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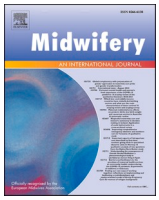

Investigating cultural conflicts in everyday self-care among Chinese first-time pregnant migrants in Australia

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ABSTRACT

Background: Given the fast-growing migration and globalisation trends in the last decades, women increasingly experienced pregnancy as migrants and often faced complex and unique challenges related to both migration and pregnancy in a foreign land, affecting their psychological wellbeing during pregnancy. Cultural conflicts between pregnant migrants' home and host cultures could play a critical role affecting their pregnancy experiences and psychological wellbeing.
Aims: This study aimed to explore cultural conflicts that challenge Chinese first-time expectant mothers living in Australia regarding their pregnancy self-care and their psychological wellbeing.
Method: A qualitative methodology was adopted utilising interpretative phenomenological analysis. Participants were 18 Chinese-born first-time pregnant migrants in Australia. A semi-structured interview schedule focused on their pregnancy self-care and psychological wellbeing and any effects of Chinese-Western/Australian cultural conflicts.
Findings: Two psychosocial approaches were identified to explain how all the participants were psychologically challenged by self-care cultural conflicts to some extent: 1) challenging decision-making processes about self-care cultural conflicts and 2) interpersonal tension if the decisions conflicted with someone's advice/beliefs/opinions.
Conclusion: Emotional, cognitive, and social factors were relevant in shaping the participants' engagement with and their experiences of various pregnancy self-care activities.

Given the fast-growing migration and globalisation trends in the last decades, more and more women experience pregnancy in a foreign country as adult migrants (Fair et al., 2020). In 2020, women (median age range 29–43, childbearing age) comprised nearly half of the 281 million international migrants, mostly in high-income countries (e.g., 63 % in the US, Canada, Australia) (IOM 2022). In Australia, the latest national data (ABS 2024) revealed that nearly 30 % of births were amongst migrant women. However, settling into a new country while becoming a mother is often challenging and stressful due to a complex, accumulative interplay of sociocultural, economic, and institutional disadvantage related to migration and pregnancy stressors such as morning sickness, gestational hypertension and diabetes (Sharapova and Ratcliff, 2021). Migrant women's maternal health outcomes are therefore of increasing concern to researchers, policymakers, and health practitioners globally (Fair et al., 2020).

Pregnant migrants' cultural challenges and mental health

Pregnancy is complex, involving both a series of biological and physiological changes or challenges, and holding deep cultural significance for both women and their families (Billett et al., 2022). Each culture has a set of norms and practices which are shared implicitly among members and determined through their interactions with the external natural and social environment (Sharapova and Ratcliff, 2021). An essential component, culture plays a critical role in informing and shaping social and health activities associated with pregnancy and childbirth (Sharapova and Ratcliff, 2021). For instance, Withers et al. (Withers et al., 2018) reviewed 74 studies across 15 Asian countries and found that a large proportion of women were still influenced or restricted by a wide range of cultural and family traditions for pregnancy care, especially during their everyday self-care aspects (e.g., no cold foods, limited exercise).

For pregnant migrant women particularly, such cultural traditions

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and influences may become more complex to navigate when they transition into a new cultural system as migrants, a process known as acculturation (Sharapova and Ratcliff, 2021). Acculturation is a dynamic and ongoing process of an individual or group acquiring elements from the new (host) culture without losing the original (home) culture, based on Berry's (Berry, 1997) bidimensional theory. Berry's (Berry, 1997) theory has been widely utilised to explain migrant populations' acculturation process (Schumann et al., 2020) including maternal migrant women who primarily experienced a conciliation process of balancing between different cultural practices related to pregnancy (and postpartum) care (Bigman et al., 2018). To strike a balance, they needed to go through the confrontation of two cultural frameworks, often encountering and attempting to navigate conflicting cultural norms, values, and practices (as cultural conflicts), which may represent a source of stress and anxiety impacting on their maternal mental health (Sharapova and Ratcliff, 2021). Consistently, some systematic reviews (Lara-Cinisomo et al., 2018; Mengistu and Manolova, 2019) indicated the potential of acculturative stress in significantly predicting migrant women's perinatal anxiety and depression, and the underlying influences of cultural conflicts has drawn increasing maternal research attention (Fair et al., 2020; Sharapova and Ratcliff, 2021).

Cultural conflicts were found to threaten migrant women's pregnancy/maternal mental health in two main ways (Sharapova and Ratcliff, 2021). First, cultural conflicts triggered migrant women's self-doubts and uncertainty about their competencies/abilities to make an appropriate decision for their child's health as responsible mothers (Sirkeci and Cohen, 2016). Second, when aiming for quality decision-making, pregnant/maternal migrants often faced increased (psychosocial) demands to seek, access, and acquire sufficient high-quality information/knowledge of both cultures. During this time they also needed to make efforts (cognitive, emotional, social) to cope with multiple migration-related barriers (e.g., language barriers) for high-quality informational support sources (Lambermon et al., 2020).

