

**Children living with atopic eczema: an interpretive phenomenological study with Chinese mothers**

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## **Abstract**

**Aim.** This paper is a report of a phenomenological study of Chinese mothers' experiences of caring for their children who were living with atopic eczema.

**Background.** A mother's attitude and personality may have a direct influence on her child's adherence to treatment for atopic eczema. Thus, good communication between healthcare professionals and the mother is essential. Treatment and care should also be culturally appropriate.

**Methods.** Using an interpretive phenomenological method, 14 interviews were conducted in Hong Kong, China from September 2007 to August 2008, with nine mothers caring for their children who were living with atopic eczema. Crist and Tanner's circular process of hermeneutic interpretive phenomenology was chosen to guide the data analysis.

**Findings.** Mothers' coping patterns involved persistently dealing with enduring demands and seeking alternative therapies aimed at curing the disease. Four themes finally emerged from the data: 1) dealing with extra mothering, 2) giving up their life, 3) becoming an expert, and 4) living with blame and worry. Mothers' coping patterns involved persistently finding ways to relieve their children's suffering with the aim of curing the disease, and dealing with their own emotions related to the frustration resulting from giving up their life and living with blame and worry.

**Conclusion.** The study findings provide nurses with an empathic insight into mothers' feelings and the enduring demands of caring for children with atopic eczema, and help nurses to develop culturally sensitive interventions, reinforce positive coping strategies, increase family function, and improve health outcomes.

**Keywords:** Chinese mothers, children, atopic eczema, interpretive phenomenology

**What is already known about the topic?**

- Atopic eczema is a chronic relapsing condition that is a common presentation in primary care.
- Maternal self-efficacy of treatment advice in childhood atopic dermatitis can be strengthened by a good healthcare provider-patient (mother) relationship.
- Atopic eczema poses many problems and greatly affects the quality of life of the affected children and the coping of their families, especially the mothers, but these problems are under-recognized by healthcare providers.

**What this paper adds**

- This paper extends the understanding of Chinese mothers' view of caring for their children living with atopic eczema and suggests that mutuality and partnership with mothers is very important in the advance of nursing practice.
- Identified needs were categorized into four themes: dealing with extra mothering, giving up their life, becoming an expert, and living with blame and worry.
- This paper contributes to a more substantial knowledge base for primary care developments and points to areas for future research.

**Implications for practice and / or policy**

- Nurses should engage mothers in the planning of their children's care during hospitalization.
- Nurses can also collaborate with community social services organizations to establish community support groups for parents, thereby giving them informational and psychological support; this is especially important for different ethnic groups.
- Further research is needed to explore the experience of Chinese fathers of children living with atopic eczema.

## **Introduction**

The prevalence of atopic eczema (AE) has increased to 10-20% of the world's population over the last decade (Leung & Bieber 2003, Asher et al. 2006, Chow 2007). In the last two decades, there has been increasing interest in the question of whether a mother's attitude and personality may have a direct influence on her child's adherence to treatment for atopic eczema in the West (Fischer 1996, Su et al. 1997, Fennessy et al. 2000). The nurse-parental relationship is associated with greater self-efficacy and maternal confidence in being able to manage children's AE. Studies have found that AE affects the quality of life of mothers and children living with AE, including in the aspect of developing a rapport with and gaining the trust of healthcare providers (Bridgeman 1994, Elliott & Luker 1997, Cheung & Lee 2011). Thus, good communication between healthcare providers and the parents is essential. It should be supported by evidence-based written information tailored to their needs. Treatment and care, and the information given about this, should be culturally appropriate.

## **Background**

Although AE is primarily a condition among young children, it also affects the quality of life of families, especially mothers, because its treatment is complex and consists of more than just taking medication. This chronic relapsing childhood dermatitis has major social and financial implications for families, healthcare and society as a whole. Education of parents emerges as a vital component in successful disease management, and arguably the only possible solution to attaining better health outcomes.

There has been little practical change in the clinical approach to care for childhood AE; the condition continues to frustrate parents and to produce parental anxiety and

lack of confidence in caring for children living with AE (Chamlin et al. 2004). Families not only need to address their children's physical symptoms, but also must cope with the complex emotional effects and lifestyle limitations imposed by the disease.

