chinese birth tourists have an increased rate of depression. Of the participants, 91.7% had a low patient health questionnaire (PHQ) score which indicated a low rate of post partum depression. This percentage fall below the 10%-20% rate in previous literature (Tian et al., 2011).

Birth tourism is a growing phenomenon. According to Folse (2017), approximately 4,200 Chinese women gave birth in the United States in 2008. In 2012, approximately 36,000 birth tourists traveled to the United States to give birth (Camarota, 2015). This study determined that birth tourists primarily came to the United States for educational choices for their children. According to Folse's study (2017), the Chinese people felt that while primary education is superior in China, secondary education is superior in Western countries such as the United States. Parents viewed the education in the United States as one that breeds creativity and quality to promote an independent, self-confident child (Folse, 2017).

This study showed the importance of secondary education among the Chinese people for their children. According to Folse, parents did not question whether they would send their children back for secondary education, but when they would send them back (2017). The study also determined that culture was valued among Chinese women delivering their children in the United States, and the concept of painless delivery was an important determinant when deciding to practice birth tourism. With the increase in birth tourism over the years (Folse, 2017), and the positive viewpoints of birth tourism expressed by participants in this study, the birth tourism phenomenon can be expected to grow.

Limitations

Limitations of this study includes the language barrier between the researcher and participants. While participants felt comfortable responding to questionnaires, they did not feel comfortable participating in private interviews, which reduced the amount of qualitative data collected. Another limitation was filling out questionnaires while waiting to see physician. Participants felt rushed and provided brief answers.

Implications for Practice and Future Research

Although Chinese birth tourism is growing in the United States, minimal research is available regarding their perceptions of childbirth and the postpartum period in this unique population. Health care professionals work with a diverse population, and should be aware of cultural variations. While Chinese birth

tourists practice many aspects of their cultural birthing traditions, they may practice variations of those traditions. Many of the birth tourist women felt they were not able to keep their cultural traditions during childbirth. Health care workers should ask the birth tourist mother what aspects of her cultural traditions does she practice during childbirth and postpartum. Some variations the health care worker may experience could include the birth tourist patient requesting hot water, warm blankets, or no shower during the postpartum period, which reflect following the *zuo yuezi* tradition. Health care professionals that understand these cultural beliefs can provide culturally competent care and promote a positive childbirth experience.

Another nursing implication is the importance of understanding the perceptions of birth tourists' reasons for coming to the United States. These birth tourist families are looking for more choices: for their childbirth and for their children. Women are looking for a painless childbirth with a positive birthing experience. Birth tourist families are looking for options for their children: options for school and future careers. Health care professionals should consider the birth tourist's desire for more options when determining their own personal beliefs regarding the birth tourism phenomenon. By considering the birth tourist's perspective, nurses can provide more empathetic, culturally competent care.

Findings of this study furthers our understanding regarding the perceptions of childbirth and postpartum practices among Chinese birth tourists in the United

States. Findings provide health care practitioners an inside look into how birth tourists perceive care in the US which will promote culturally competent care in this unique population.

Future research should examine nurses' perceptions of the Chinese birth tourist phenomenon. By understanding the nurses' perceptions, gaps in culturally appropriate care may be identified.

Conclusion

Chinese birth tourists are a growing population in the United States (Folse, 2017). Birth tourists are coming to the United States from China to provide education choices to their children as well as to have a positive birthing experience. While wanting the positive birth experiences in the United States, Chinese birth tourists also want the ability to practice their cultural traditions. Although cultural components of childbirth and postpartum among Chinese birth tourists may be modified, these women still practiced many cultural traditions during this period. These traditions included the dietary practices of *zuo yuezi* and concepts of reducing "cold" and "wind" during the postpartum period (Chin et al., 2010). This study aimed to determine the perceptions of childbirth and postpartum practices among Chinese birth tourists in the United States. By understanding these perceptions, health care practitioners will have a greater understanding of their clients to provide more culturally competent care.

