Social Support of Chinese Immigrant Women During Pregnancy

By

Sonia Lisa Soo Hoo

A.B. (University of California) 1982

THESIS

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF SCIENCE

in

Health and Medical Sciences

in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA, BERKELEY

Approved: 

Chairman 

Date 

May 11, 1982

Sonia Lisa Soo Hoo

(Handwritten Signature)
To my parents, Moo Thick and Nancy Kumasaki Soo Hoo, and to
the Asian-American women of San Francisco
Acknowledgements

I am grateful to the many people who gave freely of their time and expertise with this study. My thesis committee, Lonnie Snowden, Emilie Osborn, and S. Leonard Syme provided untold ideas, advice, and encouragement. Mary Wong, Health Center 4's District Health Officer kindly allowed access to the study site. The prenatal clinic staff, especially Mei Lin Lee and Shou Jen, provided invaluable insight into the Chinese immigrant community. Ruby Tam translated and interviewed with utmost skill and sensitivity. Finally, Tom Clancy provided able and patient assistance with the data analysis.
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Statement</td>
<td>1</td>
</tr>
<tr>
<td>Literature Review</td>
<td>3</td>
</tr>
<tr>
<td>Objective</td>
<td>8</td>
</tr>
<tr>
<td>Hypothesis</td>
<td>9</td>
</tr>
<tr>
<td>Method</td>
<td>9</td>
</tr>
<tr>
<td>Results</td>
<td>17</td>
</tr>
<tr>
<td>Discussion</td>
<td>27</td>
</tr>
<tr>
<td>Bibliography</td>
<td>41</td>
</tr>
<tr>
<td>Appendix</td>
<td>44</td>
</tr>
</tbody>
</table>
PROBLEM STATEMENT

Social support has been defined as the things people do for each other that make them feel cared for (1). It can include tangible help such as lending money, emotional help such as simply listening to someone's problems, or informational help such as suggesting where one can seek health care.

A myriad of studies have shown some relation between social support and health. Some of these studies have shown that social support also helps a woman during pregnancy. It can make her feel better about herself or "ameliorate emotional disequilibrium" (2). Nuckolls showed that it can buffer the effect of adverse life events. (3). Finally, Sosa showed that simply having a companion can shorten labor time and reduce complications.

Most studies have focussed on middle class Caucasian women. This is a study of the social support networks that Chinese-American women use when they become pregnant. Social support is especially important in the Asian-American community because it is a community of immigrants. Immigrants by definition, have lost the social structure of their homelands. New networks have formed for the purposes of migration yet they may not encompass the full spectrum of the previous social ties.

Asians, Infant Mortality, and Pregnancy

Asians, in the U.S., tend to have a low infant mortality rate. Their rates tend to be lower than other ethnic minorities' and nearly as low as Caucasians. These
lower rates may be due to health promoting cultural habits that discourage drinking, smoking, and recreational drug use. Other cultural habits may not be as health promoting. For example, the widespread use of nonprescription herbal medicines can create a clinical problem during pregnancy. Ling showed that nearly half of the women at a San Francisco perinatal clinic took herbal medicines. About half subscribed to traditional dietary habits (5). This would suggest that when the network is intact, valuable information can be transferred; the function of this information may be more or less helpful to the woman and her health.

Yet to suggest that all Asian women have a strong network supplying accurate advice is somewhat naive. Lydia Hsu, a prenatal health educator at North East Medical Services feels that for some women, information about pregnancy is unavailable. These women lack an aunt, grandmother, or other experienced person to advise them. They also lack written information. Emphasis on birth control has led to a dearth of resources about pregnancy in Taiwan, Hongkong, and China.

Further, it has been observed that Chinese women are often ill-informed about Western obstetrical practice. Women in China are strongly encouraged to have only one pregnancy so they present to the hospital at the first sign of labor. There, they receive one-to-one monitoring by a nurse who constantly listens to the fetal heartbeat with her fetoscope. This situation differs markedly from that
occurring at many hospitals in the U.S., particularly urban public ones which lack the nursing staff required for one-to-one monitoring and instead use more technological methods.

**LITERATURE REVIEW**

**Kin Support: The Role of the Family**

"For Chinese people, the importance of the family, the institution which has patterned the entire social matrix, can hardly be overestimated. It is the bastion of their personal and economic security; it provides the frame of reference for personal and social organization; it controls all the behavioral and human relationships of its members through a clearly hierarchical structure and sanctioned code of conduct; it transmits moral, religious, and social values from generation to generation through role modeling, coercion, and discipline. It offers a haven for safety, rest, and recreation; it maintains the altar for ancestor and religious worship" (6).

Lin and Lin, of course, are writing about the Chinese in China. We may expect a lesser role for the family in Chinese who immigrate because they are separated from their families and the influence of their ancestral villages.

Yet the influence of family seems to persist. Chinese immigrants often live with several of their extended kin providing ample opportunity for support. Ling, in her study of diet during pregnancy, mentioned that the grandmother or mother does the grocery shopping while the woman works. In this manner, cultural beliefs about diet during pregnancy were communicated.(5) Yet along with support from the family go tremendous responsibility. Yee has described the themes of "family values, family
education, family spirit and family needs of cooperation and communication" expressed by her Chinese subjects.

The most frequent explanation given for family problems was the lack of "family education" or "jiatingjiaoyu". This refers to the knowledge that parents teach their children about proper personal and social behavior. Yee suggested, "aside from providing moral and social rules of conduct, it serves as a means of preserving the unity of the family. Implied within this concept is that the individual family members have a responsibility for maintaining the family. Mothers in particular have important roles in providing the necessary "closeness" and "family warmth" which keep a family together. Family responsibility is understood to be for the good of the family (8).

Social support from kin then can be a burden as well as an asset. We may have the concern and advice from our elders but may be forced into following the advice for the sake of family harmony.

Non-Kin Support: The Role of Friends and Others

Lin studied non-kin support in Chinese-Americans in Washington D.C.. He found that psychiatric symptoms were negatively related to feelings about the person's relationship to friends, neighbors, and Chinese associations, and to neighborhood, community, and workplace. (9)

Cabezás studied a large sample of ethnic minorities and Caucasians allowing a rare cross ethnic comparison of
social support networks. He had a subsample of both American-born Chinese and foreign-born Chinese. The Chinese-born sample was above the norm for help with home chores but below the norm for intimacy (which was sharing special times) and cash support. They were also well below the norm for socializing, hobbies, emotional, and judgement support. However, American-born Chinese were above the norm for these variables. Thus it seems that Chinese immigrants have little time for leisure activity with friends but can acquire this support as they become more acculturated (and perhaps wealthier).

Cabezas conjectured that help with home chores is routinely provided by spouses and parents, sharing good times with non-family members is not expected, cash support does not exist, and judgement support is provided by spouses. All that remains to vary is emotional support. 

(10)

Certainly a factor for asking non-kin for help is the tremendous burden these women are already carrying. They do all the housework, some carry extra jobs as well as provide emotional support for the family. This allows little time to do favors for others. Their limited financial resources also restrict activities with friends to grocery shopping or perhaps sewing. In addition, opportunities to meet new people are limited. Hsu mentioned that the women meet others at Chinese language class, at prenatal class, through their children's friends, and in chance encounters "on the street". Fischer's
contention is that those who are "young, unmarried, educated, and affluent" have more friends and more resources to acquire friends and this appears to hold true for the Chinese. (11)

**Social Support and Pregnancy**

Social support is generally important, and particularly important during pregnancy. Several studies have shown the relation of social support and pregnancy outcome. The following is a brief summary of selected research in this area.