Faught et al. (2007) reported that mothers with young children (aged 5 or under) with AE exhibited significantly higher total stress scores as compared to mothers of normal children with other chronic disorders. Caring for a child with AE can be a burden. For example, the skin treatment regimen, adjustments to family lifestyle, and financial and social costs can place substantial demands, particularly on mothers, and stress occurs if mothers perceive that they cannot cope with these burdens adequately (Alanne et al. 2011, Lewis-Jones 2006, Ohya et al. 2001).

It is becoming increasingly difficult to ignore the poor adherence to treatment that is commonly seen among children with AE and their families. This may lead to failure to keep the condition under control, as mothers have been found to play an important role in medication compliance in the West (Koblenxer and Koblenzer 1988, Ohya et al. 2001). However, there is a gap in the knowledge base as regards experiences of caring for a child with AE from a Chinese perspective. This paper presents the findings from a study conducted to address that cultural gap. Leininger's (1999) Cultural Competent Care provides a theoretical lens which can guide nurses in their work with women from diverse cultures. The study findings can potentially guide pediatric nurses in their work with immigrant Chinese mothers caring for children with AE around the world in order to provide culturally competent care.

## **The study**

### **Aim**

The aim of this study was to describe Chinese mothers' experiences of caring for their children who were living with AE.

### **Design**

This study adopted a hermeneutic interpretive phenomenological approach based on Heideggerian philosophy (Allen et al. 1986, Heidegger 1962, 1975). The philosophy of hermeneutics underpins the interpreting of human meaning and experience (Polkinghorne 1983). Heidegger's (1962) notion of time is central to his phenomenological philosophy. Time is an original temporality in which the present incorporates the past and the future as a unified whole and is a basic structure of our existence or being (Dostal 1993). This school of phenomenological thinking is used as the research approach of this study; it reveals the meanings of a phenomenon with the purpose of understanding the human experience of Chinese mothers caring for their children living with AE.

### **Participants**

Chinese mothers whose children had been diagnosed with atopic eczema were recruited from a community support group in a government hospital and interviewed in Hong Kong using the purposive sampling technique and the application of criteria to achieve the selection of 'information-rich' participants (Patton 2002, p.238). The mothers were considered for inclusion in the study if they were able to speak and understand Cantonese, had children living with AE, and were willing to share their stories.

### **Data collection**

Fourteen interviews were conducted with 9 mothers (Table 1) from September 2007 to August 2008. In the first interview, mothers were asked to express their thoughts on: (a) what it was like to care for a child living with atopic eczema, (b) continuing to care for a child living with atopic eczema, (c) the effect on their social life and adjustments to family life, (d) what it was like to need and ask for help, and (e) ways to cope with the skin regimen and treatment. Five of the nine mothers were interviewed twice, with an average interview time of 45 to 90 minutes for each interview. Four were only interviewed once because of their availability and data saturation.

### **Ethical considerations**

Ethical approval was obtained from the Human Subjects Ethical Subcommittee of The Hong Kong Polytechnic University and the Ethical Research Committee of the Hospital Authority, Hong Kong in June and September of 2007 respectively. Written consents were obtained from the mothers prior to conducting the interviews. The author assured the Chinese mothers in the study that their participation was voluntary and that they could withdraw from the study at any time without penalty. The confidentiality of their contribution was also guaranteed.

### **Data analysis**

Data were analyzed according to Crist and Tanner's (2003) circular process and Packer and Addison's (1989) hermeneutic circles. Crist and Tanner's (2003) circular process with five phases based on the Heideggerian philosophy was used to guide the

study; this circular process emphasizes that the data interpretation should be iterative but linear.

Phase one of Crist and Tanner's (2003) study provided the early focus and lines of inquiry. Interview scripts of the first three mothers' initial narratives were discussed with the supervisor in the interpretive process. Missing or unclear pieces were tagged and areas for further exploration marked. Lines of inquiry resulting from initial interpretations guided subsequent interviews and directed future sampling to provide deeper, richer understanding. Assessment of the quality of the mothers' relationship with their spouses and relatives was added as a new line of inquiry in their daily caring for a child living with AE. Phase two focused on the central concerns or meaning units, and the segments were coded with themes. Interpretative writing of the central concerns formed the summaries of each interview script. The central concerns, paradigm cases and exemplars were identified after initial interpretation. Phase three consisted of the shared meanings when the central concerns and meaning units were clear.

