EXPATRIATE JAPANESE WOMEN’S GROWTH AND TRANSFORMATION THROUGH CHILDBIRTH IN HAWAII

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I dedicate this dissertation to my parents.

To my father, Tadao Taniguchi

(June 19, 1922 - May 30, 1998)

who expanded my horizon by giving me a globe and subscribing the magazine of

“Readers Digest” when I was a little girl.

and

To my mother, Toshiko Taniguchi

(February 16, 1930 - )

who demonstrated to me how to unconditionally love my family, others and nature

and always encouraged me to pursue my dreams.
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ABSTRACT

Transition to motherhood is an on-going developmental process that requires adaptation or change in restructuring behavior and role identity. When living in a foreign culture, women’s challenges are increased exponentially because of bi-cultural conflicts and the presence of limited support.

The purpose of this study was to describe the essential structure of the lived experience of the childbirth experience in Hawaii for expatriate Japanese women who were transitioning to motherhood. The research design was descriptive, using a phenomenological approach reflected in Colaizzi’s method. A sample consisted of 10 Japanese expatriate women.

Major findings of this study consisted of four Theme Categories: Challenges Living Overseas, Challenges of Motherhood, Reaching the Goal of Motherhood, and Relationship with Others. In the essential structure of the lived experience of the childbirth in Hawaii, the expatriate Japanese women experienced difficulties in their childbirth process, but as a result they understood their parents’ values and also identified themselves as worthwhile individuals through the separation from family during the childbearing process. The new contribution of this study to nursing knowledge was the importance of family for women giving birth in a foreign country. The results of this study reflected the conceptual orientation, transition: a middle-range theory. The experience provided an opportunity for them to reflect their lives and to find the direction needed for their growth and transformation to successful parents. The women rebuilt the relationships with their husbands and further deepened their marital bonds.
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CHAPTER ONE

INTRODUCTION

Chapter One presents the problem statement, research question, definition of terms, and significance of the study.

Problem Statement

The world is becoming a global society with many people relocating, either temporarily or permanently, to foreign countries. In 2004, the United States foreign-born population reached a new high of 34.24 million (legal and illegal), accounting for nearly 12% of the nation’s total population (U.S. Census Bureau, 2003). In a related statistic, 1,012,547 Japanese were living overseas in 2005. Of that number, 35% were living in the United States (US) as business representatives and their families and as students (Japan Ministry of Foreign Affairs, 2006).

In general, during the early stages of settlement, new comers may experience high levels of stress as they adapt their thinking and behavior to the new environment, lifestyle, and social values of their country of residence. Distance from family and loss of social support networks, lack of personal contact, and in difficulty building new social networks are major factors that may cause them to feel that they are alone (Tummala-Narra, 2004; Wiklund, Adam, Hogberg, Wikman, & Dahlgren, 2000). Therefore, newcomers are apt to experience physical, and psychological problems such as irritability, depression, anxiety, excessive sleeping or insomnia, compulsive eating or drinking, resentment or bitterness, increasing isolation, feeling of helplessness, headaches, and sickness (Dale, 2003).
While living overseas, Japanese couples have childbirth experiences in a different culture and healthcare system. Prenatal care is totally different in Japan compared to the US. In Japan, pregnant women are able to take maternity leave of six weeks before the due date, mandatory maternity leave of eight weeks after childbirth, and childcare leave until her child becomes one year old according to the Labor Standards Act (Ministry of Health and Welfare, 2005). Mother and baby normally spend one week with medical staff in the hospital until they recover from childbirth and the mother has confidence to provide properly care for her baby. Moreover, there is a Japanese childbirth custom called “Satogaeri-bunben” for treating pregnant women with special care. “Satogaeri” means to return to the woman’s family home. “Bunben” means delivery. “Satogaeri-Bunben” means that a pregnant woman returns to her family home around 32-35 weeks of pregnancy for the delivery and then stays with her family members in order to get sufficient support and to rest physically and psychologically for a few months after childbirth (Ito & Sharts-Hopko, 2002; Shinagawa, Nomura, & Katagiri, 1978). At present, Satogaeri-bunben is still a commonly practiced custom. Postpartum rest is recognized as a crucial time to promote physical and mental recovery from childbirth and bonding with the newborn baby in Japan.

Transition to motherhood is an on-going developmental process that requires adaptation or a restructuring of behavior and role (Mercer, Nichols, & Doyle, 1989). It is a period of physical, mental, and social vulnerability because the woman does not clearly fit within the cognitive and social categories of a ‘mother’; it is an uncertain period in which she is still seeking her new roles (Cheung, 2002). The transition brings a series of challenges through which she needs to proceed, and, in so doing, she will face multiple
changes that will challenge her ability to adapt to new roles. By living in a foreign culture, these challenges are increased exponentially through bi-cultural conflicts and the presence of limited support (Tummala-Narra, 2004). Rubin (1984) identified the stress factors for the new immigrant mother including having no familiar models, such as her own mother or other family members, as well as a language barrier in the foreign country in which she is having a baby.

Moreover, giving birth in a different country may increase health risks. A descriptive, retrospective study of non-European Union women (N=13,945) who gave birth in Italy found that the incidence of caesarean sections (C/S), perinatal mortality, and low birth weight deliveries (LBW) were significantly higher than those of nationals during the same period (Diani, Zanconoto, Foschi, Turinetto, & Franchi, 2003). In another descriptive, retrospective study of foreign-born women (N=318) delivering in Australia, the researchers found that these women had a high risk of postpartum depression (Small, Ludith & Yelland, 2003). There is a need to explore expatriate maternal and child health not only in the United States (US), but also in industrial countries all over the world.

In the State of Hawaii, 387 birth certificates were submitted to the Consulate-General of Japan in 2003 (The Consulate-General of Japan in the State of Hawaii, 2005). This number has been increasing year by year in Hawaii (Taniguchi & Baruffi, 2007). How do expatriate Japanese women experience their childbirth? How do they perceive their childbirth experience in Hawaii? What does it mean in their lives? Childbirth is a universal, natural transition in which a woman transcends her social status to achieve motherhood (Cheung, 2002). However, it is difficult for a woman to cope with a new role
in a foreign country (Cheung, 2002; Meleis, Sawyer, Im, Messias, and Schumacher, 2000). What is not known is whether expatriate Japanese women who delivered in a foreign country are able to overcome these difficulties and use their experience to transform their identity.

The focus of this study is expatriate Japanese mothers’ perception of their childbirth experiences in Hawaii. The purpose of this study is to describe the meanings of the childbirth experience for Japanese mothers who are transitioning to motherhood in a foreign country.

Research Question

What is the lived experience of childbirth for expatriate Japanese women living and giving birth in Hawaii?

Definition of Terms

The definitions of terms included in the research are introduced here.

Essential structure: The process and meaning of phenomenon (Moustakas, 1994).

Lived experience: That which is “actually lived out- perceived, thought, imagined, remembered…” (Macann, 1993, p.17).

Motherhood is defined as a source of “power, creativity, and insight” (Richardson, 1993)

Childbirth in this study includes pregnancy, the postpartum period, and childrearing until 6-10 months after childbirth. Childbirth also incorporates the psychological aspect of the transition into motherhood and fatherhood (Helman, 1994). Childbirth is understood as the entire process of becoming a mother or father.
Gender in this study is regarded as the social and cultural interpretation of the biological differences between women and men. The gender concept focuses on the existing, current social explanations of female and male behavior (Helman, 1994).

Culture is defined in this study as “the totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, life ways, and all other products of human work and thought characteristics of a population of people that guide their world view and decision making” (Purnell & Paulanka, 1998, p.2).

Acculturation is defined as “an internal process of change involving assimilation, integration, and marginalization when immigrants come into direct contact with members of the host culture” (Kao & Travis, 2005, p. 227-228).

Culturally competent care is defined as “care that takes into account issues related to diversity, marginalization, and vulnerability, due to culture, race, gender and sexual orientation” (Meleis, 1996).

Significance of the study

This study is significant to nursing science because it contributes to knowledge development and practice regarding expatriates’ transition to motherhood. The transition to motherhood has been thoroughly studied by many scholars (Copeland & Harbaugh, 2004; Lundgren & Wahlberg, 1999; Mercer, 1985; Mercer, Nichols, & Doyle, 1989; Meleis, et al, 2000; Nelson, 2003; Rogan, et al., 1997; Wallance & Gotlib, 1990); however, references regarding an immigrant’s motherhood are very few with most published after 2000 (Cheung, 2002; Ho & Holroyd, 2002; Ito & Sharts-Hopko, 2001; Liamputtong, 2000; Liamputtong & Naksook, 2003; Ottani, 2001; Tummala-Narra, 2004;
Therefore, the study of the childbirth transition in a foreign country is a relatively unexplored area.

This study may benefit expectant mothers and fathers because the knowledge generated may be applied not only to Japanese expectant parents but also to other expatriates, and may be used to enhance their childbearing experience and lead their successful transition to motherhood. Study results will offer guidance for providing culturally competent care for immigrant parents. This study may benefit healthcare systems because nurses and health care providers may use the results to improve the environment for foreign-born patients. This study may also impact the global society in which people of various ethnicities are living together.

Summary

Currently, it has become easier for people to move overseas. However, during the early stage of settlement, newcomers encounter various difficulties and experience high levels of stress. Giving birth in a different country increases health risks such as a high rate of caesarean sections, low birth weight babies, perinatal mortality, and postpartum depression. Giving birth in a foreign country may also affect the transition to motherhood of foreign-born mothers. The focus of this study is expatriate Japanese mothers' perception of their childbirth experiences in Hawaii. The purpose of this study is to describe the essential structure of the lived experience of the childbearing experience in Hawaii for Japanese mothers who are transitioning to motherhood in a foreign country.

The study of the transition to motherhood in a foreign country is a relatively unexplored area. This study may also impact pregnant women who may be giving birth in other parts of the world away from their homeland. Therefore, this study is significant to
nursing science because it contributes to knowledge development regarding expatriates’ transition to motherhood.
CHAPTER TWO
CONCEPTUAL ORIENTATION AND REVIEW OF LITERATURE

Chapter Two presents the conceptual orientation and the review of literature for this study of the expatriate transition to motherhood while living overseas. Following the conceptual orientation is the review of literature addressing concept analysis of the transition of women’s growth and transformation through the childbirth in a foreign country, results of previous studies as background, and the effect of stress on pregnancy while living overseas.

Conceptual Orientation

A concept is defined as “a mental picture or a mental image, a word that symbolizes idea and meanings and expresses an abstraction” (Watson, 1979, p. 61-62). To explore a theory, one needs to understand its concepts which are the “building blocks of theory” (Rodgers & Knafl, 2000, p. 9). “Transition” is one of the central concepts in the discipline of nursing (Schumacher & Meleis, 1994). Transition is a familiar concept in developmental theory and in stress and adaptation theory (Chick & Meleis, 1986). Transition is defined as “a passage from one life phase, condition, or status to another” (Chick & Meleis, 1986, p. 239). Transition has three stages: entry, passage and exit (Chick & Meleis, 1986). Nursing therapeutic intervention is relevant to these three stages. Meleis et al. (2000) further expanded and refined the concept of transition with their middle-range theory that identifies future directions for nursing research and theory building. Their theory was based on clinical studies reflecting cultural diversity in vulnerable populations and a variety of transitions that might lead to heightened vulnerability including pregnancy, motherhood, menopause, work, migration, care-
giving, and diagnostic processes. Particular transitions such as immigration, migration, relocation, pregnancy, birth and loss result in people becoming vulnerable. This may lead to health-related consequences in the form of physical and psychosocial symptoms. The expanded theoretical orientation consists of (1) types and patterns of transitions, (2) properties of transition experiences, (3) transition conditions: facilitators and inhibitors, (4) process indicators, (5) outcome indicators, and (6) nursing therapeutics (Fig. 1).

According to Meleis et al. (2000), types of transitions are developmental, health and illness, situational, and organizational. The patterns of transition are often multiple and complex in nature. Several essential properties of transition experiences have been identified as awareness, engagement, change and difference, time span, and critical points and events. Regarding transition conditions, personal, community, or societal conditions may influence the processes of healthy transitions and the outcomes of transitions as facilitators or inhibitors. Personal conditions include meanings, cultural beliefs and attitudes, socioeconomic status, preparation and knowledge. Any transitions are characterized by both process and outcome indicators. The process indicators that characterize healthy transition are illustrated by feeling connected, interacting, being situated, and developing confidence and coping. "The completion of a transition implies that the person has reached a period of greater stability relative to what has gone before" (Chick & Meleis, 1986, p. 240). Outcome indicators are the mastery of new skills needed to manage a transition and the development of a fluid integrative identity. These indicators assist nurses in their early assessment and intervention to facilitate healthy outcomes in vulnerable and at risk individuals. With this information nurses can work to prevent negative consequences and facilitate transitions to healthy outcomes, such as
mastery, perceived well-being, energy mobilization, quality of life, self-actualization, expanding consciousness, personal transformation, and functional ability (Chick & Meleis, 1986).

This theoretical framework is an appropriate orientation for this study. The childbirth experience in a foreign country is complex in nature and combines developmental, situational, and health/illness transitions. Patterns of transition to motherhood may be multiple, sequential, and simultaneous. The essential properties of transition include awareness, engagement, change and difference, transition time span, and critical points and events. These can be applied to the childbirth experience in a foreign country. Childbirth customs and its cultural meaning, mother’s attitude, socioeconomic status, and preparation and knowledge of childbirth may become facilitators or inhibitors for healthy outcomes. Support from partner and families, especially from the woman’s mother, and role models facilitate transition to motherhood. Having insufficient support and role models may inhibit transition to motherhood. Meleis et al. (2000) labeled these factors as community conditions. It is important to understand how women perceive the transition process and what expectations women have of the outcome. Identifying process and outcome indicators may assess this process. Using the theoretical framework of transition which Meleis et al. (2000) extended and refined in their middle range theory may enable further understanding and exploration of the transition to motherhood of Japanese expatriates living in a foreign country. This theory may enable nursing care to prevent vulnerability and risk, and facilitate healthy outcomes.
Figure 1. Transition: a Middle-Range Theory (Meleis et al., 2000)

Nature of Transition
- Types: Developmental, Situational, Health/illness, Organizational
- Patterns: Single, Multiple, Sequential, Simultaneous, Related, Unrelated
- Properties: Awareness, Engagement, Change and Difference, Transition Time, Span, Critical Points and Events

Transition Conditions: Facilitators & Inhibitors
- Personal Meanings
- Cultural beliefs & attitudes
- Socioeconomic status
- Preparation & knowledge

Patterns of Response
- Process Indicators: Feeling Connected, Interacting, Location and Being, Situated, Developing Confidence and Coping
- Outcome Indicators: Mastery, Fluid Integrative Identities

Nursing Therapeutics
Review of Literature

Concept Analysis of Transition

According to the Oxford English Dictionary, transition is defined as (1) the process of changing from one state or condition to another and (2) a period of such change. The word transition has been used as the meaning of a passing or passage from one condition, action or (rarely) place, to another, or in thought, speech or writing from one subject to another since the middle of the 16th century (Oxford English Dictionary Data Base, 2005).

An analysis of the concept (Rodgers & Knafl, 2000) of transition of women’s growth and transformation through the childbirth in a foreign country revealed the following attributes, antecedents, and consequences (Taniguchi, 2005).

Attributes

The most frequently used words (expression) in nursing references were “change”, “passage”, “process”, “period”, and “development” in general motherhood and immigrant pregnant women. Regarding general motherhood, “change” is expressed as “change in restructuring behaviors and roles appropriate to the new direction” (Mercer & Nichols, 1989). “Period” is referred to as “a period of reorganization in a woman’s life” (Mercer & Nichols, 1989), “the way in which individual women attain a prescribed maternal role” (Rogan, et al. 1997, p.878), “a period of great disruption” (Nelson, 2003, p.466), and “multiple transitional periods” (Lorensen, Wilson & White, 2004, p.334).

Regarding immigrant pregnant women in the nursing references, attributes are expressed that revel qualities of the immigrant experience. “Change” is identified as (1)
"a new relationship and changed family patterns", “great change” (Wiklund, et al, 2000, p. 109) and (2) changes in traditional practices (Liamputtong & Naksook, 2003).

The meaning of “process” or “passage” is shown in the reference to transition as a process of cultural integration (Cheung, 2004). The other expressions linking childbearing with transitions are as follows: (1) “childbearing is a transition for all toward a new social status” (Cheung, 2002, p.285), (2) “childbirth is a universal, natural health transition” (Ito & Sharts-Hopko, 2001, p.667), and (3) “childbearing is a time when the woman does not fit clearly within the cognitive and social categories of a ‘mother’, childbearing is a unique journey for a woman, during which she transcends one social status to achieve motherhood” (Cheung, 2004, p.285). Meleis et al. (2000) characterize migration transition as movement that is ongoing, recurring, and multidirectional and is between multiple places, spaces, situations and identities, rather than a movement that is linear or unidirectional.

In psychology references, the attributes of transition are identified more diversely and profoundly in the mental aspect. Regarding the transition of immigrant women, Rogler (1994) describes three fundamental transitions: “alterations in the bonding and reconstruction of interpersonal social networks, extraction from one socioeconomic system and insertion into another, and movement from one culture system to a different one” (Rogler, 1994, p. 702). Tummala-Narra (2004) characterizes transition as follows: “the process of becoming a mother in an adopted land presents challenges in identity formation of immigrant mothers”(p.167) and “changing conceptions of gender roles and attachment, bicultural conflicts, changing family structure and social network” (p.168). The word “challenge” is frequently used as the meaning of transition.
Family science views transition as an “abrupt and total life style change” (Roosa, 1988, p.322), and a “process of adaptation in a new country” (Liamputtong, 2000, p.196). Only one medical reference, (Gjerdingen & Center, 2002) emphasizes that “transition to parenthood is a significant, life changing event for couples that has an impact on many aspects of their health and well-being” (p.84).

There is not a significantly different meaning for this concept among disciplines, rather it is a concept that is utilized in a similar way in each discipline.

Interpreting the result:

Through this analysis, transition to motherhood is clarified as follows:

(1) It is an on-going developmental process to motherhood requiring adaptation and restructuring of behavior and role;

(2) It is a vulnerable period physically, mentally, and socially because a woman does not fit clearly within the cognitive and social categories of a ‘mother’, and it is an uncertain period in which she is still seeking her new roles;

(3) It is a series of big challenges that mothers need to progress through, and in doing so, she will face multiple changes, which will challenge her ability to adapt and learn new roles;

(4) For immigrant pregnant woman, these challenges often are increased exponentially by bi-culture conflicts experienced while living in a foreign culture.

Antecedents

Antecedents are those events or incidents that must occur prior to the concept. For immigrant pregnant women, antecedents will start from the following immigrant issues: (1) “moving to a new country”, “preimmigration fantasy”, “personal freedom and
choice” (Tummala-Narra, 2004, p. 168); and (2) living in a different culture (Ito & Sharts-Hopko, 2001). The next antecedents are pregnancy and childbirth. These antecedents have positive and negative aspects influenced by the following four factors: (1) the type of pregnancy (intended or unintended); (2) woman’s attitude towards pregnancy; (3) matters of infant care; and (4) the relationship with her partner. Among these factors, the relationship with the partner becomes one of the key issues of transition to pregnancy and childbirth. The relationship with the partner significantly influences the quality of the transition to motherhood (Cox, Paley, Burchinal & Payne, 1999; Kiehl & White, 2003; Mercer & Ferketich, 1994; Roux, Anderson, & Roan, 2002; Wallace & Gotlib, 1990).

Consequences

Consequence is the result that happens after the concept. The consequences of the transition are motherhood, adulthood, and personal development, or growth. The consequences are influenced by the individual’s level of awareness, readiness, knowledge, cognitive skills and support. Researchers have given contextual examples of positive consequences as follows: increased maternal role attainment (Mercer, 1985); self confidence; satisfaction (Meleis et al, 2000; Nystrom & Ohrling 2004; Rogan et al., 1997); healthy motherhood (Lundgren & Wahlberg, 1999); feeling more comfortable with performing infant care (Copeland & Harbaugh, 2004); pride and happiness, power, self-determination, feelings of self-worth (Liamputtong & Naksook, 2003).