Cultural conflicts in Chinese migrants' maternal self-care

The stress and anxiety related to cultural conflicts for pregnant/maternal migrants can be magnified when the distance between two cultures is significant (Sharapova and Ratcliff, 2021). A clear example is when women from Eastern cultures (e.g., Chinese) migrate to and experience pregnancy in Western countries [e.g., Australia; (Sharapova and Ratcliff, 2021)]. In recent years, Chinese-born migrants have become one of the major migrant communities globally, with more than 10.7 million Chinese overseas (IOM, 2022). Chinese migrant women's maternal mental health and challenges have also become a public health concern in high-income, Western countries (Cai et al., 2022; Gong and Bharj, 2022), especially psychological wellbeing (Chen et al., 2019a). Of the identified risk factors, the role of cultural conflicts has been increasingly revealed in Chinese migrant women's perinatal and postpartum care, especially everyday self-care (Sunuwar et al., 2020; Viken et al., 2015).

Self-care usually refers to the ability and willingness to perform a set of activities (e.g., diet, exercise) in daily life to promote everyday health and wellbeing, which requires both self-reliance and social support — formal (maternity professionals) and informal (family, friends). Optimal antenatal self-care practices were found to significantly predict positive birth outcomes, such as regular exercise antenatally predicting appropriate gestational weight gain and better postpartum recovery (Nicoloro-SantaBarbara et al., 2017). For Chinese migrant women, all the aspects of maternal self-care seemed to be considerably challenged by Eastern-Western cultural conflicts related to two primary domains: 1) collectivism versus individualism and 2) traditionalism versus biomedical view/scientism (Sharapova and Ratcliff, 2021). Chinese collectivistic culture values and emphasises informal social support (for information, household chores, reassurance) from older women in the family (e.g., mother, mother-in-law) and community more than self-reliance, spousal support (support from a partner is expected), and formal support from maternity healthcare — dominant in Western individualistic cultures (Sharapova and Ratcliff, 2021; Li et al., 2021). This may help to explain Chinese migrant women's high reliance on informal social support in contributing to the well-reported low rate of utilising mainstream maternity and psychological services in many Western countries (Li et al., 2021). Second, similar to the Asian cultural traditions for pregnancy self-care (as briefly outlined earlier), Chinese culture also requires a set of traditional practices, rituals and taboos (corresponding to basic self-care activities) for pregnant (and postpartum) women, transmitted from generation to generation and guided by older women in the informal support (Sharapova and Ratcliff, 2021). In comparison, maternal self-care in the West relies on scientific and medical evidence and expertise from health professionals (Sharapova and Ratcliff, 2021).

Such cultural conflicts (especially the second domain) were primarily investigated and found to affect Chinese migrant women's everyday self-care and psychological wellbeing during their perinatal and postpartum periods across many Western countries (e.g., US, UK, and Canada) — such as stress and anxiety around deciding between conflicting infant feeding options — especially for first-time mothers with limited maternity experience (Gong and Bharj, 2022; Higginbottom et al., 2018; Marshall et al., 2021). For their pregnancy self-care, however, potential cultural conflicts and mental health threats were under-explored — they were only deeply explored and confirmed a decade ago in Macao (Lau, 2012) and Hong Kong (Lee et al., 2009) as the politically special areas of mixed Eastern and Western cultures in China (Lowe and Tsang, 2017). Therefore, further research is needed to thoroughly understand whether and how such cultural conflicts challenge Chinese migrants' pregnancy (self-care) experiences and psychological wellbeing in the West.

Aims of the current study

Overall, due to the unclear and limited understanding of whether and how cultural conflicts psychologically challenge Chinese pregnant migrants in the West in their everyday self-care decisions, especially those experiencing first-time pregnancy, this qualitative study aimed to deeply explore Chinese first-time pregnant migrants' subjective experiences related to cultural conflicts and related psychological challenges in everyday pregnancy self-care in a Western country. Although it would be ideal to recruit participants from different Western countries, the exploratory nature of this qualitative study limited the recruitment of participants to a small sample size. As part of the purposive sampling technique, we focused on Australia as a Western country to achieve the aim in this study.

Methods

This study was approved by the institutional human ethics committee (Ref number removed for blind peer-review).

Participants

The study recruited a purposive sample of 18 expectant mothers (aged 25–38 years) who were born and grew up in China (16 from Mainland China, 1 each from Hong Kong and Taiwan) before coming to Australia at a minimum of 18 years of age, at least 20 weeks into their first- time pregnancy. They also needed to be residing and intending to give birth in Australia and speaking fluent Mandarin.