### **Rigor**

This study adopted Lincoln and Guba's (1985) trustworthiness criteria to establish the rigor of this study, including credibility, transferability, dependability and confirmability. The researcher attended a few of the hospital-based activities held by the AE support group before conducting the interviews. This helped to establish a rapport with the mothers so as to build up mutual trust with the participants. To assess credibility, all responses were recorded, categorized and compared with items in the refined coding system. A nursing expert working with AE children was invited to review the data scripts. The research team met with the nursing expert and sought



consensus on the identified categories and themes. This helped to minimize bias and strengthen the subjectivity of this study. The researcher went back to check the content of the interview scripts with five participants to perform member checks according to Lincoln and Guba's (1985) criteria.

## **Findings**

### **Characteristics of participants**

A total of nine mothers (aged 30-45) of children (aged 2-14) suffering from AE were recruited from a public hospital. All the mothers came from a lower to middle socio-economic class background. The characteristics and demographic data of the participants are listed in Table 1. Among the nine participants, two were divorced and the rest were married. Only two were working mothers, while the rest were housewives. The participants had only one child suffering from AE, except one participant who had two children suffering from AE. Four participants had only one child and the others had two children. Because some children were not diagnosed immediately after birth, the duration of the mothers' caring experiences ranged from six months to ten years.

In this study, mothers' coping patterns were persistently finding ways to relieve their children's suffering with the aim of curing the disease, and dealing with their own emotions arising from the frustration caused by giving up their life and living with blame and worry. Four themes emerged from the data: dealing with extra mothering, giving up their life, becoming an expert, and living with blame and worry.

### **Dealing with extra mothering**

All mothers in the study expressed the view that they had to carry out extra tasks in addition to their normal routines in order to comply with the skin regimen of their

affected children. In this study, mothers expressed difficulties in meeting the demands of the disease and receiving no additional support from the family or the community.

One mother told us that she had to do additional cleaning in order to minimize the severity of her AE child's skin condition; other mothers always had to buy special clothes and prepare special meals for their AE children.

*"We used to change the bed linen weekly. However, the skin condition of my AE son got worse, so we keep our home very clean now, especially my child's bedroom."* (Participant No. 5)

*"He could not wear those pants made with elastic bands; they irritated his skin in the groin area and made him feel very itchy. I have to buy loose-fitting boxer shorts with a narrow rubber band at the waist."* (Participant No. 9)

In terms of the daily routines, many mothers had to perform the skin regimen regularly in order to keep the children's skin moist and avoid the complications of skin breakdown and infection, such as lesions and ulcers.

*"It is very difficult to apply the cream to my son as he always fights with me and runs away from me when I am trying very hard to keep his skin moist. Sometimes I have to wait and apply the cream at 2am when he is asleep."* (Participant No. 4)

A mother has to perform many procedures in order to protect her AE child's hands from scratching and causing skin breakdown and infection.

*"You know scratching is a big problem for children suffering AE; they usually scratch vigorously while asleep. So I have to put wet gauze packing all over his body as instructed by the doctor in order to prevent him from scratching, but he sometimes tears off all the packed wet gauze. So I usually sleep with him and pat the affected area gently in order to help him fall asleep."* (Participant No. 6)

The daughter of Participant No. 1 is now twelve years old. The mother still has a vivid memory of how she prepared many things for her two AE children during outings.

*“I had to take many things with me when I took them out, such as extra clothing, diapers, home-made food and juice. They cannot eat the food sold in the stores, as it contains many additives that are bad for their skin condition. I usually take the two children out on my own and I have to prepare many things in a big bag, like packing for a trip.”* (Participant No. 1)

### **Giving up their life**

Having a child living with a chronic relapsing illness like AE means that mothers had to cope with extra tasks related to the chronic disease in their daily activities. Some had to quit their jobs; others had to give up getting pregnant, leisure time, hobbies and social life.