Living in a different culture causes the following consequences which seem to be negative for immigrant pregnant women: (1) adapting to a new language style of emotional expression; (2) experiencing the immigrant’s fantasy of returning to the home
country; (3) coexisting emotions of sadness, guilt, and anxiety in coping with divergent cultural contexts, which activates shifts in cultural identifications (Tummala-Narra, 2004), confusing the process of adaptation (Ottani, 2001; Wiklund et al, 2000); (4) increasing strong feelings of loneliness and longing for the social network of family and relatives; (5) experiencing loss of status, both socially and economically; (6) having difficult communication; (7) changing conceptions of gender roles (Tummala-Narra, 2004; Wiklund et al, 2000); and (8) "decreasing the ability to function as an autonomous adult, and increasing the need for security, control, affirmation, and culture support" (Ito & Sharts-Hopko, 2001, p.675). When living in a different culture, pregnant women are required to "reconstruct what is familiar to cope with changes and challenges in the new social and cultural environment" (Cheung, 2002, p.289).

**Background**

The researcher had the opportunity to investigate the effects of early discharge of mothers and babies following childbirth in the State of Hawaii. This descriptive, retrospective (qualitative) study (N=147) was supported by the Hawaii State Department of Health and the Healthy Mothers & Healthy Babies Coalition in 1996. The findings showed that the rate of infant readmission during the first two weeks of life was higher than the average in the US and Canada (4.8 vs. 1.0-4.0%). However, there was no readmission of the Japanese expatriate, mothers and babies even though the medical system and care after delivery were totally different in the US than they had been in Japan (Taniguchi, 1996a, 1996b, 1999). These results led to the question of how expatriate Japanese women manage childbirth with obstetrical care that was different from Japan.
A subsequent qualitative and quantitative mixed study by the same author (Taniguchi, 2002a) focused on Japanese expatriates, who gave birth in Honolulu from 1997 to 1998. Data collection was conducted through telephone interview using a semi-structured questionnaire. An audio-recorder was used during the interviews with the interviewee's consent. Data was analyzed by both quantitative (descriptive method) and qualitative (content analysis) methods. The study (N=52) showed that Japanese women who had lived in Hawaii less than two years experienced more problems than those who lived in Hawaii more than 2 years. One issue was a high rate of unintended pregnancy (74%) among newcomers. They encountered a language barrier, distance from family, a different culture, isolation and loneliness. They did not have sufficient information regarding pregnancy and childbirth in the US (Taniguchi, 2002a). Based on this study, the researcher and a colleague published “A Guide for Safe and Easy Childbirth in the U.S.A. Up-To-Date Information on Childbirth in the U.S.A. and Women's Health” in 2002 (Taniguchi, at al., 2002b). Although there were no physical problems among the women in this study, this study found that they experienced psychological problems (such as depression) during pregnancy and after childbirth.

Between December 2003 and March 2004, a third qualitative and quantitative mixed study was conducted in Honolulu to investigate the effect of stress on Japanese women during their childbirth experience in Honolulu, Hawaii (Taniguchi & Baruffi, 2007). In this study, Japanese women (N=45) who gave birth within one year in Honolulu, Hawaii were interviewed. Birth outcomes for this sample showed high rates of preterm delivery, readmission, and perinatal depression. The average age of 31 years for primiparous women in this study was older than the average age of primiparous women.
in Japan, which is 28.9 years (Health and Welfare Statistics Association, 2006). Of the five women who had preterm delivery, four were primiparas over 35 years of age.

This study used selected items from the self-reported maternity blues questionnaire (Stein, 1982), symptoms of postpartum depression from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the Edingburgh Postpartal Depression Scale (EPDS) as tools to explore whether Japanese expatriates giving birth in Honolulu, Hawaii experienced higher levels of perinatal depression than others groups. The incidence rate of postpartum depression (PPD) of this study was 31%, a rate significantly higher than that in Japan (5.0%) (kitamura et al, 2006).

The most difficult factors reported by Japanese women living overseas were the language barrier, distance from family and friends, and the different culture and health attitudes. This was especially true for women in interculture relationships with partners who were not Japanese (Taniguchi & Baruffi, 2007).

The participants described their difficult childbirth experiences; however, they expressed their pride and satisfaction that they persevered and had a healthy delivery. Some of the quotes were, “it’s my treasure”, “I am very pleased to have a baby” and “I feel I am living my destiny.” A common theme was, “If I had given birth to a baby in Japan, I would not have achieved my present status because I would have been too dependent on my mother’s kindness.” They were proud of their growth as women through the childbirth experience in a foreign country. The result was that they integrated their rich childbirth experience in a foreign country with both cultures.
Effect on Pregnancy of Living Overseas

Yeo, Fetters, & Maeda (2000), Ito and Sharts-Hopko (2002), Taniguchi (2002a), Taniguchi & Baruffi (2007) reported qualitative studies with Japanese expatriates women (N=11; N=5; N=52, 45). Although Yeo’s (2000) study was in southeast Michigan, Ito and Sharts-Hopko’s (2002) study was in a Mid Atlantic city, and Taniguchi’s (2002, 2007) was in Honolulu, Hawaii, the findings from these studies were very similar. The similarities were the difficulties women experienced in maintaining Japanese childbirth customs and the differences in obstetric care and health insurance between Japan and the US. For example, Japanese women use amulets and stomach belts which are sent by family members in Japan in the hopes of facilitating an easy delivery and a healthy baby. In addition, it is mandatory for Japanese pregnant women to use maternal and child health handbooks that provide the information to promote good health (Ministry of Health and Welfare, 2002). This handbook also serves as a record so the woman and healthcare providers can record from early pregnancy until the child becomes 6 years old.

In the US, there is nothing comparable to this record. In Taniguchi’s study (2002 a), the following themes emerged: “security”, “Japanese identity”, and “cultural support”. In the opposite situation, Shorts-Hopko (1995) studied American women (N= 20) who lived in Japan. The American women were also struggling with the language barrier, different culture, isolation and conflicts with Japanese doctors. This study revealed that American women looked on Japanese medicine suspiciously because of the Japanese doctor’s attitude. In Japan, doctors seem cold and do not consult with patients concerning treatment and care, which is in contrast to American doctors. The need to regain control and affirmation emerged as themes along with isolation, security, and cultural support.
American women in Japan also experienced culture shock from differences in social and medical care systems.

Tran, Young, Phung, Hillman, and Willcocks (2001) reported that Vietnamese women (N = 160) who gave birth in Australia expressed fear and anxiety to the staff in the hospital because of the unfamiliar environment and language barrier. They desired early discharge after childbirth. The unfamiliar hospital environment is stressful for foreign-born women. This fear was also reported by Japanese women with limited English skills who gave birth in Honolulu (Taniguchi, 2002a).

Semenic, Callister, & Feldman (2003) state that Orthodox Jews identify birth as a significant life event with spiritual dimensions. Their childbirth is especially influenced by religious power. Gender roles are clearly maintained by rabbinical law. South Asian Indians also follow specific gender roles even in foreign countries because of their social, familial and religious customs (Fisher, Bowman, and Thomas, 2003). However, Somali men alter their gender roles while living in foreign countries even though Somalis traditionally believe “Mother is supposed to be in the house; it is her area. Father goes out looking for money; he supports the family” (Wiklund et al 2000, p 112).

Childbirth in foreign countries forces both women and men into an unknown gender structure with new situations and expectations. They must adapt to a new system and they do not have the assistance of their extended families. When they are forced into the new role of childbearing, they often must alter their gender roles in the foreign country. This often causes feelings of embarrassment as well as shame (Wiklund et al. 2000).
From ages past, Japanese men were raised to maintain very strict gender roles, they did not even enter the kitchen. They were also traditionally prohibited from entering the labor and delivery room. This boundary was symbolic of the cultural interpretation of masculinity. Therefore, Japanese men seldom help their wives in labor. After the delivery they are usually reluctant to assist with care of the baby and seldom even change a diaper. Recently, this custom has begun to change; however, in some areas of Japan it still remains. Although expatriate Japanese husbands have been encouraged to play a significant role in their wives' childbearing, the women's own mothers and female family members often come for a limited time to the US from Japan to help with childbirth. They play a significant role in their daughter's or sister's transition to motherhood (Ito & Sharts-Hopko, 2002; Taniguchi 2002a.; Taniguchi & Baruffi, 2007).

In summary, (1) living overseas is a stressful life event due to language barriers, distance from family and friends, and differences in culture, social values, and healthcare systems (Ito & Sharts-Hopko, 2002; Meleis et al., 2000; Taniguchi, 2002a; Taniguchi & Baruffi, 2007; Tran et al., 2001; Tummala-Narra, 2004; Wiklund et al., 2000; Yeo, Fetters, & Maeda, 2000). (2) Women are physically and mentally vulnerable in their reproductive health in foreign countries regardless of whether they immigrate from a developing country to a developed country or the opposite (Diani et al., 2003; Small et al., 2003; Taniguchi & Baruffi, 2007). (3) Gender roles inevitably tend to change in foreign countries if immigrants do not have overriding religious, social and family customs (Semenic et al., 2003; Fisher et al., 2003; Wiklund et al., 2000). (4) The partner and female family members play a significant role in the transition to motherhood in a foreign country (Taniguchi & Baruffi, 2007; Wiklund et al., 2000).
Summary

This chapter began with a description of the conceptual orientation of transition to motherhood for foreign-born women using transition: middle-range theory (Meleis et al., 2000). A review of literature relative to transition to motherhood in a foreign country identified attributes, antecedents, and consequences of the concept of transition. Based on the previous studies, a review of literature relative to the effect on pregnancy of living overseas addressed needs for holistic and culturally competent nursing care.
CHAPTER THREE
METHODOLOGY

Chapter Three presents the methodology for conducting this study that describes the essential structure of the lived experience of childbirth for expatriate Japanese women living and giving birth in Hawaii. This chapter includes the research design, phenomenology as a philosophy and human science, the methodology of transcendental phenomenology, the sample, the protection of human rights, data collection, the recruitment, the data generating question, demographic data, data analysis, operationalization of the data analysis method, and the procedures for establishing trustworthiness.

Research Design

The research design for this study is descriptive, using a phenomenological approach.

Phenomenology as a Philosophy and Human Science

The origin of the word "phenomenon" comes from Greek "to flare up", "to show itself", and "to appear." Phenomenology is a philosophy, an approach and a method of conducting human science research (Ray, 1994). Human science research is contrasted from natural science in that, rather than studying objects of nature that lead themselves to detached observations and controlled experiments, it focuses on human existence and uses description and self-reflection as inquiry.

Phenomenology involves the reflective analysis of the lived experience to bring clarity to its structure and meaning. Edmund Husserl (1859-1938), the German philosopher, was a pioneer of phenomenology who believed that human experience
contains a meaningful structure and should be the object of scientific study (Ray, 1994). Husserl’s thoughts on knowledge were derived from Kant and Descartes’s writing positing that knowledge is based on intuition, and essence precedes empirical knowledge (Moustakas, 1994). Husserl began with the epistemological question, “How do we know?” He believed that reflective insight is important, because it shows the meaning of a particular lived experience. What one feels, what one thinks, and what one perceives are one source of understanding the lived experience or the certain existence of human beings. The resulting knowledge also can be used to enhance, develop, and advance the discipline under study as a human science (Ray, 1994).

Phenomenology is characterized by two main approaches: the transcendental (descriptive) and hermeneutic (interpretive). Husserl’s philosophical approach is labeled transcendental, descriptive, or eidetic phenomenology. What is important in Husserl’s phenomenology is the possibility of capturing the essence of consciousness in itself and also seeing its meaning (Giorgi, 2005; Moustaka, 1994; Gearing, 2004). To achieve this, Husserlian phenomenology (descriptive) uses bracketing (epoche), a process in which the researcher sheds all prior personal knowledge in order to grasp the essential lived experiences of those being studied (Lopez & Willis, 2004). In this way the experiences of the research participants are authentically described without the biases of the researcher.

Moustakas said, “Meaning is at the heart of a transcendental (descriptive) phenomenology of science” (1994, p.56). The Husserlian notion of meaning focuses on the perceptions and the worldview of those who have had that experience (Cohen & Omery, 1994). It focuses on the subjective consciousness. This inquiry is to describe and clarify the essential structure of lived world of conscious experience (Moustaka, 1994).
On the other hand, Heidegger (1927-1962) created the hermeneutic-phenomenologic tradition or interpretative approach by shifting the foundation of phenomenology. Heidegger’s approach rests on philosophy as ontological, “What is Being?” This ontological phenomenology is to discover the meaning of Being that is present in the world. Heidegger’s approach focuses on objective Being (Ray, 1994). The concern of Heidegger’s hermeneutic phenomenology is also to disclose the hidden objective phenomena. Spiegelberg (1982) states, “It is a methodological approach making us see what is otherwise concealed, of taking the hidden out of its hiding, and of detecting it as unhidden—that is, as truth.” Interpretive phenomenology particularly detects the meanings of lived experiences theoretically and systematically, rather than using researcher’s intuition, analysis, and description (Cohen & Omery, 1994; Marckey, 2004).

The primary differences between the descriptive and interpretive approaches are that Heidegger articulated the position that presuppositions are not be eliminated or suspended, and the inquiries seek different ends. Heidegger believed that presuppositions made it possible for the meaning to be understood. Heidegger’s question was objective Being; Husserl’s question was subjective consciousness (Cohen & Omery, 1994; Marckey, 2004; Ray, 1994).

This study focuses on the subjective lived experiences of expatriate Japanese women who gave birth in Hawaii and their perceptions of the meaning of the childbirth experiences. Therefore, transcendental phenomenology of the Husserlian tradition is the appropriate approach for this study.

Transcendental phenomenology is a philosophy and methodology of qualitative research based in human science research and has the following definitive characteristics.
1. It seeks to reveal more fully the essences and meanings of human experience;
2. It seeks to uncover the qualitative rather than the quantitative factors in behavior and experience;
3. It engages the total self of the research participant, and sustains personal and passionate involvement;
4. It does not seek to predict or to determine causal relationships;
5. It is illuminated through careful, comprehensive descriptions, vivid and accurate renderings of the experience, rather than measurements, ratings, or scores (Moustakas, 1994, p.105).

**Methodology of Transcendental Phenomenology**

In phenomenology, “the importance of the researcher as a person is magnified because the interviewer him-or herself is the main instrument for obtaining knowledge” (Kvale, 1996, p.117). To facilitate derivation of knowledge there are three core processes: Epochen, Transcendental-Phenomenological Reduction, and Imaginative Variation. The first step is Epochen. Epochen is a Greek word meaning “to refrain from judgment, to abstain from or stay way from the everyday, ordinary way of perceiving things” (Moustakas, 1994). Epochen (bracketing) is a way to eliminate a researcher’s presuppositions about phenomenon. Moustakas (1994) states:

The everyday understandings, judgments, and knowing are set aside, and phenomena are revisited, freshly, naively, in a wide open sense, from the vantage point of a pure or transcendental ego (p.33).

The second step is Transcendental-Phenomenological Reduction. Moustakas (1994) explains the meaning of each word as follows: transcendental means to “move beyond
the everyday to the pure ego in which everything is perceived freshly, as if for the first time” (p. 34). Phenomenological means to “transform the world into mere phenomena.” Reduction means to “lead us back (Lat. Reducere) to the source of the meaning and existence of the experienced world.” The meaning of this is that the researcher is experiencing the time that the participant is re-creating in her/his experience which transcends present time and space. By doing so, the researcher is able to further understand the participant’s experience. The last step is Imaginative Variation which is to grasp the structural essences of the experience using imagination, sense, and memory. From this process, a structural description of the essences of the experience is derived as a picture of conditions condensed as an experience (Moustakas, 1994).

These three core processes remind this researcher of the spirit of the “way of tea” which this researcher has learned through the traditional Japanese tea ceremony. In order to make a bowl of tea with the utmost respect for a guest, we, the host, must be ‘empty’ of mind.

There are no thoughts of “I’ll show you”, or “I’m doing this for you.” There are no thoughts at all. It is about being devoid of such thoughts, and simply focusing on doing your utmost to create that bowl of tea, “just for you, and only for you” (Sen, 2005, p.13).

This attitude is based on the philosophy of “ichigo, ichie” which means “one time, one opportunity.”

The guest and host can establish a meeting of the minds and hearts and they share mutual gratitude, then the two souls will become one, and the state of ‘ichigo, ichie’ will become possible (Sen, 2005, p.17-18).
This researcher believes the relationship between host and guest in a tea ceremony is similar to the relationship between the researcher and participants in a research as Husserl insisted.

Putting these core processes into operation, this researcher prepared a pure and fresh mind similar to the spirit of way of tea. Then the researcher began identifying any pre-existing ideas that might contain biases and lists them so they could be set aside. The pre-existing ideas are as follows: (1) living overseas is a stressful event due to language barrier, (2) women are physically and mentally vulnerable in their reproductive health in foreign country, (3) gender roles tend to change in foreign country, and (4) the partner and their female family members play a significant role in transition to motherhood in foreign country (Taniguchi & Baruffi, 2007). The researcher tried to set aside previous knowledge by first of all attaining the “pure and fresh mind”. This then freed the researcher to listen attentively and respectively to the participant’s story and allowed the participant to tell her story without interruption. The researcher focused on what was of most importance to the participant.

Sample

Sample size in qualitative research is generally smaller than in quantitative research. Sample size is determined by informational considerations to obtain maximum information and to reach saturation on the phenomenon under study (Morse & Richards, 2002; Moustakas, 1994). Boyd (2001) regards two to 10 participants as sufficient to reach saturation. Morse and Richards (2002) identify the number as approximately six. Creswell (1998) recommends “long interviews with up to 10 people” (p. 65). Sample recruitment will cease when there is redundancy of categories and data saturation (Morse
Richards, 2002). In this study, the researcher suspected data saturation when the interview was conducted with the eighth participant. After that, the researcher continued to interview to verify data saturation. The total number of the sample is ten.

Inclusion criteria for participants were:

- Japanese women who were born and raised in Japan
- The childbirth experience occurred during first three years of residence in Hawaii (primipara)
- Having a live child is between six to ten months old
- Having a Japanese partner

Protection of Human Rights

This study was conducted after receiving approval from the Committee on Human Studies of the University of Hawaii at Manoa on January 12th, 2006. A participant Agreement to Participate Form (Appendix A) was given to each participant. Before beginning data collection, the researcher explained the content on the consent form, including the purpose of the study, need to audio tape the interview, confidentiality, benefits and risks to participants, the voluntary nature of the study, approximate length and meetings times. Once the study was completed, the original audiotapes were erased. A list of participants was kept in a locked file. Computer files were kept confidential and accessed only by the researcher. The participants were not identified by name, address, telephone number and so on.
Data Collection

Recruitment

Through purposive sampling 10 participants were identified by a pediatrician or an Obstetrician whose practice included expatriate Japanese women. The participants were given a $10 Longs gift card and a cup donated by Healthy Mother and Healthy Baby Coalition as an acknowledgment of contribution at the completion of the interview.

Following informed consent, each Japanese mother was interviewed by the researcher in an open-ended interview that was audiotaped for transcription. The interview was conducted in Japanese. Each interview lasted approximately one hour to one and a half hour and took place in their homes, a coffee shop, or park or wherever was the most comfortable and convenient place for the participants.

Data Generating Question

In phenomenology, the researcher used a minimal number of broad data questions to obtain descriptions of the lived experience of the phenomenon (Kvale, 1996; Moustakas, 1994). The researcher began the interview with the following question:

"Tell me about your childbirth experience" or "What was the best/most challenging part of being a mother in Hawaii?"