Nuckolls studied wives of military men and she showed a relation between life change and psychosocial assets. These two factors jointly predicted pregnancy complications (but did not predict separately). Psychosocial assets were measured with the TAPPS questionnaire which measures the "subject's feelings or perceptions concerning herself, her pregnancy, and her overall life situation including her extended family and the community." (3) Nuckolls then, failed to show a direct effect of these psychosocial variables but suggested that they ameliorate the negative effect of life change. It must be mentioned that psychosocial variables were aggregated as one descriptor called social support. Later, more sophisticated studies separated out the components of social support and measured them separately.

Norbeck and Tilden studied a more easily generalized population. Their subjects were women who delivered at a
University hospital's obstetrical ward. They separated out the components of support and thus were able to show which components predict pregnancy outcome. They showed that emotional support affected how a woman felt during her pregnancy (emotional disequilibrium). Emotional disequilibrium in turn affected the health of the infant. Tangible support, in contrast, ameliorated the negative effect of life stress. Life stress, in turn, affected overall and gestational complications.(2)

Sosa's study was perhaps the most direct. He showed that having companionship during labor and delivery shortened the labor and reduced the likelihood of obstetrical problems. His study is one of the few that examined social support in relation to pregnancy on a cross-cultural sample - he studied 136 women delivering at a Guatemalan hospital. In this connection, he offered the caveat that the effect of a labor companion may have been heightened in a crowded hospital without prenatal classes, because the unfamiliar surroundings may have added to the mothers' anxiety. (4) We may expect similar anxiety in Chinese women delivering at large metropolitan hospitals because of the unfamiliar surround. The effect of the nurse monitoring the fetal heartbeat may be similar to the support provided by a labor companion.

Smilkstein's study showed the contribution of family malfunction in predicting pregnancy outcome. He studied 93 women in an agricultural-university community in Washington. Biomedical risk as assessed through hospital
records and health histories did not predict complication. Psychosocial risk related to both delivery and postpartum complications. Further, family function was the best psychosocial predictor. There are several limitations to this study, that must be kept in mind. Many of the women were Caucasian, and university students. They may not have had much variation in psychosocial risk because they were highly educated and non urban. Smilkstein's study was a pilot study and so the sample size was small. The alpha level was generous (.15) so some of the conclusions require confirmation on a larger sample. (12)

THE OBJECTIVE

Previous studies indicate that good social ties may improve health during pregnancy, yet we know little about what sources Chinese women call upon when they become pregnant. This study had two objectives. The first was to define the social support network for this specific population by describing: 1) the number of people involved, 2) the support functions rendered, 3) the frequency with which support is obtained, 4) the degree to which support is reciprocated, and 5) the satisfaction with the support received. The intent of the study was to examine who the subjects relied upon for general functions such as emotional support, personal problem-solving, economic help, and help with home chores. The network which supported the subjects in confronting the current situation of pregnancy was also to be examined.
The second objective was to explore the predictors of social support by defining a measure of social support and finding correlation coefficients to several independent variables such as work status, time spent in the U.S., and number of children. In this manner, we begin to understand the determinants of social support for Chinese immigrant women.

THE HYPOTHESIS

Because this is a pilot study of a descriptive nature, no attempt is made to test hypotheses. Little research has been done about this specific population, thus any hypotheses would be simply conjectures. From a descriptive standpoint however, certain characteristics are expected. Based on Cabezas work, we may expect a small, dense, family membered network which is high on tangible support and low on emotional support. It also seems plausible that certain dimensions of the rest of the social milieu would impact on social support, such as family size, number of children, working status, and years in which the subject has lived in the U.S.

THE METHOD

Sample

A non probability sample of women in their second and third trimester was obtained through the prenatal clinic at San Francisco Public Health Department's Health Center 4. Of the 89 women approached 82 women or 92% agreed to participate.
Study Site

Health Center 4 is located over the Broadway tunnel in San Francisco's Chinatown. Its perinatal services began seven years ago. The goals of the clinic are to provide good and comprehensive health care that is affordable, accessible, and comprehensible. Much of the prenatal clinic staff is bilingual and interpreters are available in Mandarin, Cantonese, other Chinese dialects, and Laotian. Most of the workers are from the Chinatown community. Public health nutritionists provide nutrition counselling during the prenatal clinic. Women can also obtain well baby health care and family planning services at the health center. The clinic has about 25 deliveries per month and 250 deliveries per year. The babies are delivered at San Francisco General Hospital by physicians. The cost to the woman is approximately $700 which includes prenatal care and delivery. This popular clinic does no advertising, word of mouth being sufficient.

A rough outline of the clinic's population was obtained through data collected by the health center and supplemented in conversations with the health center's District Health Officer and the prenatal clinic's head nurse. Women using the prenatal clinic are mostly Cantonese speaking and foreign born. Few are fluent in English. They are almost all literate. Out of a sample of 149 patients, 67% had beyond a high school education. Only 3 had no schooling. Most of the women are married and in their mid to late 20's. Although they have low incomes,
they do not tend to receive Aid to Families with Dependent Children. These women tend to live with their husbands in high density apartments and rooming houses. Their low income and housing situation make them at risk for pregnancy complications, yet other personal habits such as not drinking and smoking may counterbalance the adverse effects. The women who attended the prenatal clinic at Health Center 4 were not at high medical risk for pregnancy and delivery complication. Women with medical conditions that place them at high risk for complications are referred to San Francisco General Hospital for their prenatal care. This amounted to 63 patients during one 3 quarter period.

The Subjects

A detailed description of the subjects is included here because the thesis of the study was that Chinese women might have different support systems than subjects of previous studies. We must understand the circumstances of the population in order to understand their support network and to extrapolate to other populations.

All the subjects were foreign-born. Sixty-eight women (82.9%) were born in China. Seven women (8.5%) were born in Hongkong. The remaining few percent were born in Taiwan, Vietnam, Burma, and Indonesia. Twenty women (24.4%) had lived in the U.S. for a year or less. Seventy percent (62 women) had lived in the U.S. for at least three years.

Most of the women (71%) continued to live in
Chinatown. Other residences included the Richmond District (7.3%) and the Sunset District (11.0%). The mean age in the sample was 29.3 years. The youngest was 19 and the oldest 38. 93.8% of the sample was 35 or younger. Most of the women (67.1%) were unemployed. Of those who were employed, most were seamstresses (59.3%). Other jobs included clerk, craftsperson, and janitress. A majority (87.3%) have at least 6 years education. 18.3% have at least 12 years.

All the women in the study were married. Over half (58.5%) had been married 3 years or less. Nearly all (98.8%) of the husbands were Chinese and nearly all (95.1%) lived with their wives. Over eighty percent of the husbands were employed. The mean monthly family income was $815.20 with a standard deviation of $273.55. The highest monthly income was $1800.

Instrument

The instrument used to collect data on network structure was adapted from Cabezas' oral interview schedule because Cabezas had been tested and used on a Chinese population in the San Francisco Bay Area. Because Cabezas' questions did not pertain to the situation of pregnancy his questions were adapted to focus specifically on this time period. Other questions were adapted from Osborn's questionnaire that pertained specifically to pregnancy such as who provided pregnancy advice, and who were the first people told about the pregnancy. These questions have been tested and used on pregnant Latinas delivering at San
Francisco General Hospital. Finally, new questions were added in regard to Chinese pregnant women. An example is the question regarding a "red egg and ginger party". In Chinese culture, the mother-in-law can hold such a party at the infant's one month birthday. This celebration is a show of support for the woman and her family. Friends and family are invited, the child has his/her first haircut, and red eggs and ginger representing fertility, good luck, and longevity are served to the guests (among other dishes). Because it only occurs in Chinese culture, it is one indicator of support that is peculiar to this culture, yet may be more sensitive than questions such as who will drive you to the hospital, and from whom might you borrow a crib.

Cabezas' format asked the interviewee to give the first names of the people who perform various supportive functions. First, a four to five line description of 1)tangible support, 2)emotional support, 3)socializing or leisure time support, and 4) informational support was given. After each description, the interviewee was to give names in order to generate a list of the support network members. Then the interviewee was asked to describe the relationship of each of the people he or she had named. The reciprocity of social support was elicited for each network member. Cabezas' interviews were prearranged by telephone, took one hour, and occurred in the interviewee's home.