To ensure confidentiality and minimise identifiability of the participants, only aggregate characteristics are summarised in Table 1. Most of the participants had been in Australia for over 5 years ($n = 12$, 66.67 %), attained at least an undergraduate degree (100 %) and were in full-time employment ($n = 11$, 61.11 %). Thirteen (72.22 %) had a Chinese spouse who was also the primary social support source during

Table 1
Participant Demographic Information.

Descriptive	Number of Participants (%)
Birthplace/Culture of Origin	
Mainland China	16 (89 %)
Hong Kong	1 (6 %)
Taiwan	1 (6 %)
Age group	
26–29	3 (17 %)
30–35	12 (67 %)
36–40	3 (17 %)
Previous Pregnancy Loss	
Yes	4 (22 %)
No	14 (78 %)
Years Spent in Australia	
< 1 year	2 (11 %)
1–5 Years	4 (22 %)
6–10 Years	6 (33 %)
> 10 Years	6 (33 %)
Spouse/Partner's Cultural Background	
Chinese	13 (72 %)
Australian	4 (22 %)
Other Cultures (Iran)	1 (6 %)
Post-secondary Education	
Undergraduate Education	10 (56 %)
Post-graduate Education	8 (44 %)
Employment Status	
Full-Time	11 (61 %)
Part-Time	4 (22 %)
Home duties	3 (17 %)
Physical presence during Pregnancy Care	
Mother	7 (39 %)
Mother-in-law	3 (17 %)
No	8 (44 %)
Main Social Support Sources during Pregnancy	
Spouse	15 (83 %)
Friends	11 (61 %)
Parents	6 (33 %)
Spouse's Family	5 (28 %)
Colleagues	6 (33 %)
Pre-existing Health Risks/Conditions	
Yes	3 (17 %)
No	10 (56 %)

pregnancy, and older women (mother or mother-in-law) were physically involved with ten (55.56 %) of the participants. Further demographic details of the participants are presented in Table 1. Three participants indicated that they had pre-existing health risk conditions, relating to their mental health, such as depression, stress, anxiety disorder, and a mention of gestational diabetes.

Materials

An intake form included questions to assess participants' eligibility (e.g., pregnancy and residency status) and further demographic information (e.g., age, employment, social support).

A semi-structured interview schedule (Supplementary material) was developed to guide the interviews. During the interviews, Mandarin (Chinese) was the only language utilised to ensure effective communication and foster a comprehensive exploration of the subject matter. The schedule included open-ended and non-leading questions covering a range of topics/categories, such as perceptions of Chinese pregnancy-related cultural practices, and strategies to manage cultural conflicts during self-care. Where relevant, follow-up questions and prompts (Table 2) were asked to encourage deeper insights and discover new topics related to cultural conflicts during their pregnancies.

Procedure

Information about this study was advertised in Simplified Chinese on two online Chinese social media platforms (Xiaohongshu and WeChat). The intake form and informed consent were collected via REDCap. The

Table 2
Example Interview Questions and Prompts.

Question Category	Example Questions	Example Prompts
A. Chinese cultural practices	What do you think of Chinese traditional cultural practices for pregnancy?	Such as managing some minor illnesses in pregnancy by Chinese traditional medicine?
B. Cultural conflicts & self-care	Did you encounter any cultural differences that raised concerns for you while engaging in your everyday pregnancy self-care practices?	In aspects of your diet, physical activity, and self-managing minor illnesses?
C. Impacts on health & wellbeing	How have the cultural conflicts or concerns influenced your health?	Your physical health and emotions, like creating pressure on you very often?
D. Coping strategies	What strategies have you used to manage such cultural concerns?	Maybe you tried to discuss your concerns with your health professionals and other people that you trust?

first author arranged and conducted online interviews in Mandarin via Zoom ranging in length from 1 to 2 h ($M = 1.5$ h, $SD = 0.5$ h) from April to June 2023. After each interview, participants received a debriefing email including a link to the intake form to collect further demographic details, information about 24/7 psychological counselling services, and a A$30 e-voucher as a token of appreciation.

The audio recordings along with the Zoom generated transcripts in Simplified Chinese were saved and checked for accuracy by the first author before being sent to the participants for member checking as per Liamputtong (Liamputtong, 2020). All the identifiable information in the transcripts was replaced with a pseudonym for formal data analysis using NVivo. The entire procedure is illustrated in Fig. 1 below.