During the interview, statement such as "Please tell me more", or "what did that mean to you?" were used to clarify the answers and seek in-depth descriptions. A follow-up interview was scheduled in order to ensure the trustworthiness of the data. The researcher’s honesty and fairness, knowledge and experience were essential factors to ensure quality of data (Kvale, 1996; Morse & Richards, 2002).
Demographic Data

After completing the interview, the researcher asked the participant to complete the Demographic Data Record (Appendix D) by providing written information on Socio-demographic factors: Mother’s Information: age, the length of stay in Hawaii, reason to move to Hawaii, educational background, English ability and pregnancy (intended or unintended); Partner/Husband’s Information: educational background, English ability, and family income; Child’s Information: age, delivery type, weight at birth, gestational weeks at birth, current health status, and breastfeeding. This data was used to verify the interview transcription. All factors were taken into account as facilitators and inhibitors when the data were applied to the transition theory. The statistic software, Epi-info version 3.3.2 was used for the quantitative analysis.

Data analysis

Analysis of transcriptions followed the procedure for the analysis of written protocols by Colaizzi (1978).

1. Read all of the subject’s descriptions, conventionally termed protocols, in order to acquire a feeling for them, a making sense out of them (p.59).
2. Extracting significant statements: Return to each protocol and extract from them phrases or sentences that directly pertain to the investigated phenomenon (p.59).
3. Formulating meanings: Try to spell out the meaning of each significant statement (Colaizzi, p.59).
4. Clusters of themes: Repeat the above for each protocol, and organize the aggregate formulated meanings into clusters of themes (p.59).
a. Refer these clusters of themes back to the original protocols in order to validate them

b. At this point discrepancies may be noted among and/or between the various clusters (p.61).

5. Exhaustive description: The results of everything so far are integrated into an exhaustive description of the investigated topic (p.61).

6. An effort is made to formulate the exhaustive description of the investigated phenomenon in as unequivocal a statement of identification of its fundamental structure as possible (p.61).

7. A final validating step can be achieved by turning to each subject, and, in either a single interview session or a series of interviews, asking the subject about the finding thus far. Any relevant new data that emerges from these interviews must be worked into the final product of research (p.61-62).

Operationalization of the data analysis method

1. Initially, the researcher transcribed the interviews into Japanese and listened to the audiotapes and verified the transcriptions with an interview journal and a follow-up interview.

2. The researcher translated the Japanese transcription into English and asked a native speaker who was a PhD student in the linguistic department at the University of Hawaii at Manoa to proofread it.

3. The researcher asked bilingual (English and Japanese) translators for back translation. One of them is a student in the masters program at the linguistic department, at the University of Hawaii at Manoa. The other has a master’s
degree in public health and experienced childbirth in Hawaii and Japan. They translated the English transcriptions into Japanese.

4. After both forward and backward translations were done (back translation), the researcher listened to the audiotapes, compared the tapes to the Japanese transcription, and compared the Japanese transcription to the English transcription and made necessary changes for accuracy. After the researcher verified the transcription, the researcher verified the corrections with the bilingual translator.

5. The researcher and the Research Chair identified significant statements, formulated their meanings, and identified themes on the first two English transcriptions.

6. Based on the analysis of the first two transcriptions with the Chair, the researcher repeated the same steps on the remaining protocols using qualitative computer software, Nvivo 7.

7. The researcher submitted the transcriptions to the Chair for comments and suggestions on analysis as appropriate.

8. The researcher repeated these steps of the analysis.

9. After repeating the above for each protocol, the researcher and Chair organized the aggregate formulated meanings into clusters of themes.

10. The researcher and the chair referred the clusters of themes back to the original protocols in order to validate them, and made changes as appropriate.

11. After that, the researcher generated the essential structure of the lived experience of women's growth and transformation through childbirth in a foreign country.
12. The researcher validated the meanings of the data with participants and integrated new data into the essential structure.

Procedures for Establishing Trustworthiness

In qualitative inquiry, the concept of trustworthiness is more appropriate than reliability and validity as an indicator of data quality because reliability and validity are data quality terms that belong within the positivist paradigm. Trustworthiness of the data or rigor is created by the establishment of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985, p.300).

**Credibility**

Credibility means that the study findings are true or accurate. In qualitative research, truth-value refers to the discovery of human phenomena, which participants experienced. Qualitative findings are considered credible when (1) the researcher builds trust with the participants by prolonged engagement, persistent observation, and triangulation (Lincoln & Guba, 1985), (2) when descriptions are so faithful that participants recognize their experiences from the researcher's description, or (3) other people recognize the experience after only reading about it in a study (Lincoln & Guba, 1985; Norwood, 2000).

To develop a trusting relationship, the researcher assured confidentiality by being truthful with no hidden agendas, allowed participants’ voluntary participation in the inquiry process, and respected the participant’s best interests. Prolonged engagement was spending enough time with the participants to learn about them and to build trust with them (Lincoln, Guba, 1985). At the end of the interview, the researcher gave participants time to share more comments by asking them if there was anything else they wanted to
add. The persistent observation allowed the researcher to observe the participants and their environments during the prolonged engagement. Triangulation means using different sources, methods or investigators to increase credibility (Lincoln, Guba, 1985). In this study, the researcher used interview, a demographic questionnaire, and observation in order to conduct methodological triangulation. The researcher met with the participants a few times for the member check to clarify the content of the interview and then reviewed the transcriptions with the dissertation Chair, who looked for biases or personal distortions within the data.

*Transferability*

Transferability refers to the applicability of study findings (Norwood, 2000). Sandelowski (1986) states that it is hard to fit external validity or generalizability in the quantitative sense to qualitative research because every qualitative research situation is ultimately about a particular researcher interacting with a particular subject in unique circumstances. There are two threats to transferability in qualitative study. They are “elite bias” and “holistic fallacy.” The elite bias refers to participants who are articulate and knowledgeable about a phenomenon as well as accessible. Therefore, the elite bias is guarded against by striving for informational adequacy (Norwood, 2000). The holistic fallacy is that atypical responses are ignored and data are interpreted as looking more patterned and uniform than they actually are. The holistic fallacy is avoided through careful data-analysis techniques such as a review of a researcher’s interpretation of the data by a colleague or expert reader (Norwood, 2000). In this study, the researcher provided a thick description and asked the dissertation Chair and a peer debriefer to review the interpretation of the data.
**Dependability**

Dependability refers to the consistency of the data. Dependability is confirmed by triangulation, reflexive journaling, and the inquiry audit (Lincoln & Guba, 1985). In this study, to establish dependability, the researcher provided an audit trail for the dissertation Chair (Lincoln & Guba, 1985).

**Confirmability**

Confirmability is the verification that the findings are grounded or supported by the data rather than in the researcher’s personal constructions (Lincoln & Guba, 1985). Lincoln and Guba (1985) suggest tracing back the raw data that supports the results in order to determine confirmability through the audit. The raw data includes the interview transcriptions, reflexive journal, and field notes. Confirmability is also supported if the researcher demonstrates confirmability through triangulation, member checks, and reducing personal biases (Lincoln & Guba, 1985). In this study, the researcher provided an audit trail for the dissertation Chair to conduct a confirmability audit. In order to explicate and reduce personal biases, triangulation with interview, observation, and demographic data supported confirmability in this study.

**Summary**

Chapter Three addressed the methodology of the study, beginning with a description of Human Science and Phenomenology, which is a qualitative approach to research on the lived experience of human beings. In this study, purposive sampling provided access to expatriate Japanese women who gave birth in Hawaii soon after they moved to Hawaii. The data collection methods were interview and observation. The instruments were the researcher herself, the Demographic Data record, and the Data
Generating Question. Protection of Human Rights was through IRB review and the ethical conduct of the research. Prolonged engagement, persistent observation, triangulation, peer debriefing, and member check supported trustworthiness.
CHAPTER FOUR

RESULTS

Chapter four presents the results of this study describing the essential structure of the lived experience of childbirth for expatriate Japanese women living and giving birth in Hawaii. This chapter includes a description of the sample, an exhaustive description of the results of the data analysis, the essential structure, and summary.

Description of Sample

1. Profile of Japanese Women

Ten expatriate Japanese women who gave birth in Hawaii participated in this study. They were all primiparas, although two had experienced miscarriage previously. The study sample, therefore, was not completely homogeneous with regards to having previous experience with prenatal care. This factor may have better reflected the heterogeneous nature of the population. The average age of the participants was 30.8 (24-39). The length of stay in Hawaii was from 8 months to 3 years (median: 2 yrs. 7 ms). Of the ten participants, three Japanese women became pregnant in Japan and moved to Hawaii in the first trimester, second trimester, and third trimester respectively. Their reasons for coming to Hawaii were their husband’s job (6), marriage (2), and study abroad (2). Their academic backgrounds were high school education (1), graduate of a two-years college (6) and graduate of a four-year university (3). Regarding their English ability, eight participants were able to use English while shopping and five were able to speak English with the nurse or doctor (Tables 1, 2).
2. Profile of Their Husbands

All participants' husbands were born and raised in Japan. Their academic backgrounds were junior high school education (1), two years college graduate (1), four years university graduate (6), Masters (1), and PhD (1). Regarding their English ability, nine participants were able to use English while shopping and eight were able to speak English with the nurse or doctor.

Table 1. Profile of Japanese Women
(Age, Education level, Reason for moving to Hawaii, and Pregnancy)

<table>
<thead>
<tr>
<th>No.</th>
<th>Age</th>
<th>Education</th>
<th>Reason for moving to Hawaii</th>
<th>Pregnancy</th>
<th>Pregnancy Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>36</td>
<td>University</td>
<td>Husband's job</td>
<td>Unintended</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>39</td>
<td>College</td>
<td>Husband's job</td>
<td>Unintended</td>
<td>Moved to Hawaii in the second trimester.</td>
</tr>
<tr>
<td>3</td>
<td>29</td>
<td>College</td>
<td>Marriage</td>
<td>Intended</td>
<td>Miscarriage at the first year in Hawaii</td>
</tr>
<tr>
<td>4</td>
<td>32</td>
<td>College</td>
<td>Study abroad</td>
<td>Intended</td>
<td>Miscarriage at the first year in Hawaii</td>
</tr>
<tr>
<td>5</td>
<td>24</td>
<td>College</td>
<td>Study abroad</td>
<td>Intended</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>31</td>
<td>College</td>
<td>Husband's job</td>
<td>Unintended</td>
<td>Pregnancy at the first month in Hawaii</td>
</tr>
<tr>
<td>7</td>
<td>24</td>
<td>University</td>
<td>Husband's job</td>
<td>Unintended</td>
<td>Moved to Hawaii at the 9th month of pregnancy</td>
</tr>
<tr>
<td>8</td>
<td>30</td>
<td>High school</td>
<td>Marriage</td>
<td>Unintended</td>
<td>Moved to Hawaii at the 5th month of pregnancy</td>
</tr>
<tr>
<td>9</td>
<td>31</td>
<td>University</td>
<td>Husband's job</td>
<td>Intended</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>32</td>
<td>College</td>
<td>Husband's job</td>
<td>Intended</td>
<td></td>
</tr>
</tbody>
</table>
University: 4 years university graduate
College: 2 years college graduate

Table 2. Profile of Japanese Women
(English ability and Length of stay in Hawaii at the Interview)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Can you speak in English when you go to the shops?</th>
<th>Can you speak with the nurse or doctor?</th>
<th>Does you doctor speak Japanese?</th>
<th>Length of stay in Hawaii at the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>3 years</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td>A little</td>
<td>No</td>
<td>10 months</td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>3 years</td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>3 years</td>
</tr>
<tr>
<td>5</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>3 years</td>
</tr>
<tr>
<td>6</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>1 year and 5 months</td>
</tr>
<tr>
<td>7</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>8 months</td>
</tr>
<tr>
<td>8</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>1 year and 1 month</td>
</tr>
<tr>
<td>9</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>2 years and 10 months</td>
</tr>
<tr>
<td>10</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2 years and 4 months</td>
</tr>
<tr>
<td>Participant</td>
<td>Education</td>
<td>Can you speak in English when you go to the shops?</td>
<td>Can you speak with the nurse or doctor?</td>
<td>Family income/month</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
<td>--------------------------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>1</td>
<td>Master</td>
<td>Yes</td>
<td>Yes</td>
<td>$3,000-3,900</td>
</tr>
<tr>
<td>2</td>
<td>University</td>
<td>Yes</td>
<td>Yes</td>
<td>$3,000-3,900</td>
</tr>
<tr>
<td>3</td>
<td>University</td>
<td>Yes</td>
<td>Yes</td>
<td>$2,000-2,900</td>
</tr>
<tr>
<td>4</td>
<td>University</td>
<td>Yes</td>
<td>Yes</td>
<td>&lt;$2,000</td>
</tr>
<tr>
<td>5</td>
<td>University</td>
<td>Yes</td>
<td>Yes</td>
<td>$2,000-2,900</td>
</tr>
<tr>
<td>6</td>
<td>University</td>
<td>Yes</td>
<td>A little</td>
<td>&gt; $4,000</td>
</tr>
<tr>
<td>7</td>
<td>Junior high school</td>
<td>No</td>
<td>No</td>
<td>$3,000-3,900</td>
</tr>
<tr>
<td>8</td>
<td>PhD</td>
<td>Yes</td>
<td>Yes</td>
<td>&gt; $4,000</td>
</tr>
<tr>
<td>9</td>
<td>University</td>
<td>Yes</td>
<td>Yes</td>
<td>$3,000-3,900</td>
</tr>
<tr>
<td>10</td>
<td>College</td>
<td>Yes</td>
<td>Yes</td>
<td>&gt; $4,000</td>
</tr>
</tbody>
</table>
Table 4. Their Child’s Profile
(Age, Delivery type, Epidural anesthesia, Weight at birth, Gestational age, Breastfeeding, Healthy status at the interview)

<table>
<thead>
<tr>
<th>No.</th>
<th>Age at the interview</th>
<th>Delivery type</th>
<th>Epidural anesthesia</th>
<th>Weight at birth</th>
<th>Gestational Age</th>
<th>Breastfeeding</th>
<th>Healthy status at the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7 M</td>
<td>C/S</td>
<td>Yes</td>
<td>2,884g</td>
<td>41W</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td>2</td>
<td>6 M</td>
<td>C/S</td>
<td>Yes</td>
<td>3,500g</td>
<td>39W</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Still</td>
<td>(The baby was admitted to the hospital because of jaundice)</td>
</tr>
<tr>
<td>3</td>
<td>10M</td>
<td>NSD</td>
<td>Yes</td>
<td>3,303g</td>
<td>40W</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>10 M</td>
<td>NSD</td>
<td>Yes</td>
<td>3,700g</td>
<td>42W</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td>5</td>
<td>8 M</td>
<td>NSD</td>
<td>Yes</td>
<td>3,200g</td>
<td>38W</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(3 Mon.)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>7 M</td>
<td>C/S</td>
<td>Yes</td>
<td>3,388g</td>
<td>39W</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(2 Mon.)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>6 M</td>
<td>NSD</td>
<td>Yes</td>
<td>3,500g</td>
<td>40W</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(3 Mon.)</td>
<td>(The baby was admitted to the hospital because of an allergy of unknown cause at the 3 month)</td>
</tr>
<tr>
<td>8</td>
<td>9 M</td>
<td>C/S</td>
<td>Yes</td>
<td>2,300g</td>
<td>36W</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,200g</td>
<td></td>
<td>(2 Mon.)</td>
<td>(The second baby was admitted to the hospital because of respiratory problem)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>* Twin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>7 M</td>
<td>C/S</td>
<td>Yes</td>
<td>2,940g</td>
<td>40W</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Still</td>
<td>(The baby was admitted to the hospital because of jaundice)</td>
</tr>
<tr>
<td>10</td>
<td>8 M</td>
<td>NSD</td>
<td>Yes</td>
<td>2,803g</td>
<td>38W</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(4 Mon.)</td>
<td></td>
</tr>
</tbody>
</table>
4. Family income

Family income per month was <$2,000 (1), $2,000-2,900 (2), $3,000-3,900 (4), and >$4,000 (3) (Table 3).

5. Childbirth outcomes

The range of children’s age was from 6 to 10 months when the participants were interviewed. The babies were born with intended (5) and unintended pregnancy (5). The types of delivery included 5 normal spontaneous deliveries and 5 cesarean sections. All participants received epidural anesthesia. One participant gave birth to twins. The average of weight at birth was 3,065g (2,200g-3,700g). All babies except twins were born at full term. All mothers breastfed their babies and at the time of interview five mothers were currently breastfeeding their babies. Mothers who were not currently breastfeeding disconnected between two and four months of age due to their children’s allergies or their lack of milk. The babies were all healthy at the time their mothers were interviewed (Table 4).

Exhaustive Description of the Results of the Analysis of Data

The exhaustive description of the phenomenon of childbirth for expatriate Japanese women living and giving birth in Hawaii is the collection of themes, theme clusters, and theme categories, integrated from the 964 significant statements derived from the interviews with ten Japanese women participants (Table 5). Table 5 identifies the number of citations for the most frequently occurring theme clusters and themes. The formulated meanings of these significant statements resulted in 42 themes, 12 themes
Table 5. Highest Occurring Theme Clusters & Themes

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Challenges Living Overseas (259)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Coping with Language Issues (37)</td>
</tr>
<tr>
<td></td>
<td>Language Barrier (34)</td>
</tr>
<tr>
<td></td>
<td>• Making Comparison (103)</td>
</tr>
<tr>
<td></td>
<td>Experiencing Different Medical Care (33)</td>
</tr>
<tr>
<td></td>
<td>Diverging Cultural &amp; Social Values (27)</td>
</tr>
<tr>
<td></td>
<td>• Distance from Family &amp; Friends (119)</td>
</tr>
<tr>
<td></td>
<td>Lack of Support (59)</td>
</tr>
<tr>
<td></td>
<td>Loneliness (27)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category 2</th>
<th>Challenges of Motherhood (226)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Challenges during Pregnancy (78)</td>
</tr>
<tr>
<td></td>
<td>Experience of Pregnancy (49)</td>
</tr>
<tr>
<td></td>
<td>• Challenges in Childbirth (27)</td>
</tr>
<tr>
<td></td>
<td>Difficult Childbirth (18)</td>
</tr>
<tr>
<td></td>
<td>• Challenges in Childrearing (121)</td>
</tr>
<tr>
<td></td>
<td>Challenges of Baby’s Care (51)</td>
</tr>
<tr>
<td></td>
<td>Concerns about Baby (35)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category 3</th>
<th>Reaching the Goal of Motherhood (231)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Life Change (66)</td>
</tr>
<tr>
<td></td>
<td>Feeling Trapped (23)</td>
</tr>
<tr>
<td></td>
<td>• Becoming a Mother (165)</td>
</tr>
<tr>
<td></td>
<td>Joyful Moment of Becoming a Mother (24)</td>
</tr>
<tr>
<td></td>
<td>Feeling Becoming a Mother (21)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category 4</th>
<th>Relationship with Others (248)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Baby (22)</td>
</tr>
<tr>
<td></td>
<td>Making Parents Happy (15)</td>
</tr>
<tr>
<td></td>
<td>• Husband (112)</td>
</tr>
<tr>
<td></td>
<td>Husband’s Support (59)</td>
</tr>
<tr>
<td></td>
<td>Relationship with Husband (27)</td>
</tr>
<tr>
<td></td>
<td>• Valuing Parents (78)</td>
</tr>
<tr>
<td></td>
<td>Appreciation of Parents (25)</td>
</tr>
<tr>
<td></td>
<td>Relationship with Parent’s In-laws (24)</td>
</tr>
<tr>
<td></td>
<td>• Friends, Medical Staff and Others (36)</td>
</tr>
<tr>
<td></td>
<td>Appreciation (11)</td>
</tr>
<tr>
<td></td>
<td>Encouragement (11)</td>
</tr>
</tbody>
</table>

N=964
clusters, and 4 theme categories. The exhaustive description of the theme categories, theme clusters, themes, and sub-themes follows.