For this study, Cabezas' interview format was adapted
to a questionnaire format. A self administered instrument allowed a large group of women to be questioned at once. Thus we were able to survey almost all the women in a given prenatal clinic. This method, however, is only possible in a literate population. Fortunately, almost all women eligible to participate could read Chinese.

The Translation

The questionnaire was originally written in English by the investigator, a Chinese-American native English speaker. It was rewritten in Chinese by the interpreter/interviewer. The interviewer was a young Hongkong born Chinese-American woman. She had graduated from high school in San Francisco and had attended Chinese language school for eight years. Her parents ran a beauty shop on the corner next to the clinic so she was very familiar with the Chinatown community. She had volunteered at the prenatal clinic previously and intended to attend nursing school in the fall. She had good rapport with the patients, was well liked by the staff, and was familiar with the clinic routine. Her voluntary position allowed her some autonomy from the clinic. Her knowledge of the Chinatown community and personal experience of immigrating made her an invaluable interviewer. The Chinese translation was then reread to the investigator in English to check the translation.

An initial questionnaire was pretested on a sample of 10 women. It was discovered that women were reluctant to list names in response to the network questions.
Furthermore, some of the hypothetical situations were too convoluted and Western in orientation to be comprehended by the population being studied.

A Public Health Nurse at the clinic helped revise the questionnaire. On the basis of her extensive experience in interviewing these women about their psychosocial situations, she felt that the questionnaire was written for a more middle-class Caucasian respondent. The procedure of listing the names was changed to checking off relationships. The hypothetical descriptions were clarified to more concrete concepts and the language was simplified. On second testing, the revised questionnaire elicited almost all questions completed and this was the final version used. (See Appendix)

The revision, retranslation, and testing of the instrument allowed the interpreter to become more familiar with the concepts in the questionnaire. After discussing with the investigator the meaning of each question, the Public Health Nurse provided specific examples of how she would phrase the question in Chinese. The interpreter was an active participant in these discussions and thus we standardized the oral clarifications that would be provided for the questions. The issues at task were not only translating meaning but phrasing it in a non-threatening, friendly manner such that the woman was likely to respond. Confidentiality was also a concern. Pilot subjects were afraid to list all their relations and friends because they feared that the immigration officials would use this
information against them. Initials only could not be used because the Chinese written language is ideographic. First names only was unworkable because last names are often first; thus family members would all have the same name. This reworking of the questionnaire greatly improved the clarity and cultural sensitivity of the questionnaire and made data resulting from it more meaningful.

The Procedure

Women who attended prenatal clinic at Health Center 4 were invited to participate in the study. Its purpose and optional nature were described orally as women were "checked in" by the health worker. The women were then given the questionnaire which included an informed consent form as a cover sheet. If they chose to participate they would complete the questionnaire, if not, they would return it blank. After the questionnaire was completed, the interviewer would review it with the woman, clarifying any of the questions and attempting to obtain any missing data. The investigator observed all interviews and would review the questionnaire after the additional information had been obtained.

Eighty-two women were interviewed using the revised instrument. The data was entered into the IBM CMS system at U.C. Berkeley by the investigator. Analysis was done using the SPSSX system.
RESULTS

The first objective of this study was to simply describe the social support network. Social support will be described from a network perspective first; e.g. the composition of the woman's household, her support form relatives and neighbors, and whether she belonged to outside organizations. Then social support will be described from a functional perspective - who provides general support such as help with cooking and shopping, help in sharing happy times, help with personal problems, economic help, and help at anytime. Support for the special situation of pregnancy will also be examined such as the first people told about the pregnancy, who gave advice, who will provide care post partum, and who, if anyone, will plan a traditional party for the child. Next will be examined the subjects assessment about the time she spent with her husband, relatives, and friends.

The second objective was to describe predictors of social support. Various predictors of social support will be tested for their correlation to the social support functions using the Pearson correlation coefficient. The predictors tested will be amount of time spent in the U.S., employment status, number of children, and length of pregnancy.

The Social Support Network

Household: An average of 3.11 people aside from the subject comprised the household (SD=1.83). About half
(57.2%) had children living at home. About half (53.7%) lived with their husband alone or with their husband and children. About one fifth (11.0%) lived with one or more of their side of the family (mother, father, brother, or sister) along with her husband and children (if she had any). 35.4% lived with one or more of their husband's side of the family (mother-in-law, father-in-law, brother-in-law, or sister-in-law).

Relatives: About one fifth of the women saw their relatives (other than those in the household) daily. There was almost an equal distribution (18.3-20.7%) between seeing the relatives weekly, monthly, less than monthly, and never. More than one third (36.4%) saw their own relations and 36.4% saw their husbands relations. Almost one quarter (24.2%) saw both sides of the family.

The woman herself was the one most likely person to arrange these visits (34.8%). The next most likely was the husband's relatives (27.3%). The husband and the woman's own relatives were less likely to arrange visits.

Neighbors: Only 29.3% of the women had neighbors whom they can call on for help. Of those with helping neighbors, most had only one (70.8%).

Organizational Activities: Fourteen women (17.1%) attended adult English language school. Only one woman attended church. And only one woman attended any other group activity such as the YWCA or family association meetings.
Social Support Functions

The support variables measured were help with cooking and shopping, sharing happy times, help with problems, economic help, and help at anytime. Each function varied in the number of women who reported having help and in the people who provided the help, thus each category is described separately. (See Tables 1 and 2)

Cooking and Shopping: Less than half (46.3%) of women had help cooking and shopping from at least one person. Most often, the person helping was the husband (24.4% had husbands who help shop, 19.5% had husbands who help cook). About one fifth (19.5%) had mothers-in-laws who helped cook and shop. Mothers and sisters also helped with these tasks. Under half (46.3%) had help at least weekly. In most cases, only one person helped (81.1%).

Sharing Happy Times: All 82 women had someone with whom they shared happy times. About half (53.7%) had only one person (usually the husband). About 40% had between 2 and 5 people for this function. Husband (97.6%), mother (29.3), and sister (18.3%) were most often cited as the person in whom they confided.

Help With Personal Problems: All but one of the women had at least one person who helped them with their problems. Over half (61%) had help from only one person. The person most often consulted was the husband (92.7%). The mother was the next most popular choice (23.2%). Sisters,
### TABLE 1