Data analysis

This study adopted a qualitative methodology, with an interpretative phenomenological approach [IPA; 27]. The IPA data analysis was conducted on the de-identified transcripts in Simplified Chinese, the language of the interview and the one in which the first author is fluent. The IPA analysis process follows Smith et al.'s (Smith et al., 2009) eight systematic steps (Fig. 2) to comprehensively explore and interpret

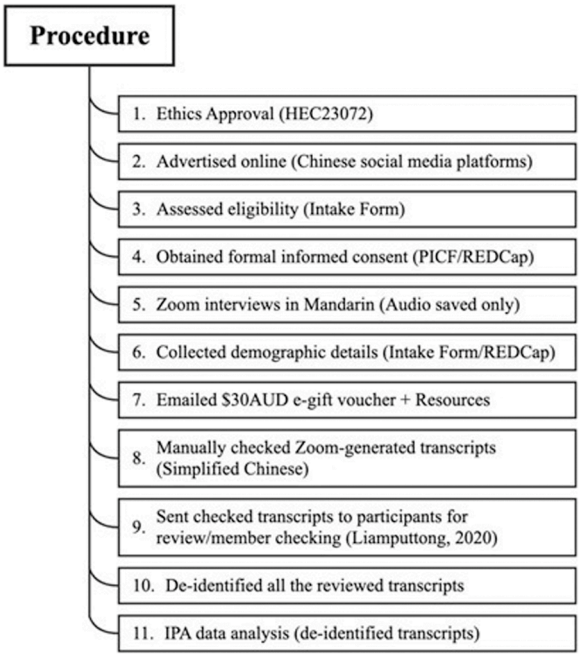

Fig. 1. Procedure Steps for Conducting the Current Study.

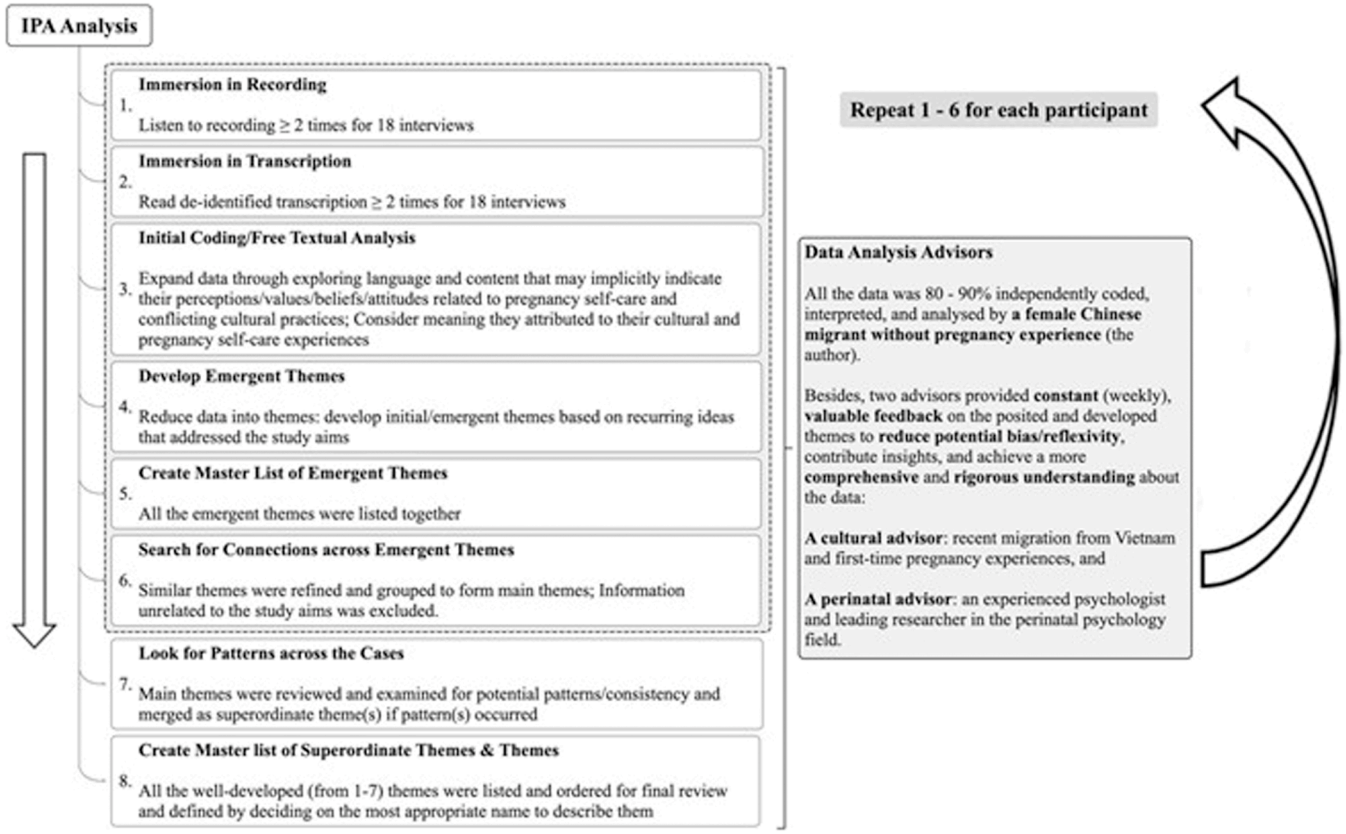

Fig. 2. Steps for IPA Analysis (Smith et al., 2009) Applied to the Current Study.