Table 6. Theme Category 1: Challenges Living Overseas

<table>
<thead>
<tr>
<th>Theme Category</th>
<th>Theme Cluster</th>
<th>Theme</th>
<th>Sub theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenges Living Overseas</td>
<td>Coping with Language Issues</td>
<td>Language Barrier</td>
<td>• Language Preparation</td>
</tr>
<tr>
<td></td>
<td>Making comparisons</td>
<td>Experiencing Different Medical Care</td>
<td>• Satisfaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Dissatisfaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Early discharge</td>
</tr>
<tr>
<td></td>
<td>Diverging Cultural &amp; Social Values</td>
<td></td>
<td>• Responsibility of Childrearing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Financial Concerns</td>
</tr>
<tr>
<td>Benefits of Living Overseas</td>
<td>Loneliness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance from Family &amp; Friends</td>
<td>Missing the Connection with Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Homesickness</td>
<td></td>
<td>• Returning to Japan</td>
</tr>
<tr>
<td></td>
<td>Lack of Support</td>
<td></td>
<td>• Parents’ Help from Japan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Seeking to be Recharged</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Friends’ &amp; Others Support</td>
</tr>
</tbody>
</table>
The first Theme Category is Challenges Living Overseas. Three theme clusters describe this category: coping with language issues, making comparisons, and distance from family and friends. Table 6 presents the theme category, Challenges of Living Overseas, with its three theme clusters, themes, and sub-themes.

**Theme Cluster: Coping with Language Issues**

The first theme cluster, coping with language issues, had one theme and one sub-theme: language barrier and language preparation. In the theme category, living overseas, the language barrier was the theme mentioned most frequently by the participants.

**Theme: language barrier**

Nine participants provided data that supported this theme. In particular, they experienced a language barrier with medical staff during pregnancy and childbirth even though they did not feel so disadvantaged in their daily lives in Hawaii. They reported that the Japanese language was understood quite often in shopping areas. They asked their husbands to attend their prenatal visits as translators.

P8: “My husband attended each prenatal visit with me and childbirth at the hospital because I couldn’t speak English and I didn’t understand the childbirth consent form so that I didn’t have any anxiety.”

The majority of the participants had chosen a doctor who spoke Japanese. Even though the doctor spoke Japanese, other medical staff could not speak Japanese. The women were worried about communicating with the medical staff at the clinic and the hospital.

P2: “From the name of Dr. A, I thought that he could speak Japanese, then I visited him, but he could not speak Japanese at all. There was also nobody who
spoke Japanese among nurses.”

Even though participants could speak English, they felt that medical terms were difficult and it was hard to respond to the staff while experiencing labor pains.

P7: “I am Ok with daily conversation because I have an experience of study abroad for one year in the mainland. But, the medical terms were difficult. There were many unknown words. I almost understood what they told me, but it was impossible for me to respond in English because of pain. I spoke Japanese. However, I think I almost understood.”

However, the medical staff also tried to accommodate the foreigners.

P2: “The doctor talked to me with easy English using easy words.”

P8: “The staff told the other staff that I didn’t understand English even though it was a matter of shame for me. They explained to me repeatedly. The breast care staff also wrote down all care because I didn’t understand what she told me. They gave special care. I felt that the staff took care of me intensively because I gave birth in a foreign country and I didn’t understand English and more, my babies were twins.”

The language barrier was severe for participants. They could not ask the doctor many things they were concerned during pregnancy, childbirth and childrearing. They felt stress and loneliness because they could not communicate with other people and were also afraid of being misunderstood. Then, they recognized the importance of English.

P2: “At first, the nurse yelled at me, “You can’t speak English!” I was scared and got nervous.”

P6: “English ability is very important. If I had been taught more English and
about the healthcare system by someone, I think I would have felt more at ease.”

The sub-theme of language barrier was language preparation. Two participants provided data that supported this theme. They believed it would be helpful for them to improve their English speaking ability during this time and tried to learn English medical terms for their check-ups and hospital stay.

P4: “I thought English would be definitely needed at that time. I had better be used to English words used in childbirth and in an American medical atmosphere.”

**Theme Cluster: Making Comparison**

The second theme cluster, making comparison, consisted of three themes: experiencing different medical care, diverging cultural and social values, and benefits of living overseas. The theme, experiencing different medical care, had three sub-themes: satisfaction, dissatisfaction and early discharge issues. The theme, diverging cultural and social values, had two sub-themes: responsibility of childrearing and financial concerns. By living overseas, participants were always comparing their daily lives in Japan to life in Hawaii.

**Theme: Experiencing different medical care**

Eight participants provided data that supported this theme. They had received prenatal medical care in Japan or exchanged information with their friends in Japan. The ranking of the most reported items was, in order, prenatal visits, ultrasound exam, instruction on diet restrictions, payment system, appointment system and facilities.

P2: “I heard that I would be provided meticulous care and detailed instructions during the stay if I would stay in the hospital for two weeks in Japan. I knew
about prenatal care in Japan because I used to go to see a doctor in my early pregnancy. Whenever I took ultrasound or amniocentesis, the doctor used to give me the baby’s picture. I liked such meticulous care in Japan.”

P7: “In a prenatal visit, there is only the check of fetal heart sounds here. I wanted to see the baby through the ultrasound exam every time like Japanese care. I wondered if it was really OK because the doctor touched my belly, and heard the fetal heart sounds and said, “it’s OK.”

P6: “Here, there is no ultrasound exam from the 6th month...........My Japanese friend who was pregnant told me about watching her baby through the ultrasound exam at the 7th month and received a baby’s picture by a doctor. I envied her. I had been eager to see my baby because I hadn’t seen her since the 6th month. Participants were surprised and confused by the different diet instructions in Japan and Hawaii and felt at ease in Hawaii because they were freed from diet restrictions.

P5: “Regarding weight gain, pregnant women were told, “don’t gain too much!” by medical staff in Japan. I wasn’t told such a thing here.”

P7: If I had lived in Japan, I thought I might have had difficulty regarding gaining weight. In contrary, here, it is like ‘Please give birth to a healthy baby eating a lot, moving around a lot.’ At first, I was surprised at this advice. ‘Wow, is this true?’ I thought I would be less irritated being pregnant here than in Japan.”

The healthcare system was totally different from Japan, in particular payment and healthcare insurance system. Participants were confused with these things.
P6: "Here, it is really specialization. I was surprised. For example, the blood test, although the blood test was taken at Dr. B’s office, I had to pay to the lab, not Dr. B."

The first sub-theme of experiencing different medical care was satisfaction. Of eight participants who provided data to support the theme, experiencing different medical care, five participants reported data in this sub-theme. They were satisfied with the easy delivery under anesthesia, friendly care, and family-centered delivery room.

P3: “Nurses came to me frequently. It seemed to be slow at the maternity ward when I stayed. That’s why I was given a “princess” care. They explained each instruction and care in detail before using pitocin and anesthesia.”

P5: “I feel that easy childbirth may become my strength. That’s thank to anesthesia.”

P8: “As it was a very friendly atmosphere, I thought I would be able to give birth to many babies if I could give birth in such a friendly atmosphere. The staff was very friendly and kind.”

P3: “My mother was surprised at my husband’s attendance at the delivery. So was I. Husband attendance is not popular in Japan is it? Moreover, he was asked to cut the umbilical cord. I was worried about him. But, it was OK.”

P8: “My room was completely a private room, which was able to keep privacy. It was OK for my husband to stay with me. It was like a gorgeous hotel where the shower room was installed inside the room. I was able to stay with my babies.”

P8: “In Japan, prenatal visits seemed to be an assembly-line system. I didn’t say
that it was bad. But, there was no privacy even though I attended a famous hospital. Attending husbands were able to see that other pregnant women were taking weight and blood pressure check. In the USA, I felt that medical staff made time for me. This is totally different in Japan and the USA. I think it was good for me to give birth in the USA.

The second sub-theme was dissatisfaction. Of the eight participants who provided for the theme, experiencing different medical care, five participants reported data to support this sub-theme. Because of miscommunication resulting from the language barrier they felt uncomfortable with treatments provided during labor and delivery and when the babies were sick. Another cause of dissatisfaction was related to the lack of confidence in the different type of care offered in Hawaii.

P2: “There is no such situation in Japan, I was scolded by the nurse and fell into anxiety.”

P6: “Other nurses and staff who were taking care of me didn’t speak Japanese. I was given shots without my understanding. I was given painkillers. I had heard that painless delivery was no pain. However, I still felt pain even though I requested painless labor. I felt very severe pain. I felt that labor was coming every two minutes. Well, it’s strange. Even though I thought about it, I was not able to tell nurses in English. I was just saying “Itai, Itai.” Ultimately, Dr. B came to see me and said to me, “Anesthesia wasn’t working.” The anesthesiologist said to me, “Oh, I am sorry. The tip of needle was off to the side,” “It sucked!”

P7: “It took about two hours to insert an intravenous line on my baby because it was difficult to find the vein. He was crying so much. It was hard for me to hear
his crying.”

The third sub-theme was early discharge issues. Of the eight participants who provided data to support this theme of experiencing different medical care, five participants contributed to this sub-theme. Their perceptions of early discharge were different according to the type of delivery. Three participants who gave birth by C/S reported as follows.

1: “To give birth in the USA is very difficult for women because the length of stay is shorter than that of Japan.” “A short stay in the hospital is hard for a new mother.”

2: “Although I stayed three nights after C/S, I wanted to stay one more night at the hospital. The length of hospital stay is very short, isn’t it? It is very hard for a new family unless we have support of the same level as a nurse at home.”

Even though participant #2 & #6 had C/S, they did housework as usual because they could not ask for help from mother or in-laws. On the other hand, participant # 4 who had an easy delivery was concerned about her family at home.

P4: “Although we are supposed to stay in hospital for one week in Japan, we have to leave from hospital 48 hours after childbirth here. This was better for me. As I was fine after childbirth, I felt a little bit bored in the hospital life…. I thought that even though my mother and husband were at home, they could not handle it if I stayed in hospital longer. It was better for me to be forced to leave the hospital early.”
Theme: Diverging cultural & social values

All participants provided support for this theme. This theme had two sub-themes: responsibility of childrearing in the foreign country and financial concerns. Initially, they were surprised at the different culture and society and confused about different social values and tried to accept them.

P6: “Initially, I didn’t know anything at all, hospital health insurance and so on. We were too confused to adapt ourselves to a new environment.”

They also found cultural and social values differences in childcare.

P2: “His Japanese friends who became fathers in Hawaii take care of their children well, but Japanese friends who became fathers in Japan don’t do anything.”

P6: “In Japan, there are many mothers who have the philosophy, which it is important to raise a child with breastfeeding. Therefore, they say that mothers who raise their children with formula are bad mothers.”

Almost all participants’ mothers came from Japan to help them give birth. In contrast to the childrearing of their grandmother’s generation, childcare was different in Hawaii.

P3: “She was surprised that small babies wore only a short sleeve and moreover their legs were exposed in this climate. She said, “Although I used to wear baby’s dress tightly, it is alright?” She was also surprised at seeing small babies in strollers on the street. A long time ago, such small babies wouldn’t be outside.”

When participants returned to Japan, they found people responded differently to a mother with her baby.
P6: “It seems to not be friendly for a mother with her baby. At first, I couldn’t find an elevator at a station. There are still many stations without an elevator. Here, people give a seat for a mother with her baby, but in Japan, people ignored us. I felt that Japan might be cold for a mother with her baby. Before my childbirth, my friend who has a child came to Hawaii from Japan. She told me that it’s much easier to raise a baby in Hawaii. At that time, I didn’t understand what she told me. Now, I could understand the meaning.”

P8: “Japanese are apt to walk past without any greeting and after that they whisper “Uh, twins!” This mother of twins would have communicated with passers-by if they had talked to her when she ran into them. She told me that it was uncomfortable for her. Japanese may perceive twins as special but they don’t comment about it to a stranger. However, in the USA, there are many twins and people openly congratulate the mother. I am so happy that everybody calls me ‘You are happy!’ or ‘A boy and girl twins are wonderful!’ I think that such a thing is nice in the USA.”

The first sub-theme was responsibility of childrearing in the foreign country. Of all participants who provided data to support the theme, diverging cultural & social values differences, four participants reported data in this sub-theme. They felt obligated to pay more attention to their children’ identities as Japanese because one day they would need to reintegrate into Japanese society. They felt responsible to protect their family in the foreign country.

P3: “I think that I have to educate her so she can speaks Japanese fluently. My parents also ask me, ‘Teach Japanese properly.’ I think that this will be our
task.”

P5: “My husband seemed to feel a big responsibility, which he had to protect us because we have no relative here.”

P6: “I used to depend on my husband outside because I don’t understand English. However, that attitude has become a thing of the past. I have to be fast on my feet. I will try to do things by myself to protect my child. Through that, I also gain power.”

The second sub-theme was financial concerns. Of all participants who provided data for the theme, diverging cultural & social values differences, three participants reported data to support this sub-theme. They felt insecure about the high medical costs under the different health insurance system and also felt anxious about not providing financial support for the household because they were not able to work due to visa restrictions.

P1: “It is expensive…. not only education but all daily life in Hawaii. It is hard for us.”

P4: “In Japan, I think I can work anything after childbirth, however in Hawaii, there is a problem of status. We need some special skills to apply for the working visa. For other things, education is expensive here.”

Theme: Benefits of living overseas

Five participants provided data that supported this theme. The benefits of living overseas were to gain an understanding of other people’s ways of looking at things, to gain American nationality, and live in comfortable weather.

P7: “I would like to have another baby and give a brother to him. It is lucky for
him to have two nationalities.”

P4: “It makes us expand our horizons.”

P2: “She had a chance to meet people who are not Japanese and could make a friend. These things are something that she isn’t able to experience in Japan.”

P1: “We are living in a nice climate.”

Theme Cluster: Feeling Distance from Family and Friends

The third theme cluster, feeling distance from family and friends, had four themes: loneliness, missing the connection with family, homesickness, and lack of support. The theme, homesickness, had one sub theme: returning to Japan. The theme, lack of support, has three sub themes: parents help from Japan, seeking to be recharged, and friends’ & others support.

Theme: Loneliness

Five participants provided data that supported this theme. In particular, this theme focused on living in the foreign country.

P6: “I had no friend here.”

Four participants experienced depression when they came back to Hawaii from Japan or after their parents returned to Japan.

P3: “When I came back to Hawaii, I felt depressed for two weeks. It was hard until I recovered. When I told my friends about this feeling, they had the same experiences. If I overcame this situation and returned to the ordinary rhythm, I would be fine.”

P5: “After she (her mother) returned to Japan, I felt anxiety because my baby and I were suddenly left alone? I didn’t know that…. After she returned to Japan,
I was weeping all day.”

*Theme: Missing the connection with family*

Six participants provided data that supported this theme. This theme included being concerned about their family missing out on important events that happen both in Hawaii and Japan. For example, participants want to share the baby’s the first smile or walk with the grandparents. After childbirth, they were more concerned about distant family’s participation in their child’s development.

P5: “If I had given birth in Japan, I would never have thought of it. ...So, I think there are many times that I think about the bond of my family because I am away from parents.”

P3: “My mother calls me quite often. She seems to be pleased to hear my daughter’s voice. She calls me about twice a day. My daughter was so cute when I came back to Hawaii from Japan and now she started walking, so, my mother wishes she could see her. She asked me, ‘When will you return to Japan next time?’ If I lived close to my family home, I could return to take my daughter for my family frequently. It is hard.”

P4: “I wanted my child to see my great grand mother when she was alive. I was afraid that my great grandmother might pass away.”

Through separation from their parents, the participants realized again the importance of the family relationship. They began to make telephone calls frequently, e-mail, to show the baby’s growth through a Web cam.
Theme: Homesickness

Six participants provided data that supported this theme. The theme, homesickness, has one sub theme: returning to Japan as a coping strategy. The women missed their family members and friends.

P1: “I really wanted to return to Japan with them (her parents). However, my baby was too small. I thought it was best for her to wait for at least three months.”

P7: “I was wondering how my friends were doing. I really want to talk with them face to face when they called or e-mail me.”

P2: “Now, I am thinking when I am able to return to Japan again.”

The sub-theme was returning to Japan. Of six participants who provided data that supported the theme, homesickness, five participants reported data in this sub-theme.

P2: I returned to Japan with my husband on a business trip at four months after childbirth. At that time, ‘I was very happy. At last, I felt I was able to return to Japan.’ Everybody was waiting for me and welcomed us. Although I think that it is a bad attitude for me to have such a feeling, I have to be positive because I am determined to live in Hawaii.”

P3: “When I returned to Japan, everybody was very delighted with us. You know, it is difficult to see each other because we live in Hawaii. Moreover, my grandfather can’t come to Hawaii. So, they were very pleased with us when returned to Japan.”

P6: “I really wanted to return to Japan before full term because it would be hard for me to return to Japan after childbirth.”
Theme: Lack of support

All participants provided data that supported this theme. The theme, lack of support, was comprised of three sub themes: parents’ help from Japan, seeking to be recharged, and friends’ & others’ support. This theme was a serious concern for women who gave birth in the foreign country.

P3: “We are apt to feel the blues when we are raising children by ourselves. In such a case, if our family home is near, we are able to visit freely for our relaxation. Many women who are living in Japan have been telling me, “It was very nice that my family home is close to my house.”

P6: “The doctor told me not to carry a heavy thing. Although I said, ‘Yes, I will’, I carried a lot of heavy things. I had no choice. I had a lot of things I had to do by myself.”

P7: “We didn’t have any support that we could depend on or ask for. On that point, I am wondering if it would be better if I had given birth in Japan.”

The first sub theme was parents’ help from Japan. All participants reported data in this sub theme. Their mothers, sisters, parents, and parents-in-law came from Japan to help them for a period of two weeks to three months during their pregnancy or around the time of childbirth.

P4: “I asked my mother to come from Japan to help us because I would be anxious about my first childbirth and we would not have any support.”

P5: “I had an AMAE (emotional dependence) that my parents and sister would come to help me. If it was impossible to come to help me, I might not have given birth here….I felt at ease because my mother stayed with me and she kept me
company.”

There were some women who tried to take care of their babies and do housework by themselves after discharge from the hospital because they wanted to be considerate of their parents or parents-in-law who came from Japan to help them. Also, they worried about their ability to resume caring for themselves and their babies after their parents returned to Japan if they became dependent while their parents were with them.

The second sub theme was seeking to be recharged. Four participants reported this sub theme. They returned to Japan after childbirth to “recharge their batteries”, to re-engage with family and friends, for one month to two months after childbirth.

P1: “The reason is that I wanted to rest physically and mentally with my parents. That was the main reason.”

P5: “My husband suggests to me to go back and forth between Hawaii and Japan until my child will be one year. I would like to depend on his kindness.”

P3: “It was when I returned to Japan and came back to Hawaii “recharging myself.” That was just the 7th month after childbirth.”

The third sub theme was friends’ and others’ support. All participants who provided data that supported the theme, lack of support. Nine participants reported data in this sub theme. For women who were away from their friends and family, it was very important to find other sources of help when they were in a foreign country. There were various ‘other people’ who were available to them, an aunt, neighbors, a landlord, the husband’s colleague’s wives, the husband’s friends, experienced mothers, online peer mothers’ group, and a Japanese doctor who continued proving support via email.

P5: “My Japanese friend who lives in the same condo gave birth. As she also
stayed with her mother for three months, they were very helpful for me because my parents already returned to Japan. This was her second childbirth. Because she had experience, she was very helpful in teaching me everything about taking care of my baby. I may be able to go through this hard process thanks to my friend’s help. If she hadn’t been here, what would have happened to me?”

P10: “After my mother returned to Japan, I suddenly began to suffer. What three people were doing I had to do by myself. ....At that time, I saw a corner of the invitation for a mothers group on a website, Aloha Street, and knew someone.....Since then, we became friendly and have a potluck party at someone’s house and go to the park. That’s why I was saved by the circle members.

Theme Category: Challenges of Motherhood

The second theme category was challenges of motherhood. In a foreign country, pregnancy made women more anxious. They needed challenges to conquer obstacles on each stage of motherhood. Table 7 presents the theme category, Challenges of motherhood, with its three clusters, themes, and sub themes.

