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Postpartum Depression and Social Support in China: A Cultural Perspective

LU TANG¹, RUIJUAN ZHU², and XUEYING ZHANG³

¹Department of Communication Studies, College of Communication and Information Sciences, University of Alabama, Tuscaloosa, Alabama, USA
²School of Journalism and Communication, Renmin University of China, Beijing, China
³College of Communication and Information Sciences, University of Alabama, Tuscaloosa, Alabama, USA

This study explored how Chinese culture affects the relationship between social support and postpartum depression. In-depth interviews with 38 mothers in mainland China showed that discrepancies between expected and perceived available social support and conflicts among social support providers are two major contributors to the stress associated with postpartum depression. These dynamics are deeply rooted in the context of Chinese culture with its distinctive gender roles and family dynamics. These cultural norms further prevent women from seeking social support.

Around 8–13% of new mothers suffer from postpartum depression (PPD) worldwide (World Health Organization, 2013). In the Greater China Region, this figure rises to around 20% (Leung, Martinson, & Arthur, 2005). The symptoms of PPD include tearfulness, excessive anxiety, and symptoms of somatization, such as joint pain and coldness, chest tightness, and sleep disturbance (Beck, Reynolds, & Rutowski, 1992). PPD hurts the mother’s quality of life and her close relationships (O’Hara, Rehm, & Campbell, 1983). It also impairs mother–infant interactions and has long-term adverse effects on the child’s cognitive and emotional development (Sinclair & Murray, 1998). Social support has a buffering effect on PPD by helping women cope with the stressors during the postpartum period (Howard, Mora, & Leventhal, 2006).

Most of the existing studies on social support and PPD were conducted in the West (e.g., Howell et al., 2006; Negron, Martin, Almog, Bablierz, & Howell, 2013). Studies on depression suggest cultural differences in the stigma attached to the condition, with non-Western and non-middle class people having a more negative view toward such illnesses (Durvasula & Mylvganam, 1994). In some cultures, admitting to or discussing depressive symptoms out of the family context is unacceptable, which further discourages the timely diagnosis and effective treatment of PPD (Huang & Mathers, 2001). Social support is especially important for people suffering from depressive illnesses in such cultures; yet it is more difficult to come by.

Presented here is an interpretive study of new mothers’ experiences of and perceptions about social support and PPD in China. Theoretically, it demonstrates the importance of incorporating culture into the study of social support and PPD. Culture affects the provision, reception, and effects of social support by shaping people’s understanding of what constitutes a family, what the responsibilities of different family members are and how family members should communicate with each other. Practically, this study identifies several stressors associated with PPD among Chinese women and could inform the creation of effective prevention and intervention strategies against PPD.

Literature Review

Social Support and PPD

Social support is an omnibus term relating to different aspects of social relationships with an emphasis on the resources provided by others (Cohen & Wills, 1985). Consistently, social support has been found to decrease the likelihood of PPD (Warren, 2005). It helps alleviate stressful childcare and household responsibilities from novice mothers (e.g., Hung & Chung, 2001) and provides the understanding and appreciation they need to develop confidence and self-esteem in their transition into motherhood (Dennis & Chung-Lee, 2006). Researchers have examined social support and its relationship with PPD in terms of contents of social support, sources of social support, and expected and perceived availability of social support.

Contents of Social Support

Four types of social support are identified: instrumental, informational, emotional, and appraisal (Heaney & Israel, 2008). Instrumental support refers to tangible services, money, time, and other helpful resources. Informational support provides knowledge, advice, and education. Emotional support involves comfort and encouragement. Finally, appraisal support refers to messages that contain statements of acceptance and assurance (Heaney & Israel, 2008). Evans, Donelle, and Hume-Loveland...
Indeed, cultural sensitivity is necessary in understanding the provision, reception, and valuation of social support. Compared to people living in an individualistic culture, those in a collectivist culture (such as Chinese, Koreans, and Hispanics) are more likely to expect the availability of social support, but less likely to seek social support when it is not offered. When they do seek social support, they are more likely to look for it among members of the in-group, since asking for help from outside of the family is considered inappropriate. Furthermore, people from a collectivist culture are less likely to seek emotional support, as they are afraid that expressing negative emotions will disrupt the harmony of the in-group. (See Feng & Burleson, 2006 for a comprehensive review.)