**SOURCES OF SOCIAL SUPPORT**

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>Help cooking</th>
<th>Help shopping</th>
<th>Share happy times</th>
<th>Help with problems</th>
<th>Economic help</th>
<th>Always help</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Help</td>
<td>44 (53.7)</td>
<td>45 (54.9)</td>
<td>0</td>
<td>1 (1.2)</td>
<td>16 (19.5)</td>
<td>5 (6.1)</td>
</tr>
<tr>
<td>Husband</td>
<td>20 (24.4)</td>
<td>16 (19.5)</td>
<td>80 (97.6)</td>
<td>76 (92.7)</td>
<td>N/A</td>
<td>45 (54.9)</td>
</tr>
<tr>
<td>Father</td>
<td>0 (12.2)</td>
<td>0 (6.1)</td>
<td>10 (19.5)</td>
<td>5 (19.5)</td>
<td>16 (18.3)</td>
<td>15 (18.6)</td>
</tr>
<tr>
<td>Mother</td>
<td>9 (11.0)</td>
<td>6 (7.3)</td>
<td>24 (29.3)</td>
<td>19 (23.2)</td>
<td>23 (28.0)</td>
<td>23 (28.0)</td>
</tr>
<tr>
<td>Brother</td>
<td>0 (8.5)</td>
<td>0 (8.5)</td>
<td>7 (13.4)</td>
<td>7 (13.4)</td>
<td>11 (13.4)</td>
<td>11 (13.4)</td>
</tr>
<tr>
<td>Sister</td>
<td>0 (18.3)</td>
<td>0 (13.4)</td>
<td>15 (15.9)</td>
<td>11 (15.9)</td>
<td>13 (15.9)</td>
<td>13 (15.9)</td>
</tr>
<tr>
<td>Father-in-law</td>
<td>0 (7.3)</td>
<td>0 (6.7)</td>
<td>6 (9.8)</td>
<td>5 (9.8)</td>
<td>8 (7.3)</td>
<td>6 (7.3)</td>
</tr>
<tr>
<td>Mother-in-law</td>
<td>16 (19.5)</td>
<td>17 (20.7)</td>
<td>8 (9.8)</td>
<td>7 (8.5)</td>
<td>12 (14.6)</td>
<td>12 (14.6)</td>
</tr>
<tr>
<td>Brother-in-law</td>
<td>0 (7.3)</td>
<td>0 (15.9)</td>
<td>0 (7.3)</td>
<td>0 (7.3)</td>
<td>6 (8.5)</td>
<td>13 (8.5)</td>
</tr>
<tr>
<td>Sister-in-law</td>
<td>5 (6.1)</td>
<td>0 (11.0)</td>
<td>9 (7.3)</td>
<td>0 (7.3)</td>
<td>6 (8.5)</td>
<td>7 (8.5)</td>
</tr>
<tr>
<td>Friend</td>
<td>0 (3.7)</td>
<td>0 (3.7)</td>
<td>3 (8.5)</td>
<td>3 (8.5)</td>
<td>7 (7.3)</td>
<td>6 (7.3)</td>
</tr>
<tr>
<td>Other</td>
<td>0 (3.7)</td>
<td>0 (3.7)</td>
<td>3 (8.5)</td>
<td>0 (7.3)</td>
<td>0 (8.5)</td>
<td>5 (8.5)</td>
</tr>
</tbody>
</table>
### TABLE 2
**Sources of Pregnancy Related Social Support**

<table>
<thead>
<tr>
<th>Sources of Support</th>
<th>Told About Pregnancy</th>
<th>Advice During Pregnancy</th>
<th>Care after Delivery</th>
<th>Will Plan Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Person</td>
<td>0</td>
<td>23</td>
<td>49</td>
<td>(28.0)</td>
</tr>
<tr>
<td>Husband</td>
<td>81</td>
<td>24</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Father</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mother</td>
<td>16</td>
<td>18</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Brother</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sister</td>
<td>10</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Father-in-law</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mother-in-law</td>
<td>11</td>
<td>0</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Sister-in-law</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>29</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
brothers, mothers-in-law, and friends were also consulted.

Economic help: About one fifth (19.5%) had no one aside from their husbands on whom they could rely for economic help. Over one quarter (28%) could ask their mothers for money. About one fifth (19.5%) could ask their fathers, their sisters and mothers-in-laws. Brothers were asked 13.4% of the time. Less than 10% could go to their fathers-in-law, brothers-in-law, sisters-in-law, and friends.

Help at any time: Under ten percent (6.1%) had no one they could rely on at anytime for help. Over half (54.9%) felt they could alway rely on their husbands. Each relation were mentioned by at least 10% of the women except sisters-in-law and fathers-in-law.

Support During Pregnancy:

First people told when the woman found out she was pregnant included husbands (98.9%), mothers (19.5%), fathers (15.9%), fathers-in-law (15.9%) and mothers-in-law (13.4%).

Advice During Pregnancy: Over one quarter (28%) had no one to advise them during pregnancy. Under one third (29.3%) had husbands offering advice. About one fifth (22%) had mothers for advisors. One tenth (11.1%) relied on their sisters-in-laws and 11% on their sisters. Over one third (35.4%) relied on people outside their own and their husband's family for advice about pregnancy.

Care Postpartum: Mothers-in-laws (19.5%), husbands (17.1%), and mothers (11%) intended to care for the woman
Satisfaction With Support System

Most women (63.4%) felt that they spent too little time with their husbands. Women were evenly divided in their assessment of the amount of time spent with both their own and their husband's relatives with a third saying too much time was spent, a third saying about the right amount of time was spent, and a third saying too much time was spent. Fewer women felt that they had too little time with friends and neighbors.

Bivariate Analysis or Interaction of the Variables

For this analysis, the number of people providing that dimension of support was used as a measure of the degree of support. This was the approach taken by Fischer (11) and Norbeck (2). House and Kahn have criticized this method because "it confounds support quantity with network size" (14). This is especially problematic in an immigrant population because the availability of a large network is limited. This study circumvents the problem in part, by separating out the different functions of social support, and each category then tells us something about the quality of the tie.

Cabezas used number of support functions provided as a measure of the degree of social support. House has argued that it is the "absence of any supportive relationship that is most deleterious to health" (14). According to House,
### Table 3
Correlations Between Independent and Dependent Variables

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Social Support Functions</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cooking</td>
<td>Shopping</td>
<td>Happy Times</td>
<td>Personal Problems</td>
<td>Financial</td>
<td>Help Anytime</td>
<td>Pregnancy Advice</td>
</tr>
<tr>
<td>Household Size</td>
<td>* 0.56</td>
<td>* 0.58</td>
<td>0.21</td>
<td>-0.18</td>
<td>0.21</td>
<td>0.18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(81)</td>
<td>(82)</td>
<td>(82)</td>
<td>(82)</td>
<td>(82)</td>
<td>(82)</td>
<td>(82)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>* -0.33</td>
<td>-0.24</td>
<td>-0.19</td>
<td></td>
<td></td>
<td>* -0.38</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(76)</td>
<td>(77)</td>
<td>(77)</td>
<td></td>
<td></td>
<td>(77)</td>
<td></td>
</tr>
<tr>
<td>Time in U.S.</td>
<td>-0.24</td>
<td>-0.24</td>
<td></td>
<td></td>
<td></td>
<td>-0.19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(81)</td>
<td>(82)</td>
<td></td>
<td></td>
<td></td>
<td>(81)</td>
<td></td>
</tr>
<tr>
<td>Employment Status</td>
<td>0.27</td>
<td>0.22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(81)</td>
<td>(82)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .05 unless indicated
* * p < .005
Sample size is in parentheses
the measure should be whether a function is fulfilled and not on how many people fulfill that function. The measure used in this study is more detailed however and will detect correlations even if they are dichotomous.

The correlations are presented in Table 3 and can be summarized as follows: The length of time that the woman had been in the U.S. and the number of children she has are negatively correlated with the help she gets with cooking and shopping. Employment status positively correlated with help with these chores. In addition, the number of people in the woman's household was correlated with help with these chores.

Financial assistance was negatively correlated with the number of people with whom the woman lived. Help sharing happy times correlated with the number of people in the woman's household. It had a negative correlation with the number of children the woman had. Pregnancy advice was negatively correlated with the number of children the woman had. The more children she had, the less people advised her about childbearing.

Reciprocity: The women were asked whom they helped cook, whom they helped financially, and whom they helped with problems. The number that they provided support for correlated in every case to the number of people who supported them in that dimension i.e. the help received cooking correlated with the number they cooked for, the number of advisers with problems correlated to the number whom they advised, the number who they could borrow from
<table>
<thead>
<tr>
<th>Numbers of People Subject Helps</th>
<th>Social Support Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cooking</td>
</tr>
<tr>
<td>Cooks for</td>
<td>* .37</td>
</tr>
<tr>
<td></td>
<td>(82)</td>
</tr>
<tr>
<td>Lends money</td>
<td>.28</td>
</tr>
<tr>
<td></td>
<td>(60)</td>
</tr>
<tr>
<td>Helps problem solve</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
correlated to the number from whom they could borrow. (See Table 4)

DISCUSSION

Perhaps the most direct benefit of the study is that a culturally sensitive instrument was developed for measuring social support in a Chinese immigrant population. The pretest proved that standardized instruments developed in a caucasian middle class population are not comprehensible nor acceptable in a cross-cultural study. Immigrants have special concerns about revealing the identity of network members. The new instrument protects the identity of members which is a problem with Chinese translation. In addition, the new instrument is phrased in a manner that is both understandable and nontthreatening to this population, i.e. it is a conceptual translation. It is also written in Chinese for use with non-English speaking people.