Theme cluster: Challenges during Pregnancy

The first theme cluster, challenges during pregnancy, consisted of two themes: experiencing pregnancy and preparing for childbirth. The first theme, experiencing pregnancy had two sub-themes: uncomfortable symptoms and preventing preterm labor. The second theme, preparing for childbirth, had three sub-themes: choosing the place to give birth, choosing the doctor, and preparation for mothering.
Table 7. Theme Category 2: Challenges of Motherhood

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<tr>
<th>Theme Category</th>
<th>Theme Cluster</th>
<th>Theme</th>
<th>Sub theme</th>
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<tbody>
<tr>
<td>Challenges of</td>
<td>Challenges during</td>
<td>Experiencing Pregnancy</td>
<td>• Uncomfortable Symptoms</td>
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<tr>
<td>Motherhood</td>
<td>Pregnancy</td>
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<td>• Preventing Preterm Labor</td>
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<td>Preparing for Childbirth</td>
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<td>• Choosing the Place to give birth</td>
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<td>• Choosing the Doctor</td>
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<td>• Preparation for Mothering</td>
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<td>Challenges in</td>
<td>Difficult Childbirth</td>
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<td>Childbirth</td>
<td>Easy Childbirth</td>
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<td>Challenges in</td>
<td>Challenge of Baby’s</td>
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<td>Childrearing</td>
<td>Care</td>
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<td>• Coping with Childrearing</td>
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<td>• Good Baby</td>
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<td>• Worry about Baby</td>
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<td></td>
<td>Concerns about Baby</td>
<td>• Depression</td>
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<td>• Losing Weight</td>
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<td>Concerns about Self</td>
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<td></td>
<td>Breastfeeding</td>
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Theme: Experiencing pregnancy

Seven participants provided data that supported this theme. They were anxious about giving birth in a foreign country.

P5: “Even though I would have been anxious if I had given birth in Japan, even more in foreign country, what would happen? I was very anxious.”

Participant # 7 who moved to Hawaii at the eighth month pregnancy was confused by the difference in the prenatal visit compared to Japan.

P7: “I didn’t know anything. I passed through each situation thinking this was common here. I used to ask my friend. She told me, ‘Everyone seems to do it that way’ ‘I see.’ I thought it would be OK if there was no problem.”

Of seven participants, two women experienced miscarriages in their first year in Hawaii. One of them reported the following.

P3: “I was more nervous than normal pregnant women because I had a hard experience. So, although my doctor used to say to me, ‘It’s OK, OK, no problem’, I was anxious.”

The sub theme was uncomfortable symptoms of pregnancy. Of the seven participants that provided data to support the theme, experiencing pregnancy, four participants reported data in this sub theme. Uncomfortable symptoms were vomiting, severe morning sickness and a lower abdominal pain. During morning sickness, they experienced difficulty staying at home alone. They felt more insecure because they were in a foreign country.

The second sub theme was preventing preterm labor. Three participants provided data that supported this sub theme. Of the three women, participant # 2 was forced to be
on bed-rest at home until full term. It was particularly difficult for her to follow the instructions to intensify her situation because she had less support in Hawaii. Her husband always was out of town with his job. Participant # 8 was pregnant with twins. She moved to Hawaii in the stable period of pregnancy. Although her husband helped her during her pregnancy, she had an emergency C/S because of high blood pressure and premature labor at the $36^{th}$ week of gestation.

_Theme: Preparing for childbirth_

All participants provided data that supported this theme. This theme had three subthemes: choosing the place to give birth, choosing the doctor, and preparation for mothering. It took each woman a different period of time to prepare for her childbirth. One woman came to Honolulu to check hospitals in order to decide whether to give birth in Japan or Honolulu. Another woman looked for a hospital, a doctor who spoke Japanese, and a circle of mothers in Honolulu during her first year in Hawaii before she got pregnant. The women received information about childbirth from their husbands’ coworkers’ wives, the Internet, and friends who had experienced childbirth.

The first sub theme was choosing the place to give birth. Of all participants who provided data to support the theme, childbirth preparation, six participants reported in this sub theme. The participants who became pregnant in Hawaii expressed concerns about being separated from their husband and problems with the health insurance coverage if they would gave birth in Japan.

P6: “If I will give birth in Japan, I don’t like to come back to Hawaii before the baby could hold its’ head. It is bad for us to separate for a long period. It is a good chance for us to have our childbirth experience here.”
Of three participants who became pregnant in Japan, two women moved to Hawaii because they were concerned about separation from their husbands even though their parents were eager to provide support if they gave birth in Japan. The remaining one woman had to stay in Hawaii to deliver because she went into premature labor when she came to Hawaii to look for the hospital.

The second sub theme was choosing the doctor. Of all participants, six women chose female doctors who spoke Japanese. Other women did not limit themselves to Japanese speaking doctors but were willing to involve themselves completely into American culture because they expected a new experience in a foreign country. These participants had pretty good English ability so they chose American doctors.

P4: “I was so confused about whether a Japanese doctor would be better for me or a local one. I believed my pregnancy would be normal and there would be no risk if I chose a local doctor, but I would be afraid of the language barrier a lot. If I did not have trouble during my pregnancy, I thought I would take the regular prenatal visits that the guide book recommended. So, I chose the local doctor to brush up my English ability.”

The third sub theme was preparation for mothering. Six participants reported data in this sub-theme. Only two participants and their husbands attended regular childbirth preparation classes in the hospital and one couple received a private lesson by an American prenatal educator at her home. Almost all women gained information about childbirth by searching the Internet, reading Japanese books or magazines, and asking friends who had children in Hawaii and Japan, or the doctor and a medical staff.
Theme Cluster: Challenges in Childbirth

The second theme cluster, challenges in childbirth, consists of two themes: difficult childbirth and easy childbirth. All participants chose a painless delivery using epidural anesthesia. Of five women who gave birth through a C/S, four women had an emergency C/S because of the following: fetal distress (2); delivery obstacle (1); and high blood pressure and preterm labor in twins (1). The other woman had a planed C/S because of uterine fibroid.

Theme: Difficult childbirth

Six participants provided data that supported this theme. Of six women, four women gave birth through a C/S: emergency (3) and planed (1). Three women reported that they shuddered about the possibility of having an emergency C/S because they didn’t mentally feel ready for it. Two of them ultimately had C/S after a long labor. Other problems experienced during childbirth were the requirement of induced labor because of failure to progress in labor, and experiencing painful labor because the epidural did not work.

P1: “If I had known the process of my delivery, I would have given birth in Japan. I thought it was too hard for me to give birth in Hawaii.”

P2: “I can’t forget that feeling even now.” “I didn’t feel any happiness at birth.”

Theme: Easy childbirth

Four participants provided data that supported this theme. There were three factors of easy childbirth among their reports. The factors included having a painless delivery because of the epidural anesthesia, having a rapid and short labor, and experiencing a relaxed atmosphere at birth.
P5: “It really seemed that she was born very smoothly and slipped out from myself. That’s why I have confidence to be able to give birth again. This is thanks to the epidural.”

Theme Cluster: Challenges in Childrearing

The third theme cluster, challenges in childrearing, consisted of four themes: challenges of baby’s care, concern about baby, concern about self, and breastfeeding. The theme, challenges in childrearing, included the sub-theme of coping with childrearing. The theme, concern about baby, had two sub themes: good baby and worry about baby. The theme, concern about self, had two sub themes: depression and losing weight.

Theme: Challenges to baby’s care

All participants provided data that supported this theme. The big difference of childbirth in Japan and the USA was the length of stay in the hospital. In Japan, mother and child normally spent one week with medical staff in the hospital until the new mothers recover from childbirth and the mother had confidence that she could provide the proper care for her child. In Hawaii, the new mothers are discharged early from the hospital with insufficient rest after childbirth, before the establishment of breastfeeding, a lack of adequate confidence with childcare, and before the appearance of jaundice. After discharge from the hospital, taking care of the baby was challenging for a new mother from a different culture background, who was also vulnerable physically and mentally after childbirth. Fortunately, all of the women had some helpers such as their parents, parents-in-laws or a sister from Japan to help provide support for one week to three months. However, all participants tried to meet the challenge of taking care of the baby
according to their situations and their personalities. After discharge, the most difficult experience for them was the baby crying and feeling exhausted from lack of sleep.

P3: “In the first two weeks, I thought I would die because I couldn’t sleep. At that time, my mother, husband and I were drained. We couldn’t get up when the baby started crying. Everybody pretended to sleep.”

P5: “My baby was always crying, crying, and crying. I used to weep when he started crying.”

Almost all women were totally dependent on their mother’s or sister’s help when they first returned home. Three women devoted themselves to taking care of the baby from the beginning even though they had a C/S because they were worried about what would happen after their mothers returned to Japan, or they could not ask their in-laws for help. Since taking care of the baby occupied their minds to such an extent, it was hard for them to maintain their normal life pattern. It was difficult to not only to keep house but also to have their personal time.

The sub theme was coping with childrearing. Five participants provided data to support the theme. Some women reported that their new family life started after their helpers returned to Japan. After groping in the dark to discover answers to the questions of childrearing, they found ways to manage their new lives by seeking their friends’ advice, asking experienced mothers, and reading books on childrearing. This period was from two weeks to three months after childbirth.

P5: “I changed my mind in order to adopt a clear-cut attitude regarding childrearing.”

P6: “My idea, which was that I must vacuum everyday changed. It is all right to
do so every other day. If I looked at a pile of laundry, it is OK to do it every other day. I was getting lazy. I learned to take second best. If I had done best for both housekeeping and childrearing with 100%, I would have ended up a wreck.”

The women responded to the challenge of providing care and nurturing to their babies by focusing on what was best for the babies, for themselves, and for their husbands. One woman tried to use cloth diapers for the baby’s health and another woman taught her baby sign language to facilitate their communication.

Theme: Concerns about baby

Seven participants provided data that supported this theme. This theme had two subthemes: good baby and worry about baby. The first subtheme was good baby. The factors of good babies were the reverse of a difficult baby such as baby’s crying and exhaustion from lack of sleep. Factors of a good baby were that the baby was even tempered, sleeping well, sucked well and did not cry often.

P2: “My baby is a good girl because she wakes up only once a night....It was not so hard for me because she didn’t cry very much.”

The second subtheme was worry about the baby. Four participants provided data that supported this theme. Participants were concerned about their babies when their babies became sick: hyperbilirubinemia, otitis media, a bloody stool, vomiting, catching cold and skin rash because of food allergy. As vulnerable new mothers soon after childbirth, the babies’ illnesses made them more sensitive to be worried about their babies. They devoted themselves to taking care of the baby even though they had a C/S.

6: “It was about two weeks after my mother and sister returned to Japan when my baby was admitted to the hospital. After that, my difficulty reached the
peak. My baby was sick and fussy and couldn’t sleep well. I was exhausted. My husband had to go to work. At that time, it was hard for us.”

One woman was worried because her baby seldom smiled. She thought that it might be because it was only she and her baby for a long period of time. Furthermore, the baby had limited stimulation. There were infrequent family interactions between her baby and her family members because her parents or in-laws were in Japan.

Theme: Concern about self

Five participants provided data that supported this theme. This theme included two sub-themes: depression and losing weight. These sub-themes may be outcomes from both the difficulty of childrearing and the limited support in the foreign country. The first sub-theme was depression. All of the women who provided for the themes, concern about self, reported data to support this sub-theme. They expressed their feelings when they fell into a depression. One woman stated that she did not have the confidence to raise her baby because she still felt like a child herself.

P5: “I feel I’m still like a child. Why does such a child have to take care of the baby! I don’t know why I was so tearful. I was weeping all day I couldn’t hold back my tears.”

P1: “During the first two weeks, it was easy for me to fall into depression because I was with my parents. I think that I was too dependent on my parents’ kindness.”

When they felt stressed because of the changes in their lives, they relied on the support from their parents, husbands and friends. Remembering the nice weather and beauty of
Hawaii helped, but the greatest possible support of all was having the opportunity to once again visit their families in Japan.

The second sub theme was losing weight. Of the five participants who provided input to the theme, concerns about self, three women reported this sub theme. They understood their losing weight resulted from having difficulty with childrearing or breastfeeding.

P5: “Taking care of my baby occupied my mind. It seemed that there was no personal time. I didn’t feel like eating even though I ate. I didn’t have any appetite.”

Theme: Breastfeeding

All participants provided data that supported this theme. After childbirth, all ten women tried to breastfeed. Of the ten women, five women continued to breastfeed at the time of interview. Two women had to stop breastfeeding because their babies developed an allergy at three or four months of age. Three women stopped breastfeeding at the two to three months because of a lack of breast milk. In order to be successful at breastfeeding, they used a number of strategies including attending breastfeeding classes, cooking for themselves and eating a lot. They wanted the best for their babies so they tried to take advantage of the merit of breastfeeding.

P4: “At that time, we had no income. So I worried about money to buy formula. That’s why I chose breastfeeding. Breastfeeding is too convenient. There is no need to prepare formula when we go out. I enjoyed breastfeeding thinking my baby would be healthy and it’s free.”
On the other hand, the woman who stopped breastfeeding reported that she was satisfied with breastfeeding for three months and changed to formula.

P6: “The child was satisfied with enough milk. I don’t need to worry about a lack of my breast milk. After changing to formula, she got to sleep well at night.”

Theme Category 3: Reaching the goal of motherhood

Theme category 3, reaching the goal of motherhood, consisted of two theme clusters, life change and becoming a mother (Table 8). The theme cluster, life change, consisted of three themes, attachment to a former life, inability to accept reality, and feeling trapped.

Theme Cluster: Life Change

All participants provided data that supported the theme, life change. All participants were career women before coming to Hawaii. Although one woman helped her husband’s shop in Honolulu, other women did not work in Hawaii because of the visa or language barrier. Staying at home without any exact purpose was totally different for women who were previous careers women.

P3: “When I moved to Hawaii first, I didn’t know how I should spend the whole day."

After childbirth, their lives changed from their previous lives to child-centered family lives. One participant who had experienced divorce because she and her previous husband could not have a baby described that having a child meant her life was just beginning.

P2: “I think having a child means the real start of my life….At last, I started my
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<th>Theme Cluster</th>
<th>Theme</th>
<th>Sub theme</th>
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<td>Reaching the Goal of Motherhood</td>
<td>Life Change</td>
<td>Attachment to Former Life</td>
<td>Inability to Accept Reality</td>
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Life experience.

PI: “It’s really a big change experience in my life. It’s totally different from our previous life without a baby.”

Theme: Attachment to former life

Two participants provided data that supported this theme. Although they enjoyed working in Japan, they felt frustrated not being able to keep working.

P7: “I regretted that I might not need to quit my job if I gave birth in Japan.”

Theme: Inability to accept reality

Four participants provided data that supported this theme. This theme was based on two issues: not accepting their new life in Hawaii and not accepting their new life with a child.

P3: “I had to move to Hawaii unwillingly. That’s why it was hard for me to be used to live in Hawaii.”

P1: “During the first period, after childbirth, I thought that I was in a dream. I was not able to accept reality, which included living with my baby in a while and being pressed for time. I couldn’t believe that this life was real. It’s just like a dream.”

Theme: Feeling trapped

Seven participants provided data that supported this theme. Each participant described various feelings of being trapped through pregnancy, childbirth, and childrearing. There were various reasons given for feeling trapped. Some of the women did not want to move to Hawaii. Some had unplanned pregnancies. Some wanted to give birth in Japan. There were other reasons for the feelings including that the woman could
not find purpose for her life in Hawaii, wanted a natural birth, or felt she could not manage the household because of the baby.

P7: “That’s why pregnancy was an unscheduled. I was on top of my job and found a lot of amusement in my job. That’s why it was such a shock for me even though I felt guilty because I should have been feeling joy.”

P5: “But, I wanted to do housekeeping perfectly. I thought that I should do it by myself because it was given me. I hated myself who went around in circle. I had a very little choice because I had the child. I felt like conflict.”

*Theme: Acceptance of reality*

Five participants provided data that supported this theme. They accepted the reality that their lives were transforming to the next stage. These five women wanted to be able to devote themselves to childrearing, benefiting from the point of view gained from their experiences.

P6: “I worked and did various things on my own in that period. Now, I can devote myself to childrearing. If I were a 20’s mother, I couldn’t devote myself to childrearing because I would like to do too many things.”

One woman described that she ultimately accepted the reality of her new life after coming back to Hawaii from Japan. She returned to Japan after childbirth because she needed to take a rest with her parents’ help.

*Theme cluster: Becoming a Mother*

The theme cluster, becoming a mother consisted of nine themes. These themes were immediate feelings at birth, feeling of becoming a mother, joyful moments of becoming a mother, feeling at ease, finding satisfaction with childcare, feeling
responsibility of parenthood, gaining self-confidence, seeking self-actualization, and dreams for future.

**Theme: Immediate feeling at birth**

Six participants provided data that supported this theme. They expressed surprise and confusion, "Are you my baby?" when they met their babies at first time. They viewed their babies as something apart like a doll or a small monkey. One woman felt disappointed because her baby did not look like her. Three of the women reported rejoicing that they at last met their babies because they had not been able to see them through the ultrasound exam since the sixth month of pregnancy. Although their immediate feelings at birth were varied in each situation and background, they all reported double rejoicing because their babies were born safely and they were freed from the strain of being pregnant in a foreign country.

P6: “I was moved to the point of tears the moment when she cried as soon as she was born. It was the moment that I really got relief from all my stress, which I struggled with English, the healthcare system, and so on. I felt it was great.”

**Theme: Feeling of becoming a mother**

This theme, feelings of becoming a mother illustrated that women felt themselves changing as a result of becoming a mother. Six participants provided data that supported this theme. Participants reported that they became gentle and not irritated compared to when they worked as career women. A participant who was a kindergarten teacher described that she really began of think about childcare from the view of parents. Women who became mothers were always concerned about their children.

P5: “I was always concerned about my child such as ‘What is he doing?’ ‘What
is he doing?' I couldn’t really enjoy being with my friends even though I was feeling ease because my parents were taking care of my child.”

**Theme: Joyful moments of becoming a mother**

This theme, joyful moments of becoming a mother were illustrated when a mother felt joyful during childcare. Nine participants provided data that supported this theme. When they felt the joyful moment of becoming a mother was often tied to when the baby started responding to their actions like looking at them, smiling and cooing, and showing body movements.

P8: “I can’t help they, my twins, are so sweet and cute. I might have the blind parent love.”

P6: “Recently, she can recognize our faces, like Mama and Papa. I feel so cute when she says to me like “manmanma” and welcomes me with extending her arms or follows me.”

Mothers felt excited and happy about their baby’s daily small changes including seeing growth, being able to take a nap with the baby, or having someone say, “She looks like you!”

**Theme: Feeling at ease**

Five participants provided data that supported this theme. This theme, feeling at ease, expressed when women felt getting used to taking care of the baby. When they felt at ease was when they began to have enough time to eat for her, to cook, to have lunch with her child, or to get a good night’s sleep. They reported that this period was from four to eight months after childbirth.

P5: “I have been pretty relaxed because my child is eight months old. What is the
best for me? I am able to work housekeeping taking my eyes from my child because he became to sit and play by himself.”

Some women reported that they recovered physically and mentally by returning to Japan and resting while their parents’ help.

_Theme: Finding satisfaction with childcare_

Three participants provided data that supported this theme. They felt satisfied with childrearing at 7-10 months after childbirth.

P2: “I think it is best now. I want to devote my life to being a full-time housewife until my baby will become three years old.”

P1: “I have been tired, but I feel satisfied at present.” At 8 months.

_Theme: Feeling the responsibility of parenthood_

Eight participants provided data that supported this theme. After childbirth, they recognized that they were now assuming a heavy responsibility -- the well being of their child.

P4: “I have such a feeling without notice that I am not scared of anything in order to protect my child.”

One participant was concerned about the practice of childrearing and her child having less interaction with other children in the foreign country. Other felt responsible for giving their children a good education that included providing a Japanese identity within a limited budget of living abroad.

_Theme: Gaining self-confidence_

Six participants provided data that supported this theme. They gained their self-confidence in a variety of ways including, surviving preterm labor, having a natural
vaginal birth, learning how to be effective in childrearing, and surviving the challenge of communication in English with the medical staff. During the interview, they used phrases such as the followings: “I could have confidence”; “I feel like I grew one size up”; “I grew pretty strong”; “I may strengthen”; and “I have been growing up.” On living abroad, there was a woman who admitted that she and her husband had grown.