Chinese culture is also highly masculine, and gender roles are clearly defined (Hofstede, Hofstede, & Minkov, 2010). As a result, husbands are less likely to provide social support, especially instrumental support, to their wives in childrearing, as they are supposed to be focusing on matters outside of the household, such as career and networking. At the same time, wives will be less likely to expect social support from their husbands, compared to wives in a more feminine culture.

Furthermore, the relationship between new mothers and their mothers-in-law complicates the provision and reception of social support. In China’s extended families, intergenerational relationship between a couple and their parents often takes priority over the marital relationship between husband and wife, which leads to heightened rivalry, jealousy, and conflicts between wives and their mothers-in-law (Song & Zhang, 2012). Social support from mothers-in-law has been found ineffective in reducing perceived stress of new mothers (An & Chou, 2016). To further understand the role of culture in social support and PPD, we propose the following research question: How does Chinese culture influence the relationship between social support and PPD?

Method

Participant Recruitment and Data Collection

Thirty-eight participants were recruited through personal contacts and snowball sampling. The second and third authors (both Chinese women in their late 20s and early 30s) reached out to their friends and acquaintances with small children in China, asking if they would be interested in a study about Chinese mothers and PPD and if they knew other women who might be interested. See Table 1 for participants’ demographic information. After gaining institutional review board (IRB) approval, the second author and third author conducted all the interviews using Skype and QQ. Such webchat tools allowed researchers to conduct face-to-face interviews over long geographic distances with no additional cost and provided both researchers and participants a comfortable “private space” (Hanna, 2012, p. 241). However, one drawback of using such tools was that occasionally participants would step away from interviews because of the demands at home, and this interrupted the flow of the interviews.

Semistructured interviews were used to understand women’s experiences and perception of social support and PPD in the Chinese context. Interviews started with a few warm-up questions (e.g., How long have you been married?)
Postpartum Depression and Social Support

Table 1. Demographic information of participants.

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Range</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>31.5</td>
<td>24–38 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of marriage</td>
<td>5.4</td>
<td>1–14 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One child</td>
<td>86.8</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two children</td>
<td>13.2</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of children</td>
<td>6 months–12 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate degree</td>
<td>23.7</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>57</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate degree</td>
<td>5.3</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary education</td>
<td>13.2</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profession</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td>78.9</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stay-at-home mother</td>
<td>21.1</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geographic location: 13 cities in 7 provinces and 2 directly controlled municipalities</td>
<td></td>
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How many children do you have?). We then asked participants to describe their postpartum experiences (e.g., Did you “do the month” after you gave birth to your first child? If yes, for how long? At your own house or your parents/in-laws’ house?). Further questions addressed the social support participants expected to receive and actually received (e.g., After childbirth, what kinds of support did you want most from your spouse, families, and friends? Who actually took care of you and your baby when you were doing the month? What did they do? Did you feel well supported?). Interviews lasted between 40 and 120 minutes. Participants were not compensated. All interviews were audio recorded with participants’ consent and transcribed verbatim by the second and third authors, which resulted in 239 single-spaced pages of transcripts in Chinese.

Data Analysis

The grounded theory approach and constant comparison method were used to analyze the interview data (Glaser & Strauss, 1967; Lincoln & Guba, 1985). The first step was open coding (Glaser & Strauss, 1967), during which we read the transcripts to identify concepts based on existing theoretical concepts (such as types of social support) while allowing new concepts to emerge from the data (such as gender roles and traditional Chinese family dynamics). The second step in data analysis was axial coding, during which we identified the relationships among these concepts. Negative case analysis was conducted to examine those outlier cases that did not fit into the initial patterns of relationships (Lincoln & Guba, 1985). Finally, themes and subthemes were identified based on the results of axial coding and constant comparison of the responses of different participants. The first author and the third author coded transcripts independently to identify important concepts, relationships, and themes. They then discussed their results to resolve the differences.