In addition to developing a new instrument, a technique for developing a culturally sensitive instrument was defined. This is an important process if social support research is to be extended to include ethnic minority communities. It involved working with people familiar with the population, bilingual people from the community, and pretesting on the women themselves. In a sense, this part of the research was an informal ethnography.

Finally, a method of gathering social support information from a large group of people in a limited
amount of time was tested. The interview/questionnaire technique facilitated a high number of informants and quality information.

Aside from the techniques developed in this study, this research educated the clinic staff and the subjects about social support networks. The researcher presented the study's purposes and methods to the prenatal clinic staff in the process of gaining access to the subjects. This presentation included a review of current research on the effect of social support on pregnancy. The interviewer's presence represented academic interest and emphasized to the staff the importance of social support on health. Further, the close cooperation of the staff and the researcher demonstrated that the staff's clinical experience could have impact on research. The subjects were also educated as to the importance of social support on health. The informed consent form introduced the concept, then the questions showed which social support dimensions might impact on pregnancy.

Finally, the interviewer/subject interaction was itself socially supportive. The nature of the interview was conversational in tone as it inquired as to the woman's friends, neighbors, and home life. By inquiring about who helps her in various aspects of her life, we are asserting that she deserves help. By inquiring about her opinions, we are asserting that her opinions are valuable. In the course of the study, the researcher and interviewer became familiar faces in the clinic waiting room. We were
recognized and greeted by the women we had interviewed. Thus this research may have had the Hawthorne effect in that the attention and social interaction that the subjects receive is beneficial independent of the study's treatment.

The importance of this study is that it permits us to characterize the social support network for a specific group of people - pregnant Chinese immigrant women. Their networks have several distinguishing characteristics that can be described in the following terms: Most support comes from within the family, either the immediate nuclear unit of husband and children or from the woman's family, or her husband's family. However, one caveat is that the availability of support from kin is dependent on who is allowed to immigrate. So support in an immigrant population may reflect U.S. immigration law rather than who the woman would normally rely on in her homeland. The small network may reflect the fact that these are the only people the subject knows who were allowed to immigrate. If we were to measure whom she would have relied upon in her homeland other relationships would possibly emerge.

Cheung and de Rios have suggested that "as a result of living in a new environment, many persons—except those in ethnic enclaves—find themselves living in isolation and alienation. These immigrants miss the sense of community, warmth, closeness, and intimacy that a cohesive culture makes possible. In the diffuse and alien setting, they have no support base upon which they can rely" (15).

Cheung and de Rios argued that earlier immigrants had
support networks "set up previously to their immigration which helped them find jobs and provided a social unit — more recent immigrants now arrive with the entire kin group but no prior arrangements. The extended family which the immigrants enjoyed at home and leaned upon in times of crisis is no longer there" (15).

The networks described by Cheung and de Rios are male-dominated and job related. These networks were not available for the subjects of this study. Indeed the social support networks of previous immigrating generations were based on the husband's relatives and home village. The extent of the wife's participation then depended on her relationship with her husband's kin.

The findings in this study showed that many of the women (53.7%) did not live with relatives from either side of the family. But over one third (35.45) spent time with their husband's relatives. An equal number spent time with their own relatives. Thus in contrast to Cheung's findings, it appears that the network of extended kin is available for the subjects of this study. The quality of the relationships must be examined however, because (as House reminds us) the mere existence of social contact does not mean that support is offered. The section on social support function, then, will describe the quality of interchange in the social interaction.

Before proceeding to functional aspects of social support, the role of non-kin must be discussed. Neighbors were not often a part of the support network for most
women. Cheung and de Rios suggest that Chinese who live in
ethnic enclaves have more access to the support of the
community. Yet in this study, at least, the women did not
have neighbors who they perceived as helpful. Cabezas had
similar findings, in that less than 2.3% of his Chinese
subsample had neighbors who helped. (10) Cabezas study
showed that only the Japanese-American and Mexican-
Americans included neighbors to a significant extent in
their network. These two groups went to neighbors to share
hobbies and other spare time activities. Japanese-American
networks were comprised mostly of nonkin and spouses. Cash
support however, comes from the family. The sample was
mostly highly educated and native born.

Finally, organizational activities were not part of
the support network for any of the subjects, although
English language school is attended by some. This supports
Cheung's findings that newer Chinese immigrants do not tend
to have the ties of older Chinese immigrants such as family
associations. The finding that the subjects did not attend
church, or temple, and did not join organizations has
significance in light of Syme's findings that church or
group membership correlated with lower mortality. Other
contacts such as spouse, friends, and relatives however
showed larger differences in mortality rate (16).
Therefore, the high contact with kin may substitute for the
lack of group belonging in the subjects of this study.

Fischer found that urban ethnic minorities "were more
likely to belong to ethnic organizations, or read ethnic
magazines and to express some ideological commitment to their group than were small town ethnics" (11). Although more ethnic organizations may exist in an urban San Francisco Chinatown, the subjects of this study did not join them. An "ideological commitment" to an ethnic identity, however, is obviously strong, because many of the women had only been in the U.S. for a year or less. Many had a limited command of English so they had to read ethnic magazines. All but one of the women intended to give their child a Chinese first name, further evidence for the identification with their ethnicity.

Social Support Functions In General

Four of the support functions measured had comparable measures in Cabezas' study as shown in Table 5. These measures allow a comparison of the population of Chinese immigrant women to a norm across all races that Cabezas studied and to the Chinese in his sample. Cabezas found his Chinese subjects to be below the norm for emotional, judgement support, intimacy, and cash support, while they were above the norm for help with home chores. Like in Cabezas' study, our sample was below the norm for help with personal problems. In contrast to the Cabezas study, however, we found our subjects to be below the norm for help cooking and shopping, and above the norm for economic help, intimacy, and help with personal problems.

To understand these findings we must examine who provides the support in each category. Help cooking and shopping came from a spouse in Cabezas' sample across all
TABLE 5
COMPARISON OF AUTHOR'S RESULTS TO CABEZAS' RESULTS

<table>
<thead>
<tr>
<th>Function</th>
<th>Author's Results</th>
<th>Cabezas' Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Norm</td>
<td>Chinese subsample</td>
</tr>
<tr>
<td>Cooking and Shopping</td>
<td>46.3</td>
<td>64.2</td>
</tr>
<tr>
<td>Economic Help</td>
<td>80</td>
<td>66.7</td>
</tr>
<tr>
<td>Happy Times</td>
<td>100</td>
<td>83.1</td>
</tr>
<tr>
<td>Help with Personal Problems</td>
<td>61</td>
<td>63.1</td>
</tr>
</tbody>
</table>
races. Forty percent of his Chinese subsample had helping spouses. A second source for 12.3% of subjects were parents. Unlike Cabezás findings, only 24.4% of subjects in this study had spouses who helped shop. In contrast to Cabezás study, our subjects also had mothers-in-law who help cook and shop. Thus the lower level of help cooking and shopping could be due to the gender gap in social support. Only women were the subjects of this study. They were the ones who were doing the most help with home chores, so they would report less support than their husbands would. But the help they received from their mothers-in-law was unusually high compared to the help received from parents by other racial groups in the Cabezás study.

Happy times were shared with the spouse in both this study and Cabezás. The subjects of this study with such a confidant was extremely high (100%) perhaps because they were all married. Friends were not confidants in this study while they were for Cabezás multiracial sample.