P6: “Of course, I think there is a great benefit to giving birth with difficulty in a foreign country. It’s good! If I had wanted to depend on my parents, I might have given birth at ease depending on my parents in Japan. By giving birth in Hawaii, I had a rare childbirth experience. My husband and I went through the process together without any help until the baby was born. After childbirth, we have also been coping with crises together as our parents are not close to us. Anyway, we have conquered difficulties, my husband and I. That’s why our bond has strengthened. By having the baby, we noticed various things and further knew each other’s feeling.”

P5: “In this point, I may have been strengthened by giving birth. I had never experienced a hard time in my life.”

They noticed their growth through comments from their husbands or friends.

P2: “Recently, when I met with an acquaintance, she said to me that ‘you became like a real mother’. At three months after childbirth, I was told by her, ‘you are not like a mother at all’.”

P8: “I think I have been changing little by little. My husband said to me, “You are doing the best you can” or “You grew up, didn’t you?”
Theme: Seeking self-actualization

One participant provided data that supported this theme. She moved to Hawaii because of her husband’s study abroad. She tried to seek her career goal in Hawaii because she had to quit her job in Japan in order to move to Hawaii. She thought that she wanted to do something extra to take advantage of her abilities in addition to childrearing.

P4: “I had an unsatisfied feeling remaining in my mind. Childbirth and childrearing were one of my purposes. This is a good job for me. However, most women have to do these things. I need to do something extra besides childrearing.”

Theme: Dreams for future

Six participants provided data that supported this theme. Half of the women who provided this theme, described their dreams for future which were a good education for their child in the foreign country and the desire for a child-centered family.

P4: “We have begun to think of my daughter’s future. We want her to have many opportunities and challenge many things and choose and decide in her childhood without ending up with regrets like our regret against our parents.”

Other dreams they described included future plans where they would live, the desire having another baby, the hope of better times ahead, and continuing happiness.

Theme Category 4: Relationship with Others

The fourth theme category is relationship with others. In the process of achieving motherhood, the relationship with others profoundly affected each woman’s growth. The closest and powerful person to each was her own baby. The next was her husband or partner. The others were her mother and father, family members, parents in-law, friends
and medical staff. Four theme clusters describe this category: baby, husband, valuing parents, and friends, medical staff & others. Table 9 presents the theme category, Relationship with others, with its four theme clusters, themes, and sub-themes.

Table 9. Theme category 4: Relationship with others

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<td>Happy</td>
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<td>Husband</td>
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Theme Cluster: Baby

The first theme cluster, baby, consists of two themes: making parents happy and baby as a healer. All participants provided data that supported this theme cluster.

Theme: Making parents happy

Five participants provided data that supported this theme. The existence of the baby gave the new mother happiness that went beyond her expectations. A participant described that a child was the treasure and a great gift for not only her and her husband, but also to their parents.

P4: “I feel difference before and after childbirth. I realized very much how staying with my child is enjoyable and gave me happiness beyond my expectation.”

P10: “I think that the existence of my baby is the filial devotion to my parents.”

Theme: Baby as a healer

Five women provided data that supported this theme. They reported that the baby made not only them but also their husbands comforted and helped them forget their hard matters.

P3: “I was healed by my baby’s smile. Even though I actually had a hard time, I could forget it, couldn’t I?”

P6: “My big changes since the baby was born are that I’m strengthened and feel comforted by my baby. When I had some bad things, I used to hold the baby like this. I felt comforted, “It’s so good!”

The baby empowered both the mother and the father. One woman divorced because she could not have a baby in her first marriage.

P2: “Having the child, I recognized how important my existence was. Previously,
I didn’t feel anything about that. I think having the child means a real start of my life. At last I started my life.”

Even the daily small growth of the baby made mother and father happy and gave them energy to live.

P7: “I’m so happy to see his small growth. Thanks to the baby, my husband gets distracted from his worries and encouraged and thinks “I better do my best.”

**Theme Cluster: Husband**

The second theme cluster, husband, consists of four themes: husband’s support, seeking support from husband, relationship with husband, and joyful moment of becoming a father.

**Theme: Husband’s support**

All participants provided data that supported this theme. The husband’s support ranged from actually participating in childcare or helping with chores to provide only emotional support. Japanese husbands who supported their wives either provided assistance after being shown how they could help, or they already knew how to help with the baby. Husbands who assisted as a translator at their wives’ prenatal visits were more supportive to their wives because they could thoroughly understand pregnancy and childbirth.

10: “As my husband attended my prenatal visits every time, he recognized the baby from the beginning and looked forward to seeing the baby. The role of translator had a positive impact on him. As he was my translator, the doctor and nurse directly told him what they were finding, such as how the blood pressure was, or caution, be careful about something... He seemed to be happy to be told at
first by the doctor and nurses. He was a type of person who didn’t want to have a baby. However, he is in the situation of the blind parental love passing through doting father, now. I think that it makes him different.”

The husbands whose wives had a C/S or twin babies were positively involved in taking care of the baby and household.

1: “He did at the beginning because I couldn’t do anything due to a caesarean section. But, it was good for him. As I couldn’t move and take care of our baby, he was the only person who was able to do so.”

8: “If the baby was the only one, my husband might think that I could do it by myself. In the beginning, I could not have overcome my difficulties with childcare if my husband hadn’t helped me. That’s why having two babies were good for us.”

Their ways of support may come from their age differences. The husband who got married later in life supported his family positively knowing of the importance of childrearing in his life from the beginning.

P8: “My husband told me, “I would like to participant in childrearing even if I quit my job because childrearing is a very good experience in my life.”

Theme: Seeking support from husband

Four participants provided data that supported this theme. The women were seeking support from their husbands during pregnancy and after childbirth. One woman asked her husband’s support because he was always out of town even though she needed to stay on bed rest for preterm labor.

P2: “My husband could not understand how it was that I was not able to walk,
how difficult it was for me.”

Her husband provided a source of support when he kept her company over the telephone during his business trips. Most couples deepened their understanding by talking with each other, then they began to pay appropriate attention to each other.

P4: “I think we have a good relationship. We have spent a long time getting to know each other.”

Other women were worried if they would get their husbands’ support because their husbands had only a few days off, or they got involved in playing tennis during their pregnancy, or could not take care of the baby by himself.

**Theme: Relationship with husband**

All participants provided data that supported this theme. Taking advantage of pregnancy and childbirth, they began to further understand and take each other into consideration and deepen their bonds. Their conversations were increased because they had the additional topic of their babies. They transitioned to a new relationship calling to each other “PaPa” and “MaMa”. They felt that the child was the glue that bound man and wife together. Even if they had some issues that ordinarily might have been a source of conflict, they placed their relationship as a priority for the sake of their child.

P3: “Probably, I couldn’t understand him if my daughter wasn’t born.”

P6: “Before we used to just watch TV without talking to each other when we were exhausted. Now, we have a common topic that we can laugh about with each other even though we are exhausted. “She could do this today” “Oh, my goodness, please wake up her” “No, I don’t want to.” Our conversation has been
increasing even though we had conversation before. This is another topic added to our conversation.”

P6: “I really want him to help this or that and want him to do such a thing by himself. I think that I have a lot of things I want to say to him. But, we will have a quarrel if I should say to him such a thing. I think I need to give up on him in some areas in order to keep a comfortable relationship with him.

Husbands’ words to their wives, “Thank you”, “You are doing the best you can”, “Your cooking is great” made their wives happy and encouraged them. Women also appreciated their husbands and took them into consideration if their husband’s help was not enough for them.

Theme: Joyful moment of becoming a father

Eight participants provided data that supported this theme. These participants described their perception of their husband’s joyful moment of becoming a father from the beginning of the process through the baby’s development. They described that the husband loved the baby because it was “his own child” or “a girl.” The fathers loved the baby madly. They showed a blind parental love and were doting fathers. Most of the participants were surprised at their husbands’ change.

P1: “After the baby was born, he totally changed. I’m wondering how a person can change so much. He loves our baby a lot.”

The participants became aware of their husbands’ joyful moments of becoming a father. They understood their husbands’ feelings through conversation with their husbands, family members, others, or the pictures that captured their husbands’ expression at the moment of birth and immediately after childbirth.
P2: “I don’t know why my husband has so many pictures in which he is holding up the baby, he is looking at the baby in the crib.”

One husband who attended childbirth went into the nursery with his baby and asked the nurse “I want to change a diaper, so please tell me how to change it.” After changing the diaper, he burst into tears. The nurse noticed his emotional response and encouraged him with tears. His wife’s parents who were looking at him outside the nursery told her that story.

P10: “I was so glad to hear that. I thought he won’t take care of the baby after the baby was born. That’s why I am so glad that he changed such a way.”

Some husbands told their wives that the baby gave them a personal comfort or healing after a hard workday.

P3: “I think he loves her very much because she is a girl. By his nature, he likes children but it is totally different because it’s his own child, isn’t it? As soon as he comes back home, he gives her a big hug. He says that this moment is the most comfortable (healing) time for him.”

*Theme Cluster: Valuing parents*

The third theme cluster, valuing parents, consists of four themes: appreciation of parents, identifying with her mother, attachment to the grandchild, and relationship with parents in-law. The theme, appreciation of parents, has one sub theme, criticism against parents. The theme, relationship with in-laws, also has one sub theme, coping with parents in-law.
The theme: Appreciation of parents

All participants provided data that supported this theme. Through separation from their parents, they strongly felt their parents’ values. By having a child, the new parents recognized their parents’ rich experience with childcare, hardships with childrearing and feelings for their children.

P5: “It was so hard for us in the period until my mother arrived here. Everybody didn’t know how we should take care of the baby. My younger sister didn’t know that. My husband also didn’t know that. Everybody was confused. It is like “Please mom come in a hurry!”

P8: “By separation from my parents, I knew how my parents raised me carefully and preciously or how much difficulty they had to raise children. I recognized the parental feeling because I gave birth.”

The sub theme is criticism against parents. Two participants provided data that supported this theme. One participant and her husband recalled their parents’ rearing of them and felt frustrated about their ways after childbirth.

P4: “I thought that I would have changed more if my parents had given me a different environment.”

The other participant criticized her father.

P7: “My father was a person who didn’t take part in childrearing. He wasn’t always at home. I think such a father is not good. He is a typical Japanese man who only works.”
Theme: Identifying with her mother

Six participants provided data that supported this theme. By their childbirth experience, they began to understand their mothers’ effort and hardships with childrearing and felt closer to their mothers even though they did not call their mothers frequently and sometimes did not follow their mothers’ advice.

6: “I changed my feeling to my mother. Before having the child, there were a lot of arguments between my mother and me. However, I noticed my mother’s feeling for the baby for the first time like ‘Well, a mother thinks about her baby like that doesn’t she?’ As I was a bit embarrassed to tell my feelings to my mother, I wrote down my feelings on the mother’s day card because I could ultimately understand my mother’s feeling. Then, my mother called me and said to me ‘You see!’ I was upset to hear that. My mother told me, ‘We had been raising our children with a lot of troubles. Although I raised you as my princess,...”

Theme: Attachment to the grandchild

Five participants provided data that supported this theme. To each grandparent, the grandchild seemed to be special to them. The grandchild was the apple of their eyes.

One participant’s father described his feelings to his wife.

P10: “My father was a work oriented-person. He told me that he didn’t have memory of me when I was a baby. He didn’t know how I grew up or when I started crawling. He used to come back home in the midnight and go to work in the early morning. At that time, it was hard for him to be looked at coldly by other coworkers if he attended my athletic festival during work. As he hardly
ever knew about my childhood, he wants to make compensation for the
grandchild. He told my mother that “It was a shame that I spent my life without
knowing such a sweet childhood of my daughter. How shamed I am!”

Theme: Relationship with parents in-law

Six participants provided data that supported this theme. There were two groups
with three women who had good relationships with their in-laws and other group of three
having conflicts with parents in-law. Women who maintained good relationships
described that they relied on their in-laws liked them because they did not interfere in
their lives, and felt that their mothers-in-law were beside them. However, the other three
women had conflicts with their in-laws after childbirth. The reasons they gave were that
they viewed life differently because of the generation gap and held different childcare
beliefs. In the latter cases, the parents-in-laws became a big burden to the vulnerable new
mothers even though they came to help them.

P1: “It was very hard for me to sleep because my parents in-law came to our
apartment twice a day. It was really hard mentally and physically. I know they
are good parents.”

P6: “I was ashamed to breastfeed in front of my father in-law, so I stayed in
bedroom at feeding time. However, they didn’t like my feeding attitude. I was
asked to breastfeed in front of my parents in-law in the living room. It was really
hard for me. They wanted to watch the feeding baby. “Oh, she is sucking good,
good.” Like that. If he were my father, I could say frankly, “Leave, I am
ashamed.” But, I couldn’t say so to him. He was always saying to my baby, “She
is so cute, so cute.”
Two participants out of three who had a conflict with in-law provided the sub theme, coping with in-law. One woman recognized that her own mother was the best person who helped her after childbirth. After a conflict with her mother in-law, the other participant needed to take a rest with her parents in Japan. During her stay in Japan, her husband advised his parents that they needed to change.

*Theme Cluster: Friends, Medical staff, & Others*

The last theme cluster, friends, medical staff & others, consists of three themes: appreciation, encouragement, and gaining trust. This theme category, relationship with others, describes how the participants perceived their relationship with friends, medical staff and others.

*Theme: Appreciation*

Six participants provided data that supported this theme. They appreciated their friends, doctors, nurses, and the nice climate in Hawaii. One participant appreciated a doctor who took care of her in Japan. They showed their appreciation honestly after childbirth.

P5: “I am very thankful. So, I began to feel appreciation from the bottom of my heart. I know I am the type of person who can show my feelings and gratitude to other people.”

P8: “I deeply feel that we are living here thanks to everybody’s help. It is very hard for only us to raise my children (twins). I am deeply impressed that we can manage our life thanks to everybody.”
Theme: Encouragement

Four participants provided data that supported this theme. The doctor encouraged them during pregnancy and childbirth. A boss encouraged her when she was confused whether she would give birth in Japan or Hawaii. Strangers and a fortuneteller also encouraged them.

P8: “A stranger woman told me, “Wow, a boy and girl twins! It’s wonderful. Twins will not be born if a mother can’t give birth and raise them nicely.” That word encouraged me a lot. ...I feel that I can honestly accept such words without ignoring because I have been lonely since I came here.”

P1: “When I had a problem with my baby not eating baby’s food in the beginning, I asked my friend at that time, she said, “It’s OK.” I feel relieved to hear her experience was similar to mine.”

Theme: Gaining trust

Two participants provided data that supported this theme.

P2: “He seemed to be a very responsible doctor because he used to have a time to explain in detail to my husband and me at his office. I believed my doctor since the first visit.”
Essential Structure

The essential structure of the lived experience of childbirth for expatriate Japanese women living and giving birth in Hawaii including the essential structure of transition is in the session.

Moving to Hawaii was a challenging for women who were born and raised in Japan. It is a situational transition for women who worked in a career in Japan then committed to move to Hawaii and become housewives in a foreign county. In a new country, they encountered language barriers and different cultural and social values. In particular, they experienced a language barrier with the medical staff through their pregnancy and childbirth. They felt lonely in the new country and were concerned about missing their family and friends. Through the separation from their parents, they realized again the importance of family relationships, but they were able to gain their own identities.

While living overseas, they experienced differences not only in their daily lives but also between medical care in Japan and Hawaii. They felt insecure about the high medical costs under the different health insurance system. They also felt anxious about not providing financial support for the household because they were not able to work due to visa restrictions and a language barrier. However, they felt the benefits of living in Hawaii because they were able to expand their horizons by living with other ethnicities, to gain American nationality for their children and to live in comfortable weather.

The second transition was to become a mother in a foreign country. It was a developmental and physical transition and was a challenge as women living in a foreign country with no familiar role models and less or limited support. They looked for their
safety net to give birth in Hawaii; almost all found a female doctor who spoke Japanese and received parents’ help from Japan. A primary reason for childbirth in Hawaii was to keep a good relationship with their husbands. They depended on the childbirth preparation of their Japanese ways because of a language barrier. In their deliveries, they depended on the American way of a painless delivery using epidural anesthesia. Half of the women gave birth through a caesarean section (C/S). They experienced difficult childbirth in the foreign country. Although their immediate feelings at birth were different in each situation and background, they felt greatest happiness when the baby was born safely and they were released from the strain of pregnancy life in the foreign country.

After childbirth, although they experienced difficult deliveries and early discharge, they devoted themselves to childrearing with the help of their family members who came from Japan for a limited period. With their first experience with childrearing, they struggled with crying babies and exhaustion from lack of sleep, and were apt to fall into depression and lose weight. They were more concerned about their family’s participation in their childcare. For women who were away from their family and friends, it was important to find other sources of help when they were in a foreign country. They found their own ways to manage their new lives with their friends’ advice, experienced mothers, and books on childrearing from two weeks to three months after childbirth. Returning to Japan was one of the strategies for them to regain their perspective and health, to re-engage with family and friends.

As a result of this experience they were transformed from their previous status as career women in Japan into mothers in a foreign country. In this process they consistently
felt trapped in spite of their firm commitments towards moving to Hawaii. Some of the negative experiences and feelings that women had were that they did not want to move to Hawaii, had unplanned pregnancies, wanted to give birth in Japan, and could not find a purpose in their lives in Hawaii, wanted a natural birth, and could not manage their household because of taking the time to care for a baby.

Becoming a mother was a transforming experience for all of the women. Some participants became gentle and not irritated compared to when they worked as career women. They felt the joyful moment of becoming a mother when their babies started responding to them in ways that included looking at them, smiling and cooing, and showing body movements. They felt joyful about the baby’s small daily growth. They began to feel at ease when they got used to taking care of the baby at 4-8 months after childbirth. They also felt satisfied with childrearing at 7-10 months after childbirth. After childbirth, they recognized how their existence was important to their babies and they were needed by their babies. They felt obligated to pay more attention to their children’s identity as Japanese nationals because one day their children would need to reintegrate back into Japanese society. They felt responsible to protect their families in the foreign country. During the interview, they used the following words, “I could have confidence”, “I feel like I grew one size up”, “I grew pretty strong”, “I may get stronger”, and “I have grown up.”

It was important for each woman to have relationships with the people around her to facilitate healthy motherhood. The closest and powerful person was her own baby. The next was her husband, or partner. The others were her mother and father, family members, parents in-law, friends and the medical staff. The existence of the baby gave
the new mother happiness beyond her expectation. The child was a treasure and a great gift for not only the new parents but also the grandparents. The husband’s support ranged from actually participating in childcare or helping with chores to only providing emotional support. Going through the experience of pregnancy and childbirth, they began to further understand each other and deepen their bonds. They expressed willingness to set aside some issues that were not important in the broad picture in order to maintain a good relationship. They transitioned to a new relationship of parenthood calling to each other “PaPa” and “MaMa”. They felt that the child was the glue that bound man and wife together. Through separation from their parents, they felt their parents’ values and childrearing was a good opportunity for them to reflect on their lives and how their parents had raised them. By having a child, the new parents recognized their parents’ rich experience with childcare, the hardships of childrearing and feelings for their children. They appreciated their parents’ efforts. The existence of a grandchild was also special for grandparents. Some parents-in-laws became a burden to new mothers who were sensitive and vulnerable after childbirth. They were thankful for their friends, the doctors that took care of them in Japan and Hawaii, nurses, even strangers for their help and encouragement and for the nice weather in Hawaii.

Summary

This chapter was a presentation of the results of the analysis of data from interviews with 10 participants, which produced 42 themes, 12 theme clusters, and 4 theme categories. An exhaustive description of the theme categories, theme clusters, themes, and sub-themes was presented, and supported by direct quotes from the interviews.
The four theme categories were: Challenges living Overseas, Challenges of Motherhood, Reaching the Goal of Motherhood, and Relationship with Others. The first Theme Category, Challenges Living Overseas, had three theme clusters: coping with language issues, making comparisons, and feeling distance from family & friends. The second Theme Category, Challenges of Motherhood, had three theme clusters: challenges during pregnancy, challenges in childbirth, and challenges in childrearing. The third Theme Category, Reaching the Goal of Motherhood, had two theme clusters: life change and becoming a mother. The fourth Theme Category, Relationship with Others, had four theme clusters: baby, husband, valuing parents, and friends, medical staff, and others. Each theme cluster contains themes derived from the formulated meaning for significant statements.