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APPENDICES

APPENDIX A: DEMOGRAPHIC QUESTIONNAIRE

1. Please state your age in years _____

2. Please mark your current marital status below:

| | | | |
|---------|--------|-----------|-------|
| Married | Single | Unmarried | Other |
|---------|--------|-----------|-------|

Other _____

3. Please mark your country of birth below:

| | | | |
|-------|-----------|--|-------|
| China | Hong Kong | | Other |
|-------|-----------|--|-------|

Other _____

4. Please mark your primary spoken language below:

| | | | |
|-----------|----------|---------|-------|
| Cantonese | Mandarin | English | Other |
|-----------|----------|---------|-------|

Other _____

5. Please mark your highest education level below:

| | | | | |
|-------------|---------|--------------------|-----|-------|
| High school | College | Graduate school | PhD | Other |
|-------------|---------|--------------------|-----|-------|

Other _____

6. Please write the date of your most recent baby's birth _____

7. Please mark the gender of your recent baby below:

| | | | |
|------|--------|-------|-------|
| Male | Female | Twins | Other |
|------|--------|-------|-------|

Other _____

8. Please mark the type of delivery you had below:

| | |
|---------|-----------|
| Vaginal | C-Section |
|---------|-----------|

9. Please write in your baby's birth weight below in pounds or kilograms (if known):

| | |
|----------------------|----------|
| _____ lbs. _____ oz. | _____ kg |
|----------------------|----------|

10 Please mark how you are feeding your baby below:

| | | | |
|------------|---------|---------------------------|-------|
| Breastmilk | Formula | Breastmilk and Formula | Other |
|------------|---------|---------------------------|-------|

Other _____

11. Please state the number of children you have at home

| | |
|---------|---------|
| One - 1 | Two - 2 |
|---------|---------|

Other _____

2-Item Patient Health Questionnaire

Over the last two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.

- 0= Not at all**
- 1= Several days**
- 2= More than half the days**
- 3= Nearly every day**

Feeling down, depressed, or hopeless

- 0= Not at all**
- 1= Several days**
- 2= More than half the days**
- 3= Nearly every day**

APPENDIX B: QUALITATIVE QUESTIONNAIRE

Please answer the questions below in as much detail as you can. Please write as much as you would like. If you need more room – please use the back of this paper.

1. Please write about any Chinese cultural traditions that you or your family perform or take part in during the **pregnancy**.
2. Please describe the traditions that you or your family perform or take part in during the **pregnancy**, where they are done (home, temple), and who takes part?
3. Did you experience these traditions or things that you have just described during your **pregnancy**?
4. Please describe your experience here in the United States while you were **pregnant**.
5. Which cultural traditions were you able to follow during your **pregnancy** while in the United States?
6. Please write about any Chinese cultural traditions that you or your family perform or take part in during the baby's **birth**.
7. Please describe your experience here in the United States while you were at the hospital giving **birth**?
8. Which cultural traditions were you able to follow while you were giving birth here in the United States while you were at the hospital giving **birth**?
9. Please describe how you are feeding the baby while here in the United States:
10. Please describe any special foods you are supposed to eat and why after you have a baby?

11. After you gave birth, was any family living with you?
12. Please write about any Chinese cultural traditions that you or your family perform or take part in during the first 4 weeks after the baby's **birth**:
13. Please describe your experience here in the United States during the first 4 weeks after the baby's birth:
14. What cultural traditions were you able to follow during the first 4 weeks after your baby's birth while here in the United States?
15. Please write in below why you chose to come to the United States to deliver your baby?
16. Please write about how the birth experience in the United States is different from where you live?

Thank you very much for taking the time to answer these questions about your birth experience in the United States. If you would like to give permission for the researcher, Juanita Jaramillo, to contact you to clarify some of the answers you gave, please write in your first name and phone number or email address below.

First Name _____

Phone Number _____

Email Address _____

APPENDIX C: IRB APPROVAL

APPENDIX D: INFORMED CONSENT

AGREEMENT TO PARTICIPATE IN A RESEARCH STUDY

Study Title: Perceptions of Chinese Women Coming to the United States to Give Birth

This is a research study about understanding perceptions of childbirth and postpartum among Chinese women coming to the United States to delivery their baby. Juanita Jaramillo from California State University Northern Consortium is conducting this study. Participants will be recruited from Dr. Yeh's Office or from Dr. Chiang, M.D. Office.

Research studies include only people who choose to take part. Please take your time to make your decision about participating, and talk about your decision with your family or friends if you wish. If you have any questions, you may ask the researchers.

You are being asked to take part in this study because you are Chinese, an adult female (18 years old or older), and have delivered a live infant between **3-8 weeks ago**.

Why is this study being done?