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Reflexivity

Quality of qualitative research is established and ensured in several ways. First a reflexive account is necessary when a qualitative approach requires the researchers to interpret the responses from their participants (Dodgson, 2019). As with the current study, the first author is a female Chinese migrant in Australia without pregnancy experience but largely shared cultural and linguistic background with the participants. The second author is an experienced psychologist and leading researcher in the field of perinatal psychology. The last author and his spouse are recent immigrants and their personal experiences giving birth to their first child in Australia inspired this project. All involved researchers were aware of the influences on the interpretations made in this study and discussed them during weekly meetings.

Results

Participants attributed various mental health issues to specific cultural conflicts regarding everyday self-care management. Two overarching themes (Table 3) were identified: 1) cultural conflicts and challenges during decision-making process; and 2) stressfully enduring interpersonal tension if the decision conflicted with someone's advice/beliefs/values.

Cultural conflicts and challenges during decision-making process

All participants (n = 18) valued and preferred self-care guidance based on Western scientific evidence, aligning with the Australian health standard, over traditional Chinese cultural practices. Interestingly, although they would disregard traditional Chinese cultural practices in favour of Western evidence-based practices, most participants expressed a strong desire to incorporate advice from both cultures instead of having to address any conflict. This internal conflict in preferences for sources of health information were described with mental health challenges and are presented in the following sub-themes.

Table 3
Identified Themes and Subthemes to Explain the Self-Care Cultural Conflict Challenges.

Themes	Subthemes
1. Cultural conflicts and challenges during decision-making process (n = 17)	1.1. Overreliance on Chinese information sources (n = 14) 1.2. Difficulty connecting with local maternity professionals adequately and flexibly (n = 12) 1.3. Maternity professionals' cultural insensitivity (n = 12) 1.4. Fear of missing out (n = 17)
2. Stressfully enduring interpersonal tension after the decisions (n = 16)	2.1. Interpersonal tension with mother or mother-in-law (n = 16) 2.2. Interpersonal tension with Chinese female colleagues (n = 8)

Overreliance on Chinese information sources

Although most of the participants (n = 14) self-perceived their general English proficiency as adequate in everyday situations (e.g., shopping, workplace) and mainstream healthcare settings in Australia, they still primarily relied on online resources in the Chinese language. Information found online further contributed to the conflicts in expectations and self-care that they had already encountered. Understandably, information in the Chinese language that was found on websites and online platforms mostly focused on the Chinese cultural practices. The scarcity of Western evidence-based practices in the Chinese language added more to their confusion and frustration about Chinese

versus Australian/Western cultural conflicts on pregnancy self-care. For instance, Lee and Qing's cultural understandings of pregnancy self-care were considerably challenged by their overreliance on Chinese-dominant information. Lee expressed,

> "When my mum told me not to eat any crab during pregnancy because it would make the infant vomit bubbles, I found it hard to accept as it does not make any sense […]. I googled it as usual in Chinese and found similar opinions as another [piece of] 'evidence' in line with my mother's advice that conflicted with mine […]. It just further pressured me to decide between them".

Similarly, Qing shared her frustration about conflicting information (food supplements) that she found on Xiaohongshu (a Chinese social media platform),

> "There were a lot of non-professional conflicting opinions about food supplements that pregnant women should take and what to avoid. Although they were all Chinese peer mothers with rich pregnancy experiences in Australia […], it was hard to figure out who was right and make a choice".

Difficulty connecting with local maternity professionals adequately and flexibly

The lack of connection with local health professionals was another major barrier to high-quality resources on self-care and cultural conflict concerns/decisions, which further necessitated reliance on Chinese resources. Although participants valued formal maternity support most, many expressed their struggles to make timely health appointments and stay connected with local maternity/health professionals outside of scheduled appointments for any health concerns. They expressed their wishes for having accessible maternity professionals or at least experienced peer mothers for convenient and flexible support. Ling described her feelings about this challenge and shared her suggestions:

> "I trust my maternity professionals for my pregnancy-related concerns and questions, so ideally, I would like to see them as quickly as possible in most cases so that I do not have to find answers myself, get lost among non-professional opinions, and endure the stress and anxiety of uncertainty […]. However, the waiting and referring time is always so long […]. After each appointment, they just disappeared. […] I really wish there could be a digital platform where I could still stay connected with them for my emergent needs and my mental health".