A synthesis of the components of the phenomenon of transition is presented as the essential structure of the lived experience of childbirth for expatriate Japanese women living and giving birth in Hawaii.

In the first theme category: Challenges Living Overseas, all of the women experienced the situational transition from career women in Japan to housewives in Hawaii. Living overseas, they encountered a language barrier, different cultural and social values, and different medical care. They always made comparisons between their daily lives in Japan and Hawaii. They suffered from loneliness and missed the connection with family and friends even though they made a firm commitment to move to Hawaii.

In the second theme category: Challenges of Motherhood, the participants experienced becoming a mother through each transition: pregnancy, childbirth and childrearing with less or limited support and no familiar role models in Hawaii. Around
the time of childbirth, their family members came from Japan to help them for a limited period. After their helpers left they struggled to take care of the baby fighting with exhaustion from lack of sleep. This period was a hard time for them. They gradually found their own ways to manage their new lives from two weeks to three months after childbirth.

In the third theme category: Reaching the Goal of Motherhood, the transition from career woman to a mother was described. As their lives changed, some of the women experienced feeling of being trapped into accepting a new way of life in a foreign country. But this feeling changed as time went on. Upon reaching their goal of motherhood, they became gentle and felt joyful beyond their expectations. After getting used to taking care of the baby, they began to feel at ease around four months after childbirth. They also experienced a sense of satisfaction from childrearing at 7-10 months after childbirth. They recognized that they were reliable people for their children. They devoted themselves to taking care of their children and protecting their family in the foreign country.

The last theme category is relationship with others. In the transition to motherhood, the relationship with people around them is important for facilitating growth to a healthy motherhood. Through separation from their parents, they understood their parents’ values and identified the importance of having them for their children. By having a child, they rebuilt the relationship with their husbands and further deepened their bonds. They were thankful to everybody, even strangers for their help and encouragement in their transition to motherhood and for the nice climate in Hawaii.
CHAPTER FIVE
DISCUSSION

Chapter Five begins with a presentation of the relationship of the results of the study with the review of literature and with the philosophical and conceptual orientation of the lived experience of expatriate Japanese women's growth and transformation through childbirth in Hawaii. It concludes with a discussion of the implications for nursing, the limitations of the study and recommendations for further research.

Relationship of Results to Review of Literature

The review of literature for this study focused on transition of women's growth and transformation through childbirth in a foreign country and the effects on pregnancy of living overseas. The effect on a pregnancy of living overseas included pilot research conducted by this author. The following is a description of the study's results in relationship to the review of literature.

Transition

Results of this study that are consistent with the review of literature found in all four Theme Categories: Challenges Living Overseas, Challenges of Motherhood, Reaching the Goal of Motherhood, and Relationship with Others.

Results Consistent with Review of Literature and New Findings

Theme Category: Challenges Living Overseas

The Theme Category, Challenges Living Overseas, was particularly consistent with the review of literature. In the theme cluster, coping with language issues was the first big problem all participants encountered in a foreign country. In particular, the participants experienced a language barrier with medical staff through pregnancy and
childbirth. This finding consisted with studies reported by several authors that identified women’s uncomfortable situation with the staff in the hospital because of the unfamiliar environment and language barrier (Ito & Sharts-Hopko, 2002; Meleis et al., 2002; Taniguchi, 2002a; Tran et al., 2001; Tummala-Nara, 2004; Wiklund et al., 2000; Yeo, Fetters & Maeda, 2000). In the theme cluster, making comparisons, the women always made comparisons between cultural and social values, and medical care in Japan and Hawaii. The participants depended on not only their own experiences, but also other sources to evaluate comparisons. Now, it is easier and quicker for them to make comparisons because of following technologies: telephone, e-mail, the Internet, and a web cam. This finding was supported by a study reported by Meleis et al. (2000).

They felt insecure not only about diverging cultural and social values but also about their financial and social status in a foreign country. The participants who became housewives after being career women experienced loss of social and emotional status. They were not able to work due to visa restrictions and the language barrier. These findings were supported by studies reported by several authors (Ito & Sharts-Hopko, 2002; Tummala-Nara, 2004).

The theme cluster, feeling distance from family & friends, had the highest number of significant statements in the theme category of challenges living overseas. The participants expressed their feelings of loneliness, missing the connection with their families and experiencing homesickness, and lack of support in the new country. These findings were supported by studies reported by other authors that also identified feelings of loneliness which was common in immigrants (Taniguchi, 2002a; Tummala-Nara, 2004; Wiklund et al., 2000). Through separation from their families, the participants
realized again the importance of family relationships and were able to find their identities in the foreign country. After childbirth, family bonds increased because they asked for role models and were in need of family support. Around the time of childbirth, all participants’ had family members (parents, sister, or parents in-law) come from Japan to help them for two weeks to three months. The new mothers also waited for their babies to grow so they could return to Japan with their babies in order to rest for one to two months. This process was also described in the literature as a Japanese cultural childbirth custom called “Satogaeri-bunben” for treating postpartum women with special care (Ito & Sharts-Hopko, 2002; Shinagawa, 1978). The literature reported that postpartum rest was popular in Japanese society to promote physical and mental recovery from childbirth and bonding with the baby with their family members’ help. The possibility of allowing for postpartum rest may be particular to expatriate Japanese who live in Hawaii. Because Japanese women and their family members can frequently come and go between Japan and Hawaii, compared to Japanese women who live in the mainland or other countries.

Theme Category: Challenges of Motherhood

Theme category, Challenges of Motherhood, has three theme clusters: challenges during pregnancy, challenges in childbirth, and challenges in childrearing. In this study, women were asked about challenges they faced because of their pregnancies in the foreign country. The women described how they carefully looked for a safety net to give birth safely in the foreign country. They tried to get information about childbirth from Japan because, with their language barrier Japanese would be easier for them to understand, and reflect on a familiar childbirth custom. However, their deliveries were not easy. It should be noted that 50% of the participants had experienced a caesarian
section. These women were more than thirty years old. These results supported studies in which foreign-born women had an increased risk complication in childbirth (Beck, 2001; Daini et al., 2003; Dennis et al., 2004; Gaynes et al., 2005; Gross et al., 2002; Kitamura, et al., 2006; Robertsom et al., 2005; Ross, 2006; Small et al., 2003; Taniguchi & Baruffi, 2007). These findings were similar to those of Diani et al. (2003) who studied non-EU (European Union) women who gave birth in Italy between 1992 to 2001. The non-EU immigrant women delivered significantly more often by a caesarean section than Italian controls, 35.0% vs. 29.3%. Robertsom et al. (2005) also reported that foreign-born women in Sweden had an increased risk of complications in childbirth.

Postpartum depression was also a common problem in this study sample. Four women out of ten reported symptoms of postpartum depression. In the study of Kitamura, et al (2006), it was reported that the incidence rate of PPD was 5.0% in Japan. The rate of PPD in Japan was reported to be lower in a meta-analysis of 59 studies; the overall prevalence of major and minor PPD was found to be from 6.5 to 12.9 (Gaynes et al., 2005). Another meta-analysis of 84 studies indicated several risk factors for PPD including low levels of social support, stressful life events, childcare stress, low self-esteem, and income, and marital satisfaction (Beck, 2001). In the Small, Ludith, and Yelland (2003) study of Vietnamese, Turkish and Filipino immigrant women in Australia, the incidence of postpartum depression was significantly higher in women under 25 years of age, recently arrived, speaking little or no English, who had migrated for marital reason, had no relatives or friends, had physical problems, and difficulty feeding their baby. But there was no significant difference in the incidence of postpartum depression by family income, education, method of delivery, and women’s perception of
maternity care (Small et al., 2003). Dennis et al. (2004) suggested that recent immigrant status, feeling unready for hospital discharge, dissatisfaction with their infant feeding method, and pregnancy-induced hypertension might be important factors of PPD. In the Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based survey of postpartum women in several states in the USA, women who reported that they experienced ‘partner-associated stress’ were twice as likely to be depressed in the months after childbirth than those with no stress from their partner (Gross et al., 2002). In another study, Dennis and Ross (2006) showed that partner’s help was important to prevent PPD. The present study further supports the results of these studies demonstrating that childbirth in a foreign country is a particularly stressful event especially for primiparas during the perinatal period.

Childrearing was particularly challenging for the participants because they were cut off from the usual family and cultural supports. They devoted themselves to taking care of their babies with a big responsibility to protect their family in the foreign country. From the above findings, the results of this study support the concept of transition to motherhood in a foreign country. The transition to motherhood in a foreign country is:

(1) It is an on-going developmental process to motherhood requiring adaptation and restructuring of behavior and role.

(2) It is a vulnerable period physically, mentally, and socially because a woman does not fit clearly within the cognitive and social categories of a ‘mother’, and it is an uncertain period in which she is still seeking her new role.
(3) It is a series of big challenges that mothers need to progress through, and in doing so, they will face multiple changes, which will challenge their abilities to adapt and learn new roles.

(4) For immigrant pregnant woman, these challenges often are increased exponentially by cross-cultural conflicts experienced while living in a foreign culture.

Theme Category: Reaching the Goal of Motherhood

This theme category, reaching the goal of motherhood, further described the participants’ responses to their life changes, a process through which they were transformed from career women to mothers in the foreign country. They experienced feeling trapped into accepting a new way of life in the foreign country. Upon reaching their goal of motherhood, they identified themselves as women who became gentle and felt joyful beyond their expectation. They began to feel at ease around four months after childbirth and to also experience a sense of satisfaction from childcare at 7-10 months. They noticed their growth through positive comments from their husbands and friends. They also expressed their feelings of increased confidence. This finding was supported by the positive consequences of the transition to motherhood reported by several authors (Copeland & Harbaugh, 2004; Liamputtong & Naksook, 2003; Lundgren & Wahlberg, 1999; Meleis et al., 2000; Mercer, 1985; Nystrom & Ohrling 2004; Rogan et al., 1997).

Theme Category: Relationship with Others

The theme category of relationship with others described the important people who facilitated or hindered their transition to motherhood. The important people were their babies, husbands, parents, parents in-law, family members, friends, and medical
Parental feelings are universal. The child was also viewed as a healer who comforted the women and their husbands and made them forget their difficulties and also empowered them in the foreign country. The existence of the child was reported as the glue that bound together the man and wife who were experiencing limited support in the foreign country. The participants stated that as a result of pregnancy and childbirth, they and their partners began to further understand and take each other into consideration and deepen their bonds. They described forming a new relationship calling each other “Pa Pa” and “Ma Ma” and creating a child-centered family. These findings supported studies reporting restructuring of behaviors, roles, relationships and family patterns as a result of the childbirth experience (Mercer & Nichols, 1989; Rogler, 1994; Wiklund et al., 2000).

The women described their husband’s support as ranging from actually practicing childcare or helping with chores to only providing emotional support. However, as Japanese men, they believed that this was a big change because, traditionally, customs such as childrearing are viewed as a woman’s job, not man’s. In particular, the husbands whose wives had a C/S or twins were more positively involved in taking care of the baby and household. This phenomenon supported the studies that reported changing conceptions of gender roles in a foreign country (Tummala-Narra, 2004; Wiklund et al., 2000).

A new finding of this study was the importance of family for women giving birth in a foreign country. The relationship with parents was not reported in the literature. In particular, the relationship with parents was described as an important factor in facilitating the growth of the women and their husband. The women stated that, because of the separation from their parents, they remembered their parents’ values and felt
gratitude for them. This experience provided a good opportunity for them to reflect on their lives and how their parents had raised them. From their personal childbirth experiences, the women began to understand their mothers’ effort and hardship with childrearing and they reported feeling closer to their mothers. After the baby was born, they believed their family bond was further strengthened even though they were separated and in the foreign country.

In summary, results of this study that were consistent with the literature were found in all Theme Categories: Challenges Living Overseas, Challenges of Motherhood, Reaching the Goal of Motherhood, and Relationship with Others. The new contribution of this study to the literature was the importance of family for women giving birth in a foreign country in the sub theme; “parents helps from Japan” and “seeking to be recharged” and in theme cluster; “valuing parents.”

Relationship of Results to the Philosophical and Conceptual Orientation

The method of this study was phenomenology, which focused on the subjective lived experience of expatriate Japanese women who gave birth in Hawaii and their perceptions of the meaning of their childbirth experiences. Therefore, the researcher was not focused on a formal conceptual framework to guide the proposal. The data analysis of this study was conducted based on the process of phenomenological reduction and analysis. It was important for the researcher to “bracket” all prior knowledge and understanding in order to maintain the integrity of the findings. Following the analysis, the data were viewed through the conceptual orientation of transition of women’s growth and transformation through childbirth in a foreign county. The results of this study
reflected the concept of transition with middle-range theory (Meleis et al., 2000) and led implications for nursing about this topic.

The results of this study reflected the concept of transition of women’s growth and transformation through the childbirth in a foreign country. As shown in figure 2, expatriates Japanese women experienced growth by moving to a foreign country, giving birth, and taking care of their babies. They experienced several transitions during a short period of time. The process of each transition to motherhood was not easy for them and was varied according to their situations and backgrounds. However, their individual experiences demonstrated growth over time.

The expatriate Japanese women who were career women with extensive educational backgrounds committed to moving to Hawaii after marriage and becoming housewives. This is the first situational transition because the women changed to a different social status and were living abroad. Their first challenges encountered were experiencing a language barrier, different cultural and social values, a loss of social and economical status, and feeling trapped and distanced from family and friends. This was a difficult period when many women felt discouraged, but they persevered and reported that they were able to grow from their experiences. Through separation from their parents, they found their own identity and began to recognize the importance of the family relationships (Figure 3). They coped with these stressors with their husbands. Their husbands were the most supportive people for them in the foreign country.

The second transition was brought about by their pregnancies soon after moving to a new country. By becoming pregnant, whether in a planned manner or not, they were more anxious of becoming mothers in the foreign country. They found support in
Figure 2. Transition to Motherhood in a Different Country

**Childrearing:**
Developmental Transition Commitment
- Feeling the maternal child bond
- Accepting responsibility as parents
- Protecting the child

**Childbirth**
Developmental Transition Commitment
- Feeling the maternal child bond
- Accepting responsibility as parents

**Pregnancy**
Health & Illness Transition Commitment
- Securing safety net

**Marriage**
Developmental Transition Commitment
- Moving to Hawaii Situational Transition

**Japan**
Friends

**Hawaii**
In-laws

Language Barrier & Loneliness
Feeling trapped

Unfamiliarity with medical

Pediatrician & Nurses

Ob Doctor & Nurses

Self Housewife

Baby

Husband

Self

Pregnant woman

Parents

Self

A new mother

Baby

Husband

Self

Mother

Baby

Husband

Facilitator Inhibitor

Experienced Mothers
encountering the early problems of their pregnancies with their unborn babies, husbands, friends, parents, and medical staff. They were committed to giving birth to healthy babies safely in a foreign country. Through this process, they secured their safety nets, including such support as: a female doctor who spoke Japanese, having their husbands attend prenatal visits and the childbirth, and gaining their parents’ help from Japan. The third transition was at childbirth. Around the time of childbirth, their parents or family members came from Japan to help them for a limited period. In particular, their mothers helped them more than their husbands in this period. Their mothers served as role models during the first stage immediately after childbirth, even in the foreign country. Through childbirth, the women began to understand their mothers’ feelings about their children and grew closer to their mothers. They committed themselves to the maternal-child bond and accepted responsibility as parents.

The fourth transition was childrearing. After their helpers returned to Japan, their new lives with their husbands and babies started. It became necessarily for their husbands to become involved in taking care of their babies, providing the help that their parents had earlier provided. But this was not necessarily an easy transition. Their husbands had further responsibilities to form their families and to also provide financially for their families in the foreign country. Both women and their husbands struggled with childcare. Some women fell into postpartum depression or lost weight because childcare occupied their minds. Through the “groping in the dark” period, they eventually found their individual ways to manage their new lives with the help of their friends, other experienced mothers, and medical staff. Returning to Japan was frequently done by the mothers in order to take a rest. The women gradually began to feel at ease getting used to
Figure 3. The Change of the Relationship with Their Family

Moving to Hawaii

Japan
Family
Self
Hawaii
Different Culture
taking care of their babies and to enjoy motherhood. By having a child, they identified their own set of values and also reaffirmed their parents’ values. They began to commit themselves to accepting responsibility as parents and protecting their children. After experiencing pregnancy, childbirth, and childrearing, the women felt they and their husbands were like fighters who conquered the difficulties in the foreign country. They admitted their growth to each other and developed a new relationship.

The transition to motherhood living overseas is an ongoing developmental process requiring adaptations in each stage or event and restructuring of behavior and role. The women will continue to be challenged by their abilities to adapt and learn new roles to move to the next stage. For new comers in the foreign country, these challenges are more difficult. Therefore, support is inevitably needed for them to facilitate a healthy transition to motherhood in the foreign country.

Relationship of the Study to Transition: Middle-range Theory

The results of this study were reflected in the conceptual orientation of transition which was expanded and refined using the middle-range theory by Meleis et al. (2000). In particular, the theory of transition was developed from the analysis of collective research about cultural diversity in vulnerable population confronting experiences such as illness experiences, developmental and lifespan transitions, and social and cultural transitions. As shown in figure 1, the results of this study supported the theory that there were various types of transition, including developmental, situational, and health/illness. Also supported were the various patterns of experiencing transitions, i.e., multiple, sequential, simultaneous, and related, and the importance of the transitional properties of awareness, engagement, change and difference, transition time span, critical points and
events. The expatriate Japanese women committed to moving to Hawaii because of their husbands’ job or marriage. They quit their jobs and became housewives. By living overseas, they were aware of differences between their own countries and the new country. During their adaptations to the new country, they became pregnant. They needed to take time to adapt to the new cultural and social values and accept their pregnancies. Transition time span and levels of engagement were varied in each personal preparation and attitude. Their critical points and events were living abroad and the series of pregnancy, childbirth, and childrearing.

The second component “transition conditions” relates to factors that serve as either facilitators or inhibitors. It uncovers the factors which were necessary to achieve a healthy transition. They are the personal and environmental conditions that facilitate or hinder achieving their healthy transition. The “personal” factors included meanings, cultural beliefs & attitudes, socioeconomic status, and preparation and knowledge. Japanese women identified their roles as mothers in the foreign country and described motherhood in terms of always thinking of their babies, being responsible for their babies, protecting their babies, supporting their babies, teaching their children Japanese, and being needed by their babies. In the cultural beliefs and attitudes, they took advantage of Japanese childbirth customs to find ways of finding support for their pregnancies. Almost all women received childbirth information from various sources including, their friends who experienced childbirth, their family members in Japan, and Japanese magazines or books. These information sources became facilitators or sometimes inhibitors for them. They chose their preferred approaches from among these sources of information. The factor of socioeconomic status influenced their lives in the
foreign country. They had lost their previous social statuses and could not contribute financial support to the household because of visa restrictions or language barrier. In particular, they were worried about providing a good education for their children in the future. Regarding preparation and knowledge, they fully realized the importance of having English abilities and knowledge about the health care system such as health insurance, payment system and so on. The results of this study supported the “personal” factors in this component.

Meleis et al (2000) cited examples of “community” conditions from the study of becoming an African-American mother. The examples illustrated the following as the facilitators: support from partners and families, support from the woman’s mother and other significant women in her life; relevant information obtained from trusted health care providers and from classes, books and other written materials; advice from respected sources; role models; and answers to questions. The results of this study supported the importance of “community” condition in transitions.

The last factor is “society” that expresses generally accepted ideas. The previous study demonstrated that “Satogaeri-benben” for treating pregnant women and postpartum women with special care is a facilitator to promote a healthy transition. However, the following ideas become inhibitors: mothers who did not breastfeed their babies are bad mothers; men should not be involved in childrearing and housekeeping cannot be neglected. The results of this study supported facilitators & inhibitors as important components in transition.