The purpose of this study is to explore the experiences of Chinese mothers who come to the United States to have their child during birth and the first 6 weeks postpartum.

Who pays for this study?

Juanita Jaramillo's salary pays for this study. This information is being provided because it may affect your decision to participate in the study.

Will information about me be kept private?

- Yes, your information will be kept private. You will remain anonymous, as we will not ask you for your name or personal information such as date of birth or contact information.

Organizations that may look at and/or copy your research records for research purposes, and to make sure that the study was done properly include:

- California State University Northern Consortium

What will happen if I take part in this research study?**If you agree, the following procedures will happen:**

First, you will take part in a screening interview to find out if you are eligible to participate in the study: you will be asked questions about your racial/ethnic background, age and whether you have given birth between 3 weeks and 8 weeks ago. After you complete the screening interview, and if you are not eligible to participate in this study, nothing has changed and we thank you for your time.

If the screening interview shows that you are eligible to participate in the study and you choose to continue, this is what will happen next:

- You will be asked to complete surveys about your background such as age and marital status, and traditions after giving birth to a live infant. Then, the researcher will provide you with a written questionnaire to complete about your culture birthing and postpartum experience in the OB/GYN office while you wait. Then, if you choose to participate, the researcher will interview you for about 30 minutes in a private office/room about your culture, birthing and postpartum experiences.

- Your interview will be audiotaped and hand-written notes would be taken, with your permission. This audiotaped information will be used to check the quality of the sessions. To protect your identity, we will label these audiotapes with unique code numbers. A master list with your unique code number and interview number that includes the place the interview took place will be kept anonymous and stored in a locked cabinet. Only the researchers will have access to these audiotapes. After the audiotapes have been reviewed by Juanita Jaramillo, they will be destroyed.
- **Study location:** A brief screening interview to see whether you would be eligible to participate in the study will take place at Dr. Yeh's or Dr. Chiang's office/room or a convenient place for you. All research interviews will take place at a private office/room or a convenient place for you.

How long will I be in the study?

You will be asked to participate in this study once for 30 minutes.

Can I stop being in the study?

Yes. You can decide to stop at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study.

Also, the study researcher may stop you from taking part in this study at any time if the study researcher or staff person believes it is in your best interest.

What risks can I expect from being in the study?

- Some of questions during your interview may make you feel uncomfortable or upset, but you will be able to stop the interview at any time. Our study staff is trained to help you deal with the feelings you may have.
- Participation in research may involve a loss of privacy, but information about you will be handled as confidentially as possible. All records will have code numbers and will be stored in a locked cabinet. A master list with your unique code number and interview number that includes the place the interview took place will be kept anonymous and stored in a locked cabinet. Only the study researchers will have access to these records. Your name will not be asked or collected. For more information about risks and side effects, ask one of the researchers.

Are there benefits to taking part in the study?

The information that you provide may help health professionals better understand and learn more about cultural traditions among Chinese women giving birth to their child in the United States.

What are the costs of taking part in this study?

You will not be charged for any of the study procedures.

What will I get for taking part in this study?

In return for your time, effort and travel expenses, you will be given **a pack of diapers, a pack of diaper wipes, lanolin, a receiving blanket, and informational sheets on breastfeeding** for taking part in this study.

What are my rights if I take part in this study?

Taking part in this study is your choice. You may choose either to take part or not to take part in the study. If you decide to take part in this study, you may leave the study at any time. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized if you choose not to participate in the study.

Who can answer my questions about the study?

You can talk to the researcher(s) about any questions or concerns you have about this study. Contact the researcher Juanita Jaramillo at **818-645-4471** or jjaramillo19@mail.fresnostate.edu.

Complaints about the research may be presented to Sylvia Miller, Director of the School of Nursing (408)-924-3131. Questions about a research subjects' rights, or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President, Graduate Studies and Research, at (559)-278-2041.

CONSENT

Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. You have the right to not answer questions you do not wish to answer. If you decide to participate in the study, you are free to withdraw at any time without any negative effect on your relations with California State University Northern Consortium [or with any other participating institutions or agencies involved in the study].

You have been given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point.

Please keep a copy of this form for your own records. By agreeing to participate in the study, it is implied that you have read and understand the above information. Please do not write any identifying information on the survey/questionnaire.

At the time that you sign this consent form, you will receive a copy of it for your records, signed and dated by the investigator.

Date

Person Obtaining Consent