*“Taking care of two AE children, the burden is doubled! I have to give up my own time and social life, especially to deal with the skin regimen of my AE children, their irritation and their bad temper due to the skin itchiness; I also have to prepare special meals and clean the house twice a day.”* (Participant No. 1)

Another mother also expressed that she had to give up her spare time to concentrate on taking care of her AE child's skin regimen treatment.

*“I had many hobbies before I gave birth to my AE son. I had to give them up because the burdens of a mother with children living with AE are very heavy. Even though I love all my hobbies, I am willing to give them up.”* (Participant No. 3)

Two mothers quit their jobs in order to cope with the demands related to caring for their children with the chronic disease.

*“My son was diagnosed with AE when he was four months old. He was so miserable and I had to cuddle him all night long as he was very irritable because of the itchiness*

*of his skin. In addition, my job was extremely busy and I had no time to care for my son, even though my husband and mother are very supportive. I decided to quit my job in order to spend as much time as possible taking care of him.” (Participant No. 6)*

Even though Participant No. 9 quit her job and was staying home as a housewife, she also expressed that besides the housework, she was extremely busy taking care of her AE son because of the daily routine care involved in his skin regimen.

*“Even though I quit my job and am staying home to care for my child, I still find that I have no spare time as I always have to apply emulsified ointment all over his body, prepare special diets, do additional cleaning in the house and also take him to follow-up appointments.” (Participant No. 9)*

In order to prevent public embarrassment due to the humidity, mothers reduced the number of outings and social activities, deciding very carefully in view of the weather and the relative humidity before going on outings.

*“We seldom go out. For the opening of the Hong Kong Disneyland, we chose a weekday with the temperature around 20°C, thinking that it was the most suitable environment for my AE son. His skin condition was getting worse that day. While others were enjoying the shows, my son was scratching and crying.” (Participant No. 7)*

One mother stated that she refused to give birth to another child because she did not want to care for another child living with AE.

*I could not imagine if the second child was an AE girl. We do not want to take the risk! As you know, a girl’s appearance is extremely important. If she has a lot of skin lesions and scratch marks, she will have many psychological disturbances.” (Participant No. 5)*

### **Becoming an expert**

Mothers in this study became experts in disease monitoring, doctor hunting, searching for new information and treatments to cure or relieve their children's AE symptoms, and adjusting to a different and more challenging lifestyle. They became experts in monitoring all the details of regimen care, with the only aim being to cure the disease. Some mothers were especially sensitive and kept closely monitoring the quality of the cream provided by different hospitals.

*"My son uses emulsifying ointment as a protective layer for his skin. My approach would be different if it were made of a different substance. Some are made from natural materials but some are chemical products. I can distinguish between the two just by smelling!"* (Participant No. 2)

Wishing to provide better care to their AE children, the mothers would be very vigilant and monitor both the treatment given to their own children and the advanced treatments available for AE.

*"I took him to see a skin specialist in Central. I was very angry because he refused to tell me what the constituents of the cream were. I knew that there was a commercial secret in it. However, I am the mother and I have the right to know if any steroids were given and whether they were strong or not!"* (Participant No. 9)

Participant No. 4 also stated that she would update herself through the web and ask all her relatives to keep an eye on the advanced treatments for AE children.

*"I not only keep myself updated in all the treatments available for my AE son, but have also told all my relatives and friends to do so."* (Participant No. 4)

If any treatment is given to the AE children, the mothers try it with caution.

*"The doctors prescribed an anti-histamine to reduce my son's itchiness. He cannot keep taking the same drug because it might lead to tolerance. I only give the drug to him once a week and I will stop for a while because prolonged use might reduce the*

*effects of the medicine on his condition.*” (Participant No. 6)

Some mothers would continuously monitor the quality of the water supply. They changed all the water pipes and used filters at home, and the condition of their AE children improved.

*“The condition of my AE child is getting worse. I try my best to relieve his suffering. Some mothers have told me that the chlorine in the water supply and the water pipes affects AE. So I replaced the water pipes and use a filter, and his condition is getting better now.”* (Participant No. 5)

The above are the mothers’ voices, explaining how they had become constantly vigilant in monitoring their AE children’s conditions, the qualities of the creams, the water supply and the prescriptions of different doctors. Their sole aim was to alleviate the AE symptoms of their own children.