The third component is patterns of response having two indicators, process and concept outcomes. Meleis et al. (2000) posited that a healthy transition was characterized
by both process and outcome indicators. These are important indicators to evaluate whether women are achieving healthy motherhood. The first indicator is “feeling connected.” For Japanese women, having new contacts and continuing old connections with family and friends were an important part of their transition after moving to Hawaii. The need to maintain the connection with their families was further strengthened after childbirth. The next indicator is “interacting.” Meleis et al. (2000) described this as follows, “Through interaction, the meaning of the transition and behaviors developed in response to the transition were uncovered, clarified, and acknowledged” (P. 24). Through childbirth experiences in Hawaii, Japanese women reaffirmed their parents’ values by taking care of their babies, strengthening the bond with their husbands by coping with difficulties of living in the foreign country, and identified the importance of their own existence by interacting with their babies. The third process indicator is “location and being situated.” For Japanese women, this indicator was obvious. By living abroad, they constantly made comparisons. They recognized their new lives with comparisons to the old. This might be a way of “situating” them, why they came, where they were and where they are, and who and what they are. The last indicator is “developing confidence and coping.” Meleis et al. (2000) illustrated this indicator that “the dimensions of developing and manifesting confidence are progressive from one point to the next in the transition trajectory (P. 25).” With childrearing, it may be developing and manifesting confidence for Japanese women to feel at ease when they felt they were getting used to taking care of the baby, to begin to have enough time to eat, to cook, to have lunch with the baby, or have a good night’s sleep. Therefore, the results of this study supported all process indicators of this component.
There are two indicators, "mastery" and "fluid integrative identities" in outcome indicators. Meleis et al. (2000) describes mastery as "by the time clients are experiencing a new sense of stability near the completion of a transition, their level of mastery will indicate the extent to which they have achieved a healthy transition outcome (P. 26)." In the result of the study, Japanese women felt satisfied with childrearing at 7-10 months after childbirth. They used the following phases, "I could have confidence", "I feel like I grew one size up", "I grew pretty strong", "I may get stronger", and "I have been grown up."

The second outcome indicator is "fluid integrative identities." Transition is characterized by ongoing and dynamic situations rather than static or stable situations. In moving to Hawaii, they began to find their own identities by interacting within another cultural, social, economical, and medical environment. Through their childbirth experiences, they realized their growth and transformation and expected further growth and transformation with their children's development. Therefore, the results of this study were consistent with the outcome indicators.

The results of this study supported all components of "Transitions: a middle-range theory." The last component is nursing therapeutics. Nursing therapeutics can interact with each component: nature of transition, transition condition, and patterns of response. Nursing therapeutics for Japanese women's growth and transformation through childbirth in Hawaii is described in the next paragraph on implications for nursing.

Implications for Nursing

Chick & Meleis (1986) reported that transition has three stages: entry, passage and exit. It is necessary for nursing interventions to be conducted in each stage. The
theoretical component of “nature of transition” corresponds with the entry stage. The first recommended nursing therapeutics is within this entry stage. In order to provide the required support for successful transition, nurses should utilize the following skills of observation: identifying the types of transition, the patterns of transition, and levels of their properties. Actually, it is during the early pregnant period that nurses first work with Japanese women. Since nurses meet the mothers-to-be many times during the pregnancy, nurses should assess the properties of transition in each prenatal visit.

The second recommended nursing therapeutic is relevant to “transition condition: facilitators & inhibitors” required during the passage through transition. It is important for nurses to assess facilitators and inhibitors during prenatal visits, the hospital stay at childbirth, and check-ups after childbirth. In “preparation & knowledge of personal”, language barriers are big inhibitors not only for Japanese women, but also for medical staff. During the first meeting, it would be ideal if nurses could welcome Japanese or foreign-born women in their mother’s tongue. Foreign-born women are very nervous at the first doctor visit. The first impression is very important to build a good relationship between patients and medical staff. Even a brief, memorized statement would go a long way towards building confidence and trust. Possibly this could be accomplished by memorizing a standard phrase in the language that is most often needed. One response to the language barrier would be for nurses to use cards of simple phrases written in Japanese to enhance their ability to communicate.

The author and colleague published the Japanese language book, “A Guide for Safe and Easy Childbirth in the U.S.A- Up-To-Date Information on Childbirth and Women’s Health” in 2002 to offer the current information on healthcare, and an audio
file of simple conversational English and medical terms because of a lack of information generally available to Japanese women (Taniguchi, 2002b). This was an example of a possible nursing intervention. However, currently it is particularly important for nurses to give accurate answers to these patients’ questions because they are confused by a lot of information on the Internet.

Nurses need to take principles of culturally competent care into consideration, including having an understanding of Japanese childbirth customs that include the view of pregnant and postpartum women as vulnerable women; an understanding of a Japanese husband’s attitude to childbirth; their expectations regarding mothers’ roles; and their philosophy of breastfeeding. Nurses should be proactive in providing the support that will assist pregnant expatriate Japanese women to make healthy transitions to motherhood.

The third nursing therapeutic is relevant to “patterns of response.” This nursing action would be required at the exit from transition. By using process indicators, nurses are able to assess their patient’s level of engagement to transition. By using outcomes indicators, nurses are able to know whether their patients reached their goals of successful transition and to provide the assistance needed to move beyond transition into the next transition.

In order to practice the above things more effectively in each period, it may be helpful to assess a healthy transition to motherhood using a checklist or flow sheet which systematically lists indicators based on the middle range theory. It is also an important role of nurses to provide pregnant women or new mothers with information for social networks to interact with other peer groups in the community such as “Baby Hui”, a mothers’ group that has children of similar ages or the baby’s circle at church.
Strength and Limitations of the Study

A limitation of this study was that the focus on Japanese women’s lived experienced of childbearing in Hawaii was limited to only their perceptions. It is recognized that the women have been building their families with their husbands being supported by their parents, friends, and medical staff. The results of this study reported the importance of relationship with husband, parents, in-laws, friends, and medical staff from the view of each Japanese woman. It is also important to understand the point of view of each related person to completely understand Japanese women’s growth and transformation during their childbearing experience in Hawaii.

The second limitation is that, because it was focused on the lived experienced of Japanese women giving birth in Hawaii, the study does not compare Japanese women who gave birth in Japan. By making comparison, the differences might emerge clearly between women’s growth and transformation in Japan and Japanese women’s growth and transformation in Hawaii.

The third limitation is that the sample was small and limited by the selection criteria, and only included those that were directed to the author by a supporting network of caregivers. As is considered appropriate with qualitative research, the essential structure of the lived experience is considered unique to those included in the study and is not appropriate for generalization.

The sample included in this study was not homogeneous. This study included participants who had become pregnant in Japan and experienced a miscarriage, possibly contributing to a bias, although all participants were considered premiparas.
A strength of this study is that it was conducted in Japanese and the transcripts were translated forward and backward into English for committee review. The participants were able to express themselves freely in their primary language. An additional strength is that the study focuses on a situation that is very important for healthcare providers in Hawaii. As society continues to grow more global in concept it is important for providers to be aware of factors influencing health.

Recommendations for Future Research

Based on the results of this study, further research should be conducted in the following areas: husband’s perception of childbirth experience in Hawaii, Japanese parents’ perception of their daughter’s childbirth experience in Hawaii, friends’ perceptions of interacting with Japanese expectant parents in Hawaii, and nurses’ perception of taking care of foreign-born women. It is also necessary to interview a parallel group about women’s experience in Japan. By conducting cross-cultural research, the phenomena of this topic may be comprehensively discussed from the other person’s view.

A first recommendation is to explore the husband’s perception of their childbirth experience in Hawaii. In particular, husbands played an important supportive role that reflected a changing gender role. Since their husbands were the most supportive people for the women in the foreign country, it is important to see women’s growth and transformation from a different angle because women may be affected by their husbands’ role change.

A second recommendation is a study to explore Japanese parents’ perceptions of their daughters’ childbirth experience in Hawaii. Based on the results of this study, the
participants' parents also experienced their transition that included giving a daughter in
marriage in a foreign country and becoming grandparents.

A third recommendation is a study to explore friends' perception of interacting
with Japanese women who gave birth in Hawaii. They provided support and advice to
Japanese women because of their personal childbirth experiences. They are able to view
Japanese women's growth and transformation through their childbirth experiences.

A fourth recommendation is a study to explore nurse's perception of taking care
of foreign-born women. Actually, nurses also encounter language barriers when they take
care of such women. Questions such as how did they feel taking care of such women?
What did they feel most difficult part of taking care of foreign-born women? It is
important to know the actual situation of practice to generate knowledge.

The last recommendation is to explore Japanese women's, their husbands',
parents', friends and nurses' perceptions through their childbirth experiences in Japan.
How did they feel their growth and transformation through childbirth experiences in
Japan? What are their meanings of the childbirth experiences? By making comparisons,
differences and similarities may emerge from these studies of both countries. Then,
expatriate Japanese women's growth and transformation through childbirth in Hawaii
may be further understood.

Summary

This chapter presented a discussion of the results of this study in relation to the
review of literature and the conceptual orientation, implications for nursing, strength and
limitations of the study, and recommendations for further research. The results of this
study reflected the literature on the concept of transition and childbirth in a foreign
country. The results of this study added new knowledge about women giving birth in a foreign country. Not only did it strengthen the bonds of the new mother and father, it also strengthened the bonds that each parent had with their own families in a foreign country. This evidence was described in “parents help from Japan” and “seeking to be recharged” in feeling distant from family & friends in the Theme Category, Challenges living overseas, and “valuing parents” in the Theme Category, relationship with others. The results of this study reflected the conceptual orientation, transition: middle-range theory.

The nursing implications arising from this study are that it is necessary for nurses to understand culturally congruent care and to approach cultural care holistically using interpersonal communication skills. Care should be based on an observation of theoretical indicators that leads to an assessment of healthy transition in order to support immigrant women’s growth and transformation.

The following are recommendations for further research. The expatriate Japanese women were interacting with many people through moving to Hawaii and the childbirth experience. It may be helpful to understand the lived experience of giving birth in a foreign country from the point of view of each related person’s perception. The second is to compare it to that of Japanese women who gave birth in Japan. By conducting cross-cultural research, expatriate Japanese women’s lived experience of giving birth in Hawaii may be comprehensively discussed.
APENDIX A: AGREEMENT TO PARTICIPATE

"Women’s growth and transformation through the childbirth in a foreign country"
Hatsumi Taniguchi, Ph.D. candidate, Primary investigator
School of Nursing and Dental Hygiene
University of Hawaii at Manoa
(808) 941-9458

同意書
「邦人女性の成長と変化：ハワイで出産を経験して」
谷口初美（助産師）
ハワイ大学看護・歯科衛生学部博士課程
連絡先：(808) 941-9458, htaniguc@hawaii.edu

This study is being conducted as a component of a dissertation for a doctoral degree. The purpose of the study is to describe the meaning of the childbirth experience in the foreign country for Japanese mothers who are transitng to motherhood in a foreign country.

この研究は、私の博士論文のために行われます。この研究は海外での出産経験があなたの人生にどのような意味を成しているか、女性としての転機についての研究です。

Your participation in the study will consist of two or three sessions an approximately one hour each with Hatsumi Taniguchi, a Ph.D. graduate nursing student, a Japanese nurse-midwife. In the first session, you will be asked about your own perception of childbirth experience in Hawaii. The interview will be audio recorded for transcription.

この研究での、貴女の参加は約2回から3回の約1時間のインタビューをお願いすることになります。インタビューは、研究者である谷口初美が行います。初回は、ハワイでの出産経験から貴女の感じた事を尋ねいたします。インタビュー時テープレコーダーを使用させていただきます。これは、インタビューの内容を後で書き下ろすために使用いたします。

In the second session, the researcher wants to know if she correctly understood the first interview on your childbirth experience from the first interview.

二回目のインタビューでは、初回お聞きしたお話にき私が正確に理解していたかにつき再度確認するために行います。

The interview will be transcribed from the audiotape after the interview. Only the researcher, her professor, and a research reviewer will read the transcript of the interview. You may also read or request a copy of the transcript. No personal identifying information such as your name, will be included in the research results.
Risks and Benefits

There is little risk or no risk be participating in this research project. However, there may be a possible loss of privacy. To protect your privacy, the tape and transcript will be coded with a number and stored in a locked cabinet in Hatsumi Taniguchi's office. The tapes and other transcripts will be destroyed upon completion of the project. Participation in this research project is completely voluntary. You are free to withdraw from participation at any time during the duration of the project with no penalty, or loss of benefit to which you would otherwise be entitled.

You may receive no direct benefit from this study. However, your participation will contribute to future expectant mothers who will give birth in a foreign country for healthy transition to motherhood and healthy maternal and child health. You will receive a $10 gift certificate from Longs Drug for your time in participating.
Consent Form

同意書

Participant （参加者）:
I have read and understand the above information, and agree to participate in this research project.
私は、上記の内容を読み理解いたしましたのでこの研究への参加に同意いたします。

________________________________________
Name (printed)

________________________________________  __________________________________
Signature                                           Date
APENDIX B: DATA GENERATING QUESTION

“Tell me about your childbirth experience” or “What was the best/most challenging part of being a mother in Hawaii?”
MEMORANDUM

January 12, 2006

TO: Hatsumi Taniguchi  
Principal Investigator  
Nursing Department

FROM: William H. Dendl  
Executive Secretary

SUBJECT: CHS #14161- “Expatriate Japanese Women’s Growth and Transformation Through Childbirth in Hawaii”

Your project identified above was reviewed and has been determined to be exempt from Department of Health and Human Services (DHHS) regulations, 45 CFR Part 46. Specifically, the authority for this exemption is section 46.101(b)(2). Your certificate of exemption (Optional Form 310) is enclosed. This certificate is your record of CHS review of this study and will be effective as of the date shown on the certificate.

An exempt status signifies that you will not be required to submit renewal applications for full Committee review as long as that portion of your project involving human subjects remains unchanged. If, during the course of your project, you intend to make changes which may significantly affect the human subjects involved, you should contact this office for guidance prior to implementing these changes.

Any unanticipated problems related to your use of human subjects in this project must be promptly reported to the CHS through this office. This is required so that the CHS can institute or update protective measures for human subjects as may be necessary. In addition, under the University’s Assurance with the U.S. Department of Health and Human Services, the University must report certain situations to the federal government. Examples of these reportable situations include deaths, injuries, adverse reactions or unforeseen risks to human subjects. These reports must be made regardless of the source funding or exempt status of your project.

University policy requires you to maintain as an essential part of your project records, any documents pertaining to the use of humans as subjects in your research. This includes any information or materials conveyed to, and received from, the subjects, as well as any executed consent forms, data and analysis results. These records must be maintained for at least three years after project completion or termination. If this is a funded project, you should be aware that these records are subject to inspection and review by authorized representatives of the University, State and Federal governments.

Please notify this office when your project is completed. We may ask that you provide information regarding your experiences with human subjects and with the CHS review process. Upon notification, we will close our files pertaining to your project. Any subsequent reactivation of the project will require a new CHS application.

Please do not hesitate to contact me if you have any questions or require assistance. I will be happy to assist you in any way I can.

Thank you for your cooperation and efforts throughout this review process. I wish you success in this endeavor.

Enclosure

2540 Maile Way, Spalding 252, Honolulu, Hawai‘i 96822-2303  
Telephone: (808) 539-3955/(808) 956-5007, Facsimile: (808) 539-3954, Web site: www.hawaii.edu IRB  
An Equal Opportunity/Affirmative Action Institution
Protection of Human Subjects
Assurance Identification/IRB Certification/Declaration of Exemption
(Common Rule)

Policy: Research activities involving human subjects may not be conducted or supported by the Departments and Agencies adopting the Common Rule (56FR28003, June 18, 1991) unless the activities are exempt from or approved in accordance with the Common Rule. See section 101(b) of the Common Rule for exemptions. Institutions submitting applications or proposals for support must submit certification of appropriate Institutional Review Board (IRB) review and approval to the Department or Agency in accordance with the Common Rule.

1. Request Type
- [] ORIGINAL
- [] CONTINUATION
- [X] EXEMPTION
- [] OTHER:

2. Type of Mechanism
- [] GRANT
- [] CONTRACT
- [] FELLOWSHIP
- [] COOPERATIVE AGREEMENT

3. Name of Federal Department or Agency and, if known, Application or Proposal Identification No.

4. Title of Application or Activity
“Expatriate Japanese Women’s Growth and Transformation Through Childbirth in Hawaii”

5. Name of Principal Investigator, Program Director, Fellow, or Other
Hatsumi Taniguchi

6. Assurance Status of this Project (Respond to one of the following)

[X] This Assurance, on file with Department of Health and Human Services, covers this activity:
Assurance Identification No. F-3526, the expiration date September 23, 2008, IRB Registration No. IORG0000169

[ ] This Assurance, on file with (agency/dept), Assurance No., the expiration date , IRB Registration/Identification No., (if applicable)

[ ] No assurance has been filed for this institution. This institution declares that it will provide an Assurance and Certification of IRB review and approval upon request.

[ ] Exemption Status: Human subjects are involved, but this activity qualifies for exemption under Section 101(b), paragraph 2.

7. Certification of IRB Review (Respond to one of the following IF you have an Assurance on file)

[ ] This activity has been reviewed and approved by the IRB in accordance with the Common Rule and any other governing regulations.
by: [ ] Full IRB Review on (date of IRB meeting) or [ ] Expedited Review on (date)
[ ] If less than one year approval, provide expiration date __________________________

[ ] This activity contains multiple projects, some of which have not been reviewed. The IRB has granted approval on condition that all projects covered by the Common Rule will be reviewed and approved before they are initiated and that appropriate further certification will be submitted.

8. Comments

CHS #14161

9. The official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed until study closure and certification will be provided.

11. Phone No. (with area code) (808) 956-5007
12. Fax No. (with area code) (808) 539-3954
13. Email: dendle@hawaii.edu

14. Name of Official
William H. Dendle
15. Title
Compliance Officer

16. Signature

17. Date
January 12, 2006

Sponsored by HHS

Public reporting burden for this collection of information is estimated to average less than an hour per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: OS Reports Clearance Officer, Room 503 200 Independence Avenue, SW., Washington, DC 20201. Do not return the completed form to this address.
APENDIX D: DEMOGRAPHIC DATA RECORD

Mother’s Information  （お母さんの情報）

1. Age（年齢）: ________ years old

2. Length of Stay in Hawaii（ハワイの滞在年数）: ______（年）years
   ______（月）months

3. Reason for moving to Hawaii  （ハワイへ来た理由）
   ○ Husband’s job  （夫の仕事）
   ○ Marriage  （結婚）
   ○ Study abroad  （留学）
   ○ Other（その他）: __________________________

4. Education  （学歴）
   ○ High school  （高校卒）
   ○ College  （短大卒）
   ○ University  （大学卒）
   ○ Master  （大学院卒）

5. English Ability (Self Reported) （英語力）

   Can you speak in English when you go to the shops?
   お店に行った時英語で話せますか？  （はい、いいえ）

   Can you speak with the nurse or doctor?
   ナースやドクターと英語で話せますか？  （はい、いいえ）

6. Does your doctor speak Japanese?
   あなたのドクターは日本語を話しますか？  （はい、いいえ）

7. Pregnancy: Intended or Unintended
   妊娠は、（計画した妊娠でしたか、それとも そうではなかった）
Partner/Husband’s Information (ご主人の情報)

1. Education (学歴)
   - High school (高校卒)
   - College (短大卒)
   - University (大学卒)
   - Master (大学院卒)

2. English Ability (Self Reported) (英語力)
   Can you speak in English when you go to the shops?
   お店に行った時英語で話せますか？ (はい，いいえ)

   Can you speak with the nurse or doctor?
   ナースやドクターと英語で話せますか？ (はい，いいえ)

3. Family income/month (家庭の月収)
   - <$ 2,000
   - $2,000-2,900
   - $3,000-3,900
   - >$4,000

Child’s Information (お子さんの情報)

1. Age (お年): _______ (ヶ月) months

2. Delivery type (出産)
   (自然分娩) natural virginal birth or (帝王切開) caesarian section

3. Weight at birth (生まれたときの体重): ___________g

4. Gestational weeks (生まれた時の妊娠週数): _______ weeks

5. Breastfeed (母乳栄養): (はい，いいえ)
   Length (どれくらいの期間): ___________ (ヶ月) months

6. Healthy status (お子さんの健康状態): (健康)Good, (病気がち) Weak
References


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