Results

Twelve participants reported having experienced symptoms of PPD, such as anger or irritability; 10 suffered from symptoms more severe than an anxious state of mind and believed they had PPD. The remaining 16 participants did not report symptoms of PPD. Most participants defined PPD as a negative emotional state characterized by anger, irritation, anxiety, self-doubt, grievance, and violence instead of using clinical definitions. For instance, when asked if she suffered from PPD, one participant (#37, 36-year-old working mother of a 3-year-old girl) said, “I did have PPD. For a while, I was especially sensitive and would weep over very tiny things... I felt I couldn’t control myself.” Participants often attributed their depressive moods to the discrepancies between the social support they expected to receive and what they actually received, and to conflicts among family members.

Discrepancies Between Expected Social Support and Perception of Available Support

Participants had clear expectations of the kinds of social support they wanted to or deserved to receive and who was responsible for providing such support. Providers of social support included their mothers or mothers-in-law, husbands, hired baby nurses, friends, and online communities of new mothers. Discrepancies between the expected social support and the perception of available social support caused anxiety, anger, and a depressive mood.

Instrumental Support

Taking care of the newborn, cooking, and grocery shopping were the most frequently mentioned types of instrumental support that participants expected—mostly from their mothers, mothers-in-law, and baby nurses. The failure of their mothers or mothers-in-law to provide such instrumental support was a major cause of tension and stress. Participants often reported becoming very disappointed and angry when their mothers or mothers-in-law refused to provide such instrumental support. For example, one woman (#4, 32-year-old working mother of a 1-year-old girl) said, “I expected my mother-in-law to come and help with things around the house, but she refused. I was very upset.” Another major source of dissatisfaction and stress was that many participants felt that their mothers and mothers-in-law were incompetent in providing the kind of instrumental support they expected. For example, one participant (#32, 34-year-old stay-at-home mother of a 9-year-old girl and a 7-year-old boy) from Beijing who did the month in her in-laws’ house in a small town in Southern China recalled:

I expected my mother-in-law to take care of my baby; however, she was just a peasant woman and didn’t know how to take care of a baby... Later I took my baby back to Beijing for a physical checkup, and he was found to be deficient in zinc, iron, calcium, and everything else. The doctor scolded me for not doing my job as a mother. I felt very wronged.

Another expected source of instrumental support was hired baby nurses. Several participants (n = 9, 23.6%) reported hiring a baby nurse during the first month after childbirth. They
expected these baby nurses to fulfill their responsibilities as stipulated in the contract, usually including: feeding and bathing the baby, massaging the baby, washing baby clothes, and preparing special meals for the new mother. However, new mothers did not fully trust their baby nurses and expected them to work under the close supervision of family members.

Husbands were often believed to be unable or unfit to provide instrumental support. One participant (#36, 35-year-old working mother of a 6-year-old boy) said, “I tell you that you must have your own mother by your side... How can your husband help with taking care of a newborn?” Another woman (#35, 34-year-old working mother of a 3-year-old boy) commented:

A mother instinctively knows how to take care of a baby because she gives birth to it. That is not the case with the father. He is clueless. Besides, he has to work, and it is hard for him to juggle doing his job and taking care of the baby.

**Emotional Support**

Participants almost uniformly expected their husbands to provide emotional support. They wanted to be understood, loved, and accompanied. For example, one participant (#30, 31-year-old working mother of a 7-year-old girl) said this:

The most important thing a husband can do is to understand what his wife has to go through in carrying and giving birth to a baby. He should spend less time hanging out with friends and more time with his wife at home.