Maternity professionals' cultural insensitivity

The participants strongly preferred having trusted bi-cultural maternity professionals or at least local non-Chinese health professionals who are familiar with the expectant mothers' culture-specific needs, particularly self-care. They explained that their preference for having bi-cultural professionals was mainly about showing genuine interest, understanding and empathy to their cultural concerns, ideally with some knowledge base about Chinese-Western cultural conflicts for pregnancy care. For instance, a few participants who selected their obstetricians within the private healthcare system with bi-cultural health professionals were able to discuss cultural differences in pregnancy self-care and experienced an environment that fostered open communication and trust. For those in the public system, they often felt discouraged and misunderstood. For instance, Xia shared her discouraging interaction with her local non-Chinese midwife:

> "The first time when I tried to discuss my cultural concerns with my midwife, she just asked me to ignore those norms and follow what she (midwife) said without any explanation. Although she may be right, I felt I was not heard and understood […] and the cultural conflicts that concerned me were still there, no helpful answers or solutions".

Fear of missing out

The fear of missing out occurred when they believed they would miss out on some benefits if they considered disregarding certain Chinese cultural practices that many others were still following and reporting positive experiences. This phenomenon primarily resulted in unease, stress, and anxiety, and impede their cultural decision-making for self-care. For many, the fear was mostly disturbing in the early stages, and was gradually resolved as the pregnancy progressed. The effects it had on the early stage were exacerbated for those with other maternal health threats/stressors, such as previous pregnancy loss, pregnancy complications, pre-existing anxiety and depression, advanced maternal age, and unplanned pregnancy. Ming's fear of missing out was amplified by her previous pregnancy loss, extensively reflected in her resultant stress preventing her from making decisions:

> I know I need to listen to my doctor and should not take any meds to prevent miscarriage, but I do not want to lose my baby again […]. Prescribing such meds is common and legal in China, with many good stories I heard, so it should be safe to take; then I got some from China by international transport, but when I was about to take them, I became so anxious that I couldn'to make up my mind, so I took them for 2 days and stopped for 2 days for the first three months, lots of stress and uncertainty.

Relational and interpersonal consequences of doing the different things

After the decision-making process, most participants endured some level of interpersonal tension when a decision they made conflicted with the advice from or beliefs of those whom they had daily contact. These individuals included their mother, mother-in-law, and Chinese female colleagues who had extensive maternity experiences and successes at an older age.

Interpersonal tension with mother or mother-in-law

For many participants, it was common to have culturally conflicting beliefs about pregnancy self-care with their mother or mother-in-law, especially around diet. The interpersonal tension was more rooted in other women's intransigence and overbearing approach that were hard to challenge or cope with. This was more relevant when those women visited and lived with the pregnant women in Australia. Yun shared her coercive experiences and interpersonal tension about diet during her Chinese mother-in-law's visit:

> She (mother-in-law) always cooked big meals three times a day, and kept watching me eating, commenting on how much and what I ate, and nagging me to eat more all the time, regardless of how hard I explained myself and my concerns about 'diabetes risk' to her […]. It felt so painful and [I felt so] helpless.

Interpersonal tension with Chinese female colleagues

Similar to the older women in the family, some participants reported experiencing tension with Chinese female colleagues, attributing this experience to their overbearing interference in diet and physical tasks, insensitive to the participants' preferences and self-worth. Ye and Huang explored these feelings in their narratives. Ye expressed that "during lunchtime with my Chinese female colleagues, they did not allow me to have cold dishes and insisted they were bad for pregnancy based on their experiences; although I disagreed, nobody listened". Similarly, Huang's Chinese female colleagues always forcibly stopped her and took over her 'lifting objects' duties, despite her refusal: "although I politely refused their kindness and explained 'I can manage and 'I am just pregnant, not sick', they still insisted. […]. My self-worth has been challenged a lot since pregnancy".

Discussion

This study aimed to understand whether and how Chinese first-time pregnant migrants in Australia were affected by cultural conflicts during everyday self-care. The findings revealed two main themes concerning the difficulties associated with decision making on their pregnancy care. These are cultural conflicts and challenges during decision-making process, and relational and interpersonal consequences of doing something which disagreed with influential older women in their lives. Overall, participants experienced several cultural conflicts related to pregnancy self-care that challenged their psychological wellbeing at varying levels.