The source of help gleaned for personal problem solving was the same for our subjects as for Cabezás' multiracial sample - spouse, mother, siblings, and friends. However, again, Cabezás larger sample included friends for this function, while our sample for the most part did not.

In Cabezás' study, economic help across all races comes from parents first, then siblings and friends. The subjects in this study asked their parents first but their
sisters and mothers-in-law were asked second. It appears that some of the subjects of this study have a closer relationship with their mothers-in-law than do other racial groups. This is reflected in the living arrangement, the help with home chores, and the economic help that mothers-in-law provided.

Social Support Related to Pregnancy

Several questionnaire items referred to the subjects' pregnancy related social support. First people told about the pregnancy was a specific example of the people with whom the subject shared special times. The people who offered advice during pregnancy indicated the subjects' sources of information. Who offered care postpartum referred to help with home chores. Who planned a red egg and ginger party indicated emotional support.

All of the women had someone whom they told about the pregnancy. As mentioned in the general social support section, this high degree of social support probably is because all the women are married. Husbands and parents were the first people told. Again as in the discussion on "happy times", friends were not confidants.

Advice about pregnancy was not as readily available. Twenty-eight percent of the women had no one who advised them about pregnancy. This contrasts with the high number of women (all but one) who have help with personal problem solving. The lack of advice during pregnancy could be because the women are not perceived as needing any (i.e. because they already have children) or their network lacks
the information. Although husbands in 29.3% of cases advised women during pregnancy, this function was usually served by other women in the family (mothers, mothers-in-law, sister, and sisters-in-law). The largest number of advice givers however were nonkin. Thus it appears that although women have a stronger than average kin composed network for most problem solving (35.4%), it is inadequate for pregnancy advice. This suggests that in a high density network, new information is difficult to obtain.

Supportive care postpartum reflects the help the woman receives with home chores. This care mostly comes from husbands, mothers, and mothers-in-law. Again we see the special relationship with the mother-in-law.

Fully 40.2% of women would have a red egg and ginger party. This high percentage reflects the cohesiveness of the extended family network. Over 15% of subjects had mothers-in-law who would plan such a party.

Satisfaction with support network

Satisfaction with support systems was unrelated to any of the dimensions of social support. Most women wished that they had more time with their husbands and they were evenly divided in attitude about time spent with relatives. Satisfaction with support may depend on other factors such as whether asking for help is stigmatized. If independence from one's relatives is a goal in acculturation, this may color her feelings about the time spent with her own relatives and in-laws. If the woman yearns to live on her
own with her husband and children, she will report too much time with relatives no matter how much they support her.

**Correlates of Social Support**

Thus far, we have described the network on a univariate basis. The next section will explain the results of the bivariate analysis of social support correlates.

Correlates of social support depend upon the type of social support being measured. The four factors of household size, number of children, time since immigration, and working status will be examined in how they correlate with help with cooking and shopping, financial help, help sharing happy times, and pregnancy advice. Finally, the data on reciprocity will be discussed.

Help cooking and shopping correlated positively with household size and employment status and negatively with number of children and time in the U.S. The household size relationship is because in Chinese families, parents tend to help with household chores (according to Cabezás). An increase in household size probably means that the parents or parents-in-law are part of the household and so mothers and mothers-in-law are available for help with home chores.

The positive correlation with employment status shows that when the subject worked, others stepped in to help cook and shop. Healthworkers at the study site suggested that in subjects' families "everyone that lives at home helps out".

The women who were employed tended to be sewing
machine operatives which is a solitary occupation. Theoretically, employed women can socialize with their co-workers during breaks and before and after work. Yet employment status was unrelated to any of the other support functions except cooking and shopping. Co-workers rarely provide any of the support functions measured.

These results parallel Wellman's findings with women who work or "Double-Loaders" -

"These women get some pleasure from doing their paid work well and in the company of other workers. Yet with significantly less discretion about their conditions of work than the male Producers, the interviewed Double Loaders work principally for the money and not for their job's psychic or social rewards... The Double Loaders' domain of discretionary authority is domestic, and they see their paid work as very much secondary. They were less apt than the producers to socialize after hours with co-workers or to use ties with friends, kin, and neighbors to help them do their paid work. Indeed, they have even fewer and more limited ties with co-workers than the Producers." (17)

Support with problems, financial support, and support at any time were only related to a few of the predictors. Financial help is negatively related to the household size. Help at any time was negatively related to the time in the U.S. One interpretation is that as the women live in the U.S. for a longer time, they tend to become financially and emotionally independent. However, this contrasts with Cabezas' findings that American born Chinese and Japanese tended to have more of all social support resources (including financial ones) compared to foreign born Chinese (10).
Other social support variables such as number of people with whom you share happy times were related only to household number and number of children. Emotional support seemed to be more "voluntary", less forthcoming and less predicted by social mores.

The number of children the subject had negatively correlated with pregnancy advice. This is consistent with our expectations. If the woman already had one or more children, she may have been perceived as not needing advice about pregnancy, thus fewer people will advise her.

The high correlation between number of people helping with certain tasks and the number of people the woman helps indicates that once a relationship is established support must be reciprocated. This study did not ask the subject if she provided a particular type of support for a particular network member. The correlation only refers to numbers in the helping network, thus the results and interpretation are only preliminary.

From the correlations described above, we can conclude that predictors of social support depend on the type of social support being measured. Cooking and shopping seem to be rigidly proscribed expectations depending on such factors as household composition, the number of children, the time spent in the U.S. and employment status. Other support variables are harder to explain. Social support for the pregnant Chinese immigrant comes from her kin—mostly her husband and often her parents. The number of women with helping neighbors was unrelated to any of the
other measures of social support. Since most support is provided by the family, we can infer that neighbors do not substitute for family when family is unavailable.

Social support, then, may be a middle-class phenomenon. The women in this study may be afraid to establish relationships with non-kin because they cannot afford the time and money it takes to reciprocate support. The high correlation between number of people helping with certain tasks and the number of people the woman helps indicates that once a relationship is established support must be reciprocated. The people in this study can only afford to socialize with their families, and neighbors and co-workers cannot substitute for family.

Significance for further studies:

Beside characterizing the network, as this study does, further research could relate the network to pregnancy outcome, attendance at a well-baby clinic, or rapidity of acculturation. This study then, can form the baseline for many interesting prospective studies on this group of Chinese-American immigrant women.

Bibliography


This is a study to learn more about Chinese women and their pregnancies. It focuses on who helps and advises them when they are pregnant. I have been chosen to participate because I am of Chinese descent.

If I agree to be in the study, I will fill out the attached questionnaire. It is a series of questions about who helped me during pregnancy, how they helped me, and whether the help was enough. It should take about a half hour.

It is possible that some of the questions may bother me as they are of a personal nature pertaining to my health and social situation. I may leave any of the questions unanswered. All the information that I give will be confidential as far as possible under the law. The study will not use my name or any other identifying data.

There are no benefits to me personally although I may enjoy thinking about the questionnaire. The study may benefit those in the medical profession who are concerned with the medical and social well-being of Chinese pregnant women and their babies.

If I have any questions or concerns about this study, I may call Sonia Soo Hoo at (415) 843-9388 or leave a message at (415) 642-5479.

Participation in this research is voluntary. Whether or not I participate has no bearing on the treatment and services I will receive at this health center. I may refuse to participate or withdraw at any time. I just have to say so.

If I have any comments about participation in this study, I should first talk with Sonia Soo Hoo. If for some reason I do not wish to do this, I may contact the Committee on Human Research, which is concerned with protection of volunteers in research projects. I may reach the committee office between 8 and 5, Monday to Friday, by calling (415) 666-1814, or by writing: Committee on Human Research/116 Clinics Building/University of California, San Francisco/San Francisco, CA 94143.

__________________________  ____________________________
Date                                           Signature
Social Support Questionnaire

I'll start with some questions about your background.