The presence or absence of such emotional support from husbands was an important predictor of new mothers’ postpartum experiences. Adequate emotional support from the husband helped our participants cope with the drastic changes in life and fend off the stress associated with the postpartum period. On the contrary, husbands’ failure to provide expected emotional support often resulted in the worsening of new mothers’ moods. For instance, when asked whom she would talk to when she was unhappy while doing the month, one woman (#31, 31-year-old working mother of a 2-year-old boy) said, “My mother and my husband, but my husband did not know how to comfort me. Most of the time he didn’t say anything and just listened to me complaining. He made me even more upset.”

Participants also mentioned that when their husbands failed to meet their need for emotional support, they would seek support from other people such as their mother or their girl-friends. However, seeking emotional support from these sources can be tricky, which will be discussed in a later part of the results.

**Informational Support**

Physicians, friends, and online sources were the primary expected sources of informational support. Most participants were satisfied with the information about pregnancy and newborn care they acquired from these sources. For instance, one participant (#2, 30-year-old working mother of a 6-month-old boy) discussed how she was able to successfully breastfeed her baby because of the informational support she received from a variety of sources:

Before giving birth, I read a lot of materials, some from the Internet and some from books. When I was in the hospital, doctors and nurses repeatedly emphasized that I should not give my baby a bottle right away... I have some friends who are mothers. They all told me the more I let my baby nurse, the more milk I will produce. All these affirmed my determination to breastfeed my child.

Mothers and mothers-in-law represented another accessible source of informational support. They could not only give information about childcare but also provide face-to-face guidance. For example, in recounting the first few days after the birth of her child, one woman (#12, 25-year-old working mother of a 7-year-old girl) said the following:

I didn’t know how to take care of a baby at all. My mother-in-law taught me everything. She showed me how to hold the baby, how to feed her, and how to burp her.

However, many participants rejected the informational support from their mothers or mothers-in-law, believing that their experiences were outdated. Some even resented the unwanted advice from their in-laws. One woman (#29, 30-year-old stay-at-home mother of a 2-year-old boy) reported arguing with her mother and mother-in-law: She wanted to take a shower, but was forbidden to do so for a whole month after giving birth by her mother and mother-in-law, who were trying to strictly follow the tradition of doing the month.

**Conflicts Among Family Members**

In addition to the discrepancies between the expected support and the actual support received, conflicts among family members (i.e., conflicts between new mothers and their support providers and conflicts among support providers) represented another major source of stress. Because taking care of a baby is considered the responsibility of the extended family in China, new mothers, their mothers, and mothers-in-law often had conflicts over how to take care of the baby. One major source of such tension was breastfeeding. Participants felt that their mothers-in-law either gave them too much pressure to breastfeed or were not supportive of their efforts at breastfeeding at all. One woman (#29, 30-year-old stay-at-home mother of a 2-year-old boy) said:

My baby was not able to latch on properly, and I was very anxious. Every time I breastfed my baby, my mother-in-law stood next to us and stared. I felt enormous pressure. She kept saying that my baby was not getting enough milk and wanted to feed him formula. I cried inconsolably many times because of the pressure of breastfeeding and because of my relationship with my mother-in-law.

Sometimes, new mothers were caught in the conflicts among their support providers and felt obliged to deal with them, which exacerbated their anxiety and stress. Members of the extended family often lived under the same roof during the postpartum period and often had different opinions about how to take care of the baby and how to divide their responsibilities. One participant (#28, 32-year-old working mother of a 2-year-old girl) said, “I was an emotional wreck. My mother believed it was my in-laws’ responsibility to take care of me, but my in-laws thought my mother was too demanding. Both sides would constantly come to complain to me. To make it worse, the baby..."
nurse passed on their complaints to each other for her own personal gain.” She went on to say that her mood only improved after both her mother and mother-in-law left.