### **Living with blame and worry**

The mothers in this study did not merely have to deal with their children’s physical symptoms related to AE. They also had to deal with their psychological reactions to this disease as part of their development. The mothers’ emotions were seriously affected by their coping with caring for their AE children. They were always dealing with guilt and blame, especially from their significant others, and the children’s poor body image because of their incurable AE symptoms. They lived with body aches, complained of insomnia and felt exhausted all the time.

One mother had to deal with the poor self-image of her son, who was teased by his classmates because he had to apply a greasy cream to his body every day before school.

*“He was teased by his classmates! They called him an oily boy because he has a greasy substance all over his body, and they refused to play and sit with him. Since then he has never let me put cream on his body before school.”* (Participant No. 3)

Another mother was always being blamed by her significant others for causing the son’s skin problem due to her negligence and poor self-care during pregnancy.

*“His grandmother and other relatives always accuse me of eating something wrong during pregnancy and thus causing the two children to suffer from AE. I feel guilty because I am being blamed like this.”* (Participant No. 1)

Sometimes, different views of how to manage AE lead to poor marital relationships. One of the mothers got divorced because of arguments and conflicts regarding the management of her AE children’s skin problems. Her husband and in-laws were not supportive of the mother.

*“His grandmother always claims that my son’s skin problems are due to my unhealthy lifestyle during my pregnancy. She also stated that I was negligent in monitoring the child’s physical symptoms. Both my husband and I deny any marital problems, but we are always arguing.”* (Participant No. 1)

AE is a disease with frequent relapses, and AE children sometimes need to stay in hospital for treatment. Some mothers were not able to express their feelings and worries. They were always scolded by their significant others, such as their husbands and in-laws. They then started complaining to relieve their stress and unhappiness.

*“My husband always questions my techniques in caring for my children and criticizes me for my negligence. His criticism makes me very upset. I feel stressed.”* (Participant No. 4)

When the disease recurred, the AE son was being stared at in public, as if he were an ‘alien’, and the mother complained that:

*“My son is stared at like an ‘alien’ on the street. My in-laws and husband criticize me for not being able to cure and relieve his symptoms. I feel extremely stressed and ashamed. I have lost my appetite and have difficulty getting to sleep.”* (Participant No. 4)

Some healthcare professionals also suspect that the problem is related to maternal negligence. A mother had a very bad experience, to the extent that she was interrogated by a nurse in the Maternal and Child Care Centre. She said,

*“The nurse accused me of household hygiene problems and suspected that I was dirty, which I denied. The nurse also pestered me about problems of ventilation in my home.”* (Participant No. 2)

No one would verbalize their rejection of those living with skin disease. However, they would make gestures or facial expressions that made the AE sufferers and their mothers feel excluded. Participant No.1 stated that

*“There is no empty seat in the bus except for the one next to my child, but no one will dare to sit next to him because of the old scars and new lesions on his hands and face.”* (Participant No.1)

The mothers expressed feelings of annoyance after giving birth to an AE child. Participant No. 2 told us that her leisure time and communications with significant others were greatly reduced because of the burden of caring for her AE son. She said

*“I really wanted to know how my mother was in mainland China. She is getting old and her health is deteriorating. I was hardly ever able to phone her. I would have to hang up immediately when my son cried, because the AE symptoms would be aggravated and he would scratch if I ignored him. Communications with my daughter*



*and my husband are also greatly reduced because of the burden of caring for him. I would love to play more with my daughter.”* (Participant No. 2).

Some mothers said they had no time to spend on their other children, and that their significant others were neglected when the AE condition of the affected children relapsed. Participant No. 4 told us that the communication between her and her husband decreased markedly after her AE child was born. She said

*“I am very unhappy because my husband is so stubborn; our communication has decreased dramatically. My older daughter does not want me anymore because I have no time to care for her.”* (Participant No. 4)

In this study, many mothers experienced living with blame and worry because their relatives, mothers-in-law, spouses, and even healthcare professionals blamed them for their lifestyle during pregnancy or their failure to live up to their maternal role. The mothers in the study always verbalized worries about their affected child’s condition, and even blamed themselves if nothing could be done for their affected child. They were persistent in finding ways to relieve their children’s suffering, and only then might they feel better about it.