Decision making about cultural conflicts

Participants in this study referred to Western scientific evidence for self-care guidance while remaining invested in integrating both cultures, hoping to maximise the benefits for the unborn child. This was consistent with prior research (Sharapova and Ratcliff, 2021). To better understand both cultures and make a careful, appropriate decision about self-care cultural conflicts, the expectant mothers in the current study followed different stages of decision-making, from seeking and obtaining information, to processing and applying it. The process identified in this study was in line with the broader concept of health literacy emphasising individuals' cognitive, affective, and social skills for collecting, understanding and using information for health-related decisions (Murugesu et al., 2021). Consistently, the participants faced unique personal and social challenges at each stage, threatening their psychological wellbeing.

During the process of searching for information, many participants relied mostly on online information available in the Chinese language despite self-reporting as having adequate English language ability. The information they sought was concerned with self-care practices in different cultures and they reported a sense of confusion and uncertainty when they assessed the information available in Chinese as low-quality and conflicting with what they found from English sources. This resulted in enduring stress and anxiety. The preference for health information in Chinese among migrants with competent command of English contradicts prior findings that higher English proficiency predicted more information-seeking behaviours in English (Chen et al., 2022; Jacobs et al., 2017). A possible explanation could be that general English proficiency is necessary for everyday tasks and employment while pregnancy and health care require English in specialized fields. Processing new and/or complex information in specialized fields (e.g., health) in a foreign language sets more demands for cognitive load and processing time, which was not closely associated with general language proficiency (Roussel et al., 2017; Sweller, 2020). This might shape the language preference due to the ease and comfort of processing new, specialised content in their native language of Chinese.

The overreliance on Chinese language sources may also be due to the lack of formal, Chinese culture specific information in English language from local maternity professionals whom they trusted and preferred (Gong and Bharj, 2022; Price et al., 2017). Although many high-income countries have developed and applied digital interventions (e.g., e-health portals and apps) for their emergent needs in daily life (Hughson et al., 2018), many of the existing digital tools still need to be improved to better suit pregnant/maternal migrants' cultural needs (Gong and Bharj, 2022). Expectant mothers in the current study shared a similar need for maternity professionals' cultural awareness. For instance, those who engaged with bi-cultural (Chinese-origin) professionals reported their experiences as more culturally satisfying than those with native professionals. This finding supported recurring suggestions in perinatal research (Fair et al., 2020; Rogers et al., 2020) to increase the bi-cultural workforce and involve them in cultural training for Western-trained health workers. To extend on those suggestions, the current study emphasises important professional characteristics that participants expected of health professionals, understanding, listening, respectful, and empathetic when it comes to cultural practices.

After information seeking and obtaining stages (from informal and formal sources), they started to process and apply collected information to make final decisions about self-care cultural conflicts. During this process, many participants struggled to cope with their negative emotions from their 'fear of missing out' (FoMO), which occurred when they believed they would miss out on some benefits if they considered disregarding certain Chinese cultural practices that many others seemed to benefit from. This is particularly relevant to the high-stake nature of pregnancy and that they reported wishing the best for their babies. To the best of our knowledge, this phenomenon has not been reported in perinatological research. However, according to the current literature from consumer psychology, this psychological phenomenon is complex and multi-dimensional, involving both personal (emotional, cognitive) and social contributors (Zhang et al., 2020). FoMO also motivated individuals to try various strategies to cope (Ma et al., 2022). For instance, a participant in the current study attempted miscarriage-preventing medications from China. Future research may consider investigating beyond barriers to obtaining health information, into cognitive processes of pregnant migrant women regarding their pregnancy care.

Interpersonal tension associated with making culturally conflicting decisions

For many of the participants, when the decisions or preferences they finally formed conflicted with others' advice, opinions and beliefs, interpersonal tension often occurred. The tension was mostly present with older Chinese women from their immediate social circles, such as their mother, mother-in-law, and female colleagues during frequent daily contact. The participants often stressfully endured the tension resulting from suppression of their personal choices and self-worth, without effective coping strategies. These all further challenged their mental health after the difficult decisions, consistent with relevant literature relating to interpersonal conflicts and psychological health among Chinese pregnant/maternal migrants (Lau, 2012; Chen et al., 2019b).

The tension with the older Chinese women can be fundamentally understood from a socio-cultural perspective. Seeking support from older women in the family and community is one of the dominant Chinese collectivistic cultural characteristics of pregnancy care that is not as essential in the Western health culture (Sharapova and Ratcliff, 2021). In this context, 'older women' particularly refers to those with more (successful) maternity experiences who are usually elders or older for age. This relationship-related tension reflected two Chinese cultural norms: filial piety (Zeng, 2018) and authoritarianism (Liu et al., 2015). Filial piety specifies Chinese moral norms in the parent-child relationship that the child supports and succeeds the parent, across childhood to adulthood (Bedford and Yeh, 2019). Filial piety sets many moral rules for the child, including respect for elders (i.e., mothers and mothers-in-law), prioritizing wellbeing of the elders over their personal interests, and following the family traditions including dietary advice from mother-in-law (Shi and Wang, 2019). The pressure to practise filial piety on expectant mothers in the current study was consistent with recent postpartum literature about Chinese migrant women [e.g., (Zhang and Hanser, 2023)].