Sometimes, family members fought over the proper manners dictated by traditional Chinese family dynamics. For instance, one participant (#37, 36-year-old working mother of a 3-year-old girl) commented that her father who came to stay with her to help with the baby was furious because the son-in-law did not greet him properly when he came home at night. She said, “When they had conflicts, he would nag at me, making me even more depressed. I felt I couldn’t breathe.”

**Obstacles Preventing New Mothers from Seeking Social Support**

Although most participants reported experiencing discrepancies between expected and available social support in the postpartum period, surprisingly, they would not always ask for support. Three obstacles prevented new mothers from actively seeking the social support they needed: traditional gender roles, emphasis on a harmonious family relationship, and new mothers’ depressive mood.

Oftentimes participants would not ask for social support, especially instrumental support, from their husbands because of traditional gender roles. One woman (#25, 24-year-old working mother of a 1-year-old boy) said:

My husband had never done any housework. Before we had the baby, he’d have dinner by picking up chopsticks prepared for him on the table, and only eat fruit already peeled for him. He had always been like that. I wouldn’t complain. I had just chosen a husband who did not do any housework!

Some participants also reported asking for support from their husbands without getting it. One woman (#7, 31-year-old working mother of a 2-year-old girl) reported, “My daughter was screaming, but [my husband] was still playing with his cell phone. Later, he explained he was looking at the time, but I knew he was playing games.” When asked if she had talked to her husband to ask for more help, she said, “Yes, I talked to him many times, even before our baby was born. He thought that every woman would go through this [having a baby], and I was asking for too much. This made me really mad.”

Furthermore, women living with their in-laws avoided voicing their discontent or seeking support to preserve harmony. Some participants believed they should not have to ask social support from their in-laws. Others avoided asking for support from their in-laws because they did not want to be seen as too demanding. One woman (#24, 29-year-old stay-at-home mother of a 2-year-old boy) suspected she had PPD and explained, “At that time, I was living with my in-laws. As long as I was not physically ill, nobody would care how I felt. [If I asked for emotional support,] my mother-in-law would think I was complaining. I was afraid it was going to make things worse.”

Interestingly, some participants reported not seeking social support from other sources in order not to hurt the feelings of their mothers-in-law because traditional cultural expectation dictated that taking care of the baby was the responsibility of the paternal grandmother. For instance, one participant (#5, 33-year-old working mother of a 4-year-old child) said, “I didn’t hire a newborn nurse because of the extra cost and also because I was afraid that my mother-in-law would feel excluded.”

Many participants felt that they were unable to ask their own parents or siblings for help because it would make them worried. For instance, one woman (#15, 26-year-old mother of a 1-year-old boy) mentioned, “I could not talk to my mother, because I didn’t want her to worry about me. I couldn’t talk to my sister either, because I knew she would pass it on to my mother.”

Participants also felt uncomfortable in seeking support, especially emotional support, outside of their families. For example, participant #5 (34-year-old mother of a 3-year-old girl) said the following:

I have a college girlfriend who lives in another city. She had her child before I did so she had experienced this and could understand me. I complained only to her. Other than that, I couldn’t possibly imagine talking to others about the troubles within my family.

Finally, being in a depressive mood further prevented these new mothers from seeking additional social support, which then worsened their emotional state. Several participants reported this vicious circle. For instance, one woman (#37) said this:

I didn’t want to talk to others. I didn’t want to listen. I couldn’t even stand people coming into my room to talk to me. I didn’t want to communicate at all. So conflicts piled up and things became worse.

**Discussion**

Social support contributes to the prevention and treatment of PPD (Howell et al., 2006). For new mothers, a supportive environment needs to be created, negotiated, and adapted. Culture is an important factor in this process as the behavior of soliciting and receiving social support is heavily dependent on the pattern of social relationships that are expected and practiced in a particular social and cultural context (Taylor et al., 2004). Overall, new mothers want instrumental supports from their own mothers and mothers-in-law; informational support from their friends, physicians, and the Internet; and emotional support from their husbands. This is similar to the findings of Darvill and colleagues (2008). Anger and stress occur when such expectations are not met. Furthermore, traditional gender roles, an emphasis on harmonious family relationships, and new mothers’ depressive mood often prevent them from asking for the support they need. Chinese culture is intricately related to each of these themes.