## **Discussion**

### **Study limitations**

There are two limitations of the study. First, the study design was qualitative and the nature of it does not allow for generalisability; thus the findings are therefore only relevant to the group of mother studied. Second, with a small sample size, caution must be applied, as the findings might not be representative of all of the target Chinese population. Different interview questions might have revealed how the mothers of children with AE receiving support from their spouses in coping with their

extra mothering, and this could be an important area for further research. Thus, the transferability of the findings to fathers of children with AE will require further research, as hermeneutic research is infinite, contextual and it does not claim to be universal (Dahlberg et al. 2008).

### **Discussion of findings**

The findings show that AE is an extremely important childhood dermatological disease affecting the mothers as the primary caregivers. The findings are similar to those of studies done in the West. Faught et al. (2007) also found that mothers of children with AE exhibited significantly higher levels of stress compared to mothers of normal children, and they had to deal with the extra mothering due to the skin regimen treatment. Ohya et al. (2001) also reported that mothers of young children living with AE experienced increased emotional stress compared to those with other chronic illnesses such as insulin-dependent diabetes mellitus (IDDM), since the impacts of the stress were directly related to the coping demands of the severity level of this chronic skin illness. If the child's AE condition was more serious, then the mother would experience more stress than those whose children had a mild case.

In this study, some of the mothers stated that they neglected their younger children and had poor relationships with their husbands. These findings are similar to the study done by Warschburger and his colleagues in 2004. They found that mothers of children living with AE paid less attention to other siblings in the family and often quarrelled with their spouses. The study finding was different from that of Absolon et al. (1997) in the relationship between social support and psychological disturbances in mothers in the West. They found that these mothers had never had to live with blame from their significant others; rather, they were very supportive. According to

Leininger (1999), culturally competent care as care that is sensitive and meaningful to the clients and fits well with their cultural beliefs and values.

In this study, the mothers indicated that the children's physical and psychosocial lives were seriously affected. Chamlin (2006) also showed that AE symptoms greatly affected the quality of life of children and their family members. The disease alters the emotional and social functioning of the affected child and his/her family members. Emotional effects on both the child and his/her parents are predominant. However, he further stated that the burden of atopic dermatitis on the parents can be improved by providing education and psychosocial support. However, the educational support provided by local healthcare professionals is extremely limited in Hong Kong.

AE not only increases the workload of the mothers who are primary caregivers, but also seriously affects their psychological emotions as highlighted by Ohya and his colleagues in 2001 and Faught and her colleagues in 2007. As the exact cause of AE is unknown, the myths of Chinese culture assume that the mothers must have consumed something "spicy and toxic" during their pregnancies, which led to their children's living with AE. Many mothers of children of AE are always being questioned and blamed for the causes and their techniques of caring for their AE children. They are not only criticized by their husbands and in-laws, but even blame themselves for doing something wrong to cause the disease. In this study, many mothers were frustrated and felt ashamed of not being appreciated and supported by their significant others, including healthcare professionals. From the mothers' perspectives, they had tried everything they could. For the other family members, if the mothers did not do a good job of treating and caring for the AE children, there was something wrong with them. The findings of this study are similar to those of Ohya

and his colleagues in 2001 and Faught and her colleagues in 2007, namely that many mothers also expressed feelings of embarrassment and humiliation due to people's staring and funny looks at the appearance of their children's skin condition.

In this study, some of the mothers could recall different embarrassing stories even though they had happened years prior to the interviews. "Losing face" might have been a concern to the Chinese mothers in this study, but it has not been discussed in Western countries. The mothers of children with AE were stigmatized by their children's appearance, by the old scars and new lesions on their skin. This might be why such mothers prefer to cover up their AE children, even in hot weather, and never allow them to wear shorts in public, so as to avoid "losing face". The concept of "face" is very important in Chinese culture. It is a symbol representing the individual's social position or reputation in society (Wong et al. 2000). People who have "face" are widely accepted and recognized by other people in Chinese society. "Face" connotes a strong instrumental effect (Luk et al. 1999).

## **Conclusion**

The need for mutuality and partnership between healthcare providers and mothers has been