1. Where do you live in San Francisco?
   - in Chinatown
   - elsewhere (where)

2. About how years have you lived here?___

3. Where were you born?
   - U.S.____
   - Hongkong____
   - Taiwan____
   - People's Republic of China____
   - other(specify)_____________

4. How old are you?____

5. Were your mother and father born in the U.S.?
   - yes____
   - no____

6. (If not born in U.S.) What year did you come to the U.S.?____

7. Are you working now?
   - yes____
   - no____
   (If yes) What kind of work do you do?

8. How many years of schooling have you had? ____

9. Have you gone to school in the U.S?
   - yes____
   - no____
   (if yes,) What levels of school did you go to here?

______________________________
______________________________
______________________________
______________________________

______________________________
10. How many years are you married? ______

11. Is your husband Chinese? yes____ no____
   (if not Chinese) What nationality? ________________

12. Is your husband here in the U.S.? yes____ no____
    Was your husband born in the U.S.? yes____ no____

13. How often do you get together with relatives for
    weddings, birthdays, holidays, and other celebrations?
    less than monthly____ never____

14. Are these relatives:
    mostly your relatives?____ mostly your spouse's relatives?____
    both of your relatives?____

15. And who usually arranges these get-togethers?
    yourself____ your relatives____ your spouse____
    your spouse's relatives____ others (specify) ________________

16. How many children do you have? ______

17. Are the children living at home? yes____ no____

18. How many people live with you?____
    Who are these people?
    father____ mother____ brother____ (how many)
    sister____ (how many)
    father-in-law____ mother-in-law____
    brother-in-law____ (how many)
    sister-in-law____ (how many) friend____ (how many)
neighbor____(how many)  coworker____(how many)

19. Is your husband working?  yes____  no____

20. Can you estimate a monthly paycheck?  This will be kept confidential ______________

Next are some questions about what organizations you belong to.

21. Do you go to adult English language school?  
   yes____  no____
   If yes, where________________________
   If yes, how often do you go?________________________

22. Do you belong to any other clubs or groups?  
   If yes, which ones________________________
   If yes, how often do you attend meetings?______

23. On Sundays, what church do you go to?  

The next questions are about some things that people do to help each other out. Think of people who ARE part of your family including you husband. Also think of those who are NOT family.

24. Do you do all the cooking for the family? yes____  no____
   Who helps you cook?
   husband____
   father____  mother____  brother____(how many)
   sister____(how many)
   father-in-law____  mother-in-law____
   brother-in-law____(how many)
   sister-in-law____(how many)  friend____(how many)
neighbor_____(how many) coworker_____(how many)

25. How often do they help you cook?
    daily____ weekly____ monthly____
    less than monthly____ never____

26. Do you do all the grocery shopping for the family?
    yes____ no____

Who if anyone helps you?

husband____ father____ mother____ brother____(how many)
    sister____(how many)

father-in-law____ mother-in-law____ brother-in-law____(how many)
    sister-in-law____(how many) friend____(how many)

neighbor____(how many) coworker____(how many)

27. How often do they help you shop?
    daily____ weekly____ monthly____
    less than monthly____ never____

28. What do you do in a day? Please mark the activities below.

cooking____ watch TV____
shopping____ knit____
clean the house____ sew____
laundry____ read magazines____
take care of neighbors' children____
visit with friends____
other (list activities)__________________________

__________________________
29. How often do you do these things with another person?
   daily____  weekly____  monthly____
   less than monthly____  never____

30. If at any time you are too busy to do shopping or pick up the children from school, will your neighbors help you?
   yes____  no____
   How many can you think of that would help you?____

31. If something very nice or very special happens to you, or when you feel especially good about something or someone, who do tell about it?
   husband____  father____  mother____  brother____ (how many)
   sister____ (how many)
   father-in-law____  mother-in-law____
   brother-in-law____ (how many)
   sister-in-law____ (how many)  friend____ (how many)
   neighbor____ (how many)  co-worker____ (how many)

32. Everyone has problems at some time. When you feel frustrated, who do you go to?
   husband____
   father____  mother____  brother____ (how many)
   sister____ (how many)
   father-in-law____  mother-in-law____
   brother-in-law____ (how many)
   sister-in-law____ (how many)  friend____ (how many)
   neighbor____ (how many)  co-worker____ (how many)
33. If you really wanted money where would you go? (beside your husband)

father____ mother____ brother____ (how many)
sister____ (how many)

father-in-law____ mother-in-law____
brother-in-law____ (how many)
sister-in-law____ (how many) friend____ (how many)

neighbor____ (how many) co-worker____ (how many)

34. Would you say that, at this time, there is someone you can always depend on?

husband____
father____ mother____
brother____ (how many)
sister____ (how many)

father-in-law____ mother-in-law____
brother-in-law____ (how many)
sister-in-law____ (how many)
friend____ (how many)

neighbor____ (how many) co-worker____ (how many)

Next are some questions about the help you give others. Think of those in your family including your husband. Also think of those not in your family.

35. Who relies on you for help with cooking, cleaning, and shopping?

husband____
father____ mother____
brother____ (how many)
sister____ (how many)

father-in-law____ mother-in-law____
brother-in-law____ (how many)
sister-in-law____ (how many)

friend____ (how many)
neighbor____ (how many) co-worker____ (how many)
38. Who comes to you to talk about personal matters that he or she is worried about?

- husband
- father
- mother
- brother (how many)
- sister (how many)
- father-in-law
- mother-in-law
- brother-in-law (how many)
- sister-in-law (how many)
- friend (how many)
- neighbor (how many)
- co-worker (how many)

39. Who comes to you when they really need money?

- husband
- father
- mother
- brother (how many)
- sister (how many)
- father-in-law
- mother-in-law
- brother-in-law (how many)
- sister-in-law (how many)
- friend (how many)
- neighbor (how many)
- co-worker (how many)

40. How often do you share your feelings with your husband?

- daily
- sometimes
- never

41. Would you prefer to have more or less sharing of feelings with your husband?

- more
- less
- about right

42. How about your relatives, would you prefer to have more or less contact with them?

- more
- less
- about right

43. How about your husband's relatives, would you prefer to have more or less contact with them?

- more
- less
- about right
44. How about your friends, would you prefer to have more or less contact with them?

<table>
<thead>
<tr>
<th>more</th>
<th>less</th>
<th>about right</th>
</tr>
</thead>
</table>

45. How about your neighbors, would you prefer to have more or less contact with them?

<table>
<thead>
<tr>
<th>more</th>
<th>less</th>
<th>about right</th>
</tr>
</thead>
</table>

46. How often do you think of friends and relatives in your homeland?

<table>
<thead>
<tr>
<th>daily</th>
<th>weekly</th>
<th>monthly</th>
<th>less than monthly</th>
<th>never</th>
</tr>
</thead>
</table>

Next are some questions about your pregnancy.

47. How many months pregnant are you? ______

48. When you first found out you were pregnant, who did you talk to about it?

<table>
<thead>
<tr>
<th>husband</th>
<th>father</th>
<th>mother</th>
<th>brother</th>
<th>sister</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>father-in-law</td>
<td>mother-in-law</td>
<td>brother-in-law</td>
<td>sister-in-law</td>
</tr>
<tr>
<td></td>
<td>friend</td>
<td>neighbor</td>
<td>co-worker</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>how many</th>
<th>how many</th>
<th>how many</th>
<th>how many</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
49. How did you hear about the prenatal program here?

50. Who besides the people here at the health center have given you advice about pregnancy?

- husband____
- father____
- mother____
- brother____ (how many)
- sister____ (how many)
- father-in-law____
- mother-in-law____
- brother-in-law____ (how many)
- sister-in-law____ (how many)
- friend____ (how many)
- neighbor____ (how many)
- co-worker____ (how many)

51. How often did they offer advice?

- daily____
- weekly____
- monthly____
- less than monthly____
- never____

51. Did someone make it their task to take care of you during any of the time you were pregnant?

- yes____
- no____

Do you have someone to help you take care of baby in the first month after you leave the hospital?