To start, culture affects how different generations of Chinese define family. Traditional Chinese families are extended families where three or even four generations live together. Consequently, having a child is not only the choice of a couple but also their duty to their own parents, and raising a child, likewise, is the responsibility of the grandparents as much as that of the parents. In the past, wisdom about pregnancy and childcare has been passed down from one generation of women to the next within the extended family. Grandmothers have been extensively involved in raising their grandchildren. As a result, many new mothers take it for granted that their mothers or in-laws will
provide whatever social support is needed and become sorely disappointed when it does not happen. However, our findings also suggest changes in traditional family dynamics. Young women often feel trapped in the conflicts between tradition and modernity in trying to create a boundary between their nuclear family and the extended family (Gao, Chan, You, & Li, 2010). For instance, many participants secretly discredit or openly reject the informational support offered by their mothers or mothers-in-law and opt to get such support from physicians, books, online resources, and peers. This is especially true with new mothers who are more educated. New mothers hardly expect emotional support from their mothers-in-law either. Instead, most of our participants prefer to receive only instrumental support from their mothers and mothers-in-law, and in doing so, relegate the role of their mothers and mothers-in-law to that of a baby nurse. This is consistent with the finding of Ma, Shi, Li, Wang, and Tang (2011) that in Chinese cities, family structure is becoming less hierarchical.

Furthermore, culture influences how different family members (mother, father, and grandparents) understand their own roles and responsibilities. China’s traditional gender roles dictate that women are responsible for household chores while men are responsible for working outside the home (Chen & He, 2005). Hence, childcare is considered the job of women: mothers, grandmothers, and even aunts. Although such a division of labor has been challenged in recent decades, traditional gender roles still persist in most Chinese families today (Zuo & Bian, 2001). As a result, it is only natural for Chinese women to expect instrumental support from their mothers or mothers-in-law. This also explains why our participants often do not expect their husbands to shoulder any concrete responsibilities in childcare and repeatedly forgive their failure in providing instrumental support when it is really needed, even when lack of such support makes them depressed (Chan, Levy, Chung, & Lee, 2002).

Finally, culture affects how family members in China communicate with each other regarding social support. Different from western cultures in which individuals are prioritized, Chinese culture prioritizes group goals over individual needs. Consequently, Chinese people are less likely to enlist the social support they need to avoid disrupting family harmony (Taylor et al., 2004). In our study, many new mothers felt they were not adequately supported, could not handle the conflicts among family members, and were stressed out by pressures from their in-laws, but they often preferred to choose silence just to maintain peace in their own nuclear family and their extended family.

Practically, this study identifies several stressors that might contribute to depressive modes and even PPD, including: too little instrumental support and too much informational support from mothers or mothers-in-law, inadequate emotional support from husbands, and conflicts among family members. It also points out the importance of teaching new mothers skills in asking for social support and in dealing with interpersonal conflicts in the family.

Future research could take a number of directions. First, our study finds that culturally based social relationships influence the relationship between social support and PPD. Future studies should examine social support not only as the interaction within a dyad, but also as embedded in more complicated dynamic relationships among family members and other social network ties. Theories of social networks could inform such endeavors (Wright & Miller, 2010). Practically, one limitation of this study is the use of a convenience sample. Our participants are highly educated, most of them live in more developed cities on the east coast of China, and all of them are married. Future research should study less privileged women in China: women living in rural areas, migrant workers, single mothers, or women of lower socioeconomic status, as social support might play different roles in their postpartum experiences. Critical theories such as muted group theory (Kramarac, 1981) and co-cultural theory (Orbe, 1998) can be used to add the dimensions of gender and class to the study of social support.

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