Workplace-level tension was viewed through the lens of authoritarianism in Chinese culture: obeying or submitting to authority (Liu et al., 2015). Possessing extensive experience, knowledge base, and a track record of success in a field (e.g., colleagues with extensive maternity experiences/successes) often bestows authoritative power to influence (usually suppress) others with less relevant experience (e.g., the first-time pregnant women) (Lau and Power, 2019). Authoritarianism is common in Chinese culture, also applying to the mothers and mothers-in-law — viewed as the familial authorities for pregnancy care (Lau, 2012; Zhang and Hanser, 2023). However, this cultural

phenomenon in peer relationships and pregnancy health has remained under-explored, needing further research efforts.

Strengths and weaknesses of the current study

This study demonstrated three key strengths. First, the data were primarily collected and analysed by the author acting as a cultural 'insider' (the *emic* perspective) to strengthen rapport and trust with participants for in-depth exploration, capture and conveying of their unique insights and meanings that come from being part of the culture, and provide a more holistic and culturally sensitive understanding of the phenomenon of interest (Beals et al., 2020). Besides, the interviews were conducted, and data was analysed in Chinese, the language of the participants and the first author. These all contributed to the collection of a rich dataset and validity of data analysis and interpretation of the findings. Second, the author engaged in regular reflexivity practices with the two advisors/supervisors with extensive, relevant expertise to reduce and manage potential researcher bias (e.g., preconceived notions). Third, the study design employed purposive sampling to maximise the information yield by selecting participants who can provide in-depth, relevant, and varied perspectives on the research topic; negative case sampling was also utilised to reduce overgeneralization and bias and promote more robust/valid findings (Christensen et al., 2015).

In terms of limitations, this study focused solely on the experiences/perspectives of Chinese pregnant migrants. Due to the limited timeframe of an Undergraduate Honours project, the current study could not employ triangulating the findings with other informant sources, such as including their primary social support sources, either formal (maternity professionals) or informal (family, peer mothers). Ideally, a mixed-methods design with a follow-up large scale quantitative survey would have helped address the limitations of generalisability and external validity, which are inherent in qualitative research. This design, however, was not feasible within the timeframe of an Undergraduate Honour project. Triangulation would have enhanced the findings' validity and reliability further (Carter et al., 2014). In addition there were not always direct translations available for translation from Chinese into English. This limited the student researcher from communicating data and findings in English with the co-author advisors.

Implications and future directions

This study contributed to the literature by exploring the interaction between self-care cultural conflicts and psychological wellbeing for Chinese first-time pregnant migrants in Australia. Future research directions could include inviting Chinese pregnant migrants' main social support sources (formal, informal) to share their unique perspectives and experiences to comprehensively discover how to best support the pregnant women's self-care, cultural, and psychological needs. In addition, this study could inspire maternity professionals to identify new strategies to support pregnant/maternal migrants' specific self-care and cultural needs, such as actively initiating and encouraging open communication about cultural topics. For health institutions, this study may support the development of digital platforms in multiple languages and sufficient cultural sensitivity to facilitate migrant women's continuity of maternity care. This may indicate another future research direction: including (Chinese) maternal migrants to design and utilise the platforms and assess the level of improvement in decision-making competencies and psychological wellbeing. For the community, this study may encourage collaboration between local health organizations and the Chinese community to increase formal maternity support resources (found to be inadequate by participants), such as maternity self-care educational programs/sessions in Chinese where both Chinese pregnant/maternal migrants and the family can come and learn—this may also reduce the familial tension with older generations.

Conclusion

This study found that Chinese first-time pregnant migrants often experienced cultural conflicts during everyday pregnancy self-care that challenged their psychological wellbeing. The challenges primarily occurred through two psychosocial ways: 1) decision-making challenges about self-care cultural conflicts and 2) interpersonal tension if the decisions conflicted with someone's advice/opinions/beliefs from their immediate social circles. Future research may consider incorporating perspectives from the women's primary social support sources, both formal (maternity professionals) and informal (family, peer mothers) for a more comprehensive understanding of the self-care cultural conflicts.

Ethical statement

This study received institutional Human Ethics Approval, reference number HEC23072.

CRediT authorship contribution statement

Xiaojuan Zhi: Writing – review & editing, Writing – original draft, Visualization, Software, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Kirstie McKenzie-McHarg:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Conceptualization. **Dac L. Mai:** Conceptualization, Methodology, Supervision, Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors declare no conflict of interest.

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Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.midw.2024.104038.

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