- yes____
- no____

Who will help you?

- mother____
- sister____ (how many)
- mother-in-law____
- sister-in-law____ (how many)
- husband____
- friend____ (how many)
- neighbor____ (how many)
- other (who)__________________________
52. Who are the first people you will tell about the birth of your baby? Of course, your husband but who else?

father____  mother____
brother____ (how many)
sister____(how many)

father-in-law____  mother-in-law____
brother-in-law____(how many)
sister-in-law____(how many)

friend____(how many)
neighbor____(how many) co-worker____(how many)

53. Who besides the hospital staff will accompany you during delivery?

__________________________

__________________________

54. Do you plan to have a "red egg and ginger" party?

yes____  no____

(if yes, ) Who is planning it?

your mother-in-law____
your mother____
someone else (who)_____________________

55. Will you give your child a Chinese name?

yes____  no____

Thank you very much.
這次訪問主要是了解我最早時期的家庭和朋友是如何幫助我，這次我選到的原因是因為我是中國人。

假如我同意，我今天就接受你的訪問。這次訪問只需三十分鐘，這些都是個人私事，所以各種資料、名字、你們都會完全保密。

這次訪問是自願的，不會影響我的醫療。不過，這個訪問能使醫生和護理人員對我們華人婦女界提供更好照顧。

如果我有疑問，我可以隨時打電話 (415) 843-9587 或 (415) 642-5479 和 Sonia See 談。也可以來信。地址：UC Clinics Building University of California/San Francisco/94134。

日期

簽名
社會家庭互助問題

1. 你住在三藩市什麼地方？
   填入準別處(請寫下)(地區)

2. 你在這裡住了多久？

3. 你在那裡出生？
   美國 義大利 台灣 香港 中國大陸
   別處(請寫下)

4. 你的年齡

5. 你的父母是否在台灣出生？是 另

6. 你是哪年來美國？

7. 你現在做工嗎？有 沒有
   若有，什麼工作呢？

8. 你讀了多少年書呢？

9. 你有沒有在美國念書呢？有 沒有
   若有，多久？

10. 你結婚有多久？

11. 你的丈夫是不是中國人？是 另
    若不是，是那國人？
12. 你和丈夫是否在美国？ 是____ 否____
若是，他是否在美国出生是____ 否____

13. 你有多久没见亲戚了？（除开和你一起住的亲戚以外）
一年见面一次____ 每月一次____
一年见面二次____ 每礼拜二次____

14. 你有哪些亲戚多是：
你的____ 丈夫的____
你和丈夫的____

15. 是谁多是安排这些教导？
你____ 丈夫的亲戚____
丈夫____ 别人（请写出）____

16. 你有几个孩子？____

17. 这些孩子都住在家吗？是____ 否____

18. 有多少人和你一起住？____
除了丈夫____ 丈夫的____ 妻子（多）____ 朋友（多）____
兄弟（多）____ 姐妹（多）____ 家公____ 家婆____
丈夫的兄弟____ 丈夫的妹夫（多）____

19. 你的丈夫有没有工作？有的____ 没有____

20. 你家庭收入每月是多少？____
21. 你有沒有上成人學校？
有—— 沒有——

若有的話，你哪裡上學？

什麼時間上學？

22. 你有沒有參加社會活動？
有—— 沒有——

若有的話，你參加什麼活動？

23. 你有沒有到禮拜堂？
有—— 沒有——

若有的話，哪一間？

下列問題關於你的親人和朋友怎樣幫助你？

24. 你是否為全家人煮飯？
是—— 否——

若有的話，誰幫助你？

母親—— 父親——

妹妹—— 弟弟——

朋友——

25. 他們多久幫助你？

每天—— 每星期一兩次——

每月一兩次—— 沒有幫助——
26. 是你自己買飲食嗎？是 __ 不是 __
   老是，是誰幫助你？
   母親 ___ 姊姊 ___
   家婆 ___ 朋友 ___ 外人 ___

27. 他們多久幫助你買飲食？
   每天 ___ 每星期兩次 ___
   每星期一次 ___ 沒有 ___

28. 你整天在家做什麼呢？
   煮飯 ___ 買東西 ___
   看電視 ___ 清潔，家務 ___
   衣物 ___ 看書或報 ___
   其他 ___

29. 有多久和別人一起做這些事？
   每星期兩次 ___ 每個月少過一次 ___
   每個月多過一次 ___ 沒有 ___

30. 若你太忙沒有時間買飲食或接孩子，
   你會不會問鄰居幫助？會 ___ 不會 ___

31. 若你有什麼事覺得十分高興或悲傷，你多
   數跟誰談？
   丈夫 ___ 母親 ___ 姊妹 ___ 朋友 ___
   父親 ___ 家公婆 ___ 兄弟 ___ 同事 ___
   鄰居 ___ 大夫的姊妹 ___
32. 當你有什麼問題，你會跟誰談呢？
丈夫—— 父母—— 姊妹——
兄弟—— 家公／婆—— 同事——（多／少）
朋友——（多／少） 鄰居——（多／少）
別人——（請寫明）

33. 若你和丈夫需要經濟幫助，你們會跟誰借呢？
父母—— 家公／婆—— 朋友——（多／少）
兄弟——（多／少） 姊妹——（多／少） 鄰居——（多／少）
同事——（多／少） 別人——（請寫明）

34. 你知道誰一定會幫助你嗎？
丈夫—— 同事—— 家公／婆——
父母—— 鄰居—— 朋友—— 別人——
兄弟／姊妹——

35. 你倚靠你奈或家，做家務、買食物，會和誰說呢？
丈夫—— 同事—— 家公／婆——
父母—— 鄰居—— 朋友——（多／少）
兄弟／姊妹——

36. 當他們有私人問題或經濟問題，誰會和你說呢？
丈夫—— 同事——（多／少） 家公／婆——
父母—— 鄰居——（多／少） 朋友——（多／少）
兄弟／姊妹——
別人——（請寫明）
你有多少和丈夫談論你的感想？
常常(每) —— 有時 —— 沒有

你想有多少時候和丈夫談論你的感想？
多些 —— 少些 —— 剛好

你想和你的親人多少時候談論你的感想？
多些 —— 少些 —— 剛好

你想和你丈夫的親人多少時候談論
你的感想？
多些 —— 少些 —— 剛好

你的朋友呢？多少時候談論感想？
多些 —— 少些 —— 剛好

你的鄰居呢？多少時候談論感想？
多些 —— 少些 —— 剛好

你有沒有想念在中國或住所的親人和朋友？
常常(每天) —— 一日一次 ——
一星期少次 —— 沒有 ——
下列問題是關於懷孕期間的狀況

37. 你现在懷孕期間多個月？

38. 當你發現你懷孕期間，你會告訴誰？
   丈夫  弟兄  叔伯  親人  朋友  別人  （請寫明）

39. 你怎麼知道這個產前檢查計劃？

40. 除了醫院外，還有誰給你關於懷孕期間的意見？
   丈夫  弟兄  姐妹  鄰居  朋友  別人

41. 他們多久給你意見？
   每月—兩次  每星期—兩次  每月—一次  每天

42. 有沒有人會當你離院後幫助你？或照顧你的嬰孩？
   有  沒有

43. 當你離院後，你會先找誰？告訴那些人你的
   婴孩已經出生了？
   丈夫  弟兄  姐妹  鄰居  朋友  別人
44. 黑暗時，除了醫生和護士以外，還有沒有人會到醫院探望你？有 __________ 沒有 ________

45. 會不會開一個滿月“紅鵝蛋”酒席呢？
    會 ________ 不會 ________

46. 會不會給嬰兒中文名字呢？
    會 ________ 不會 ________

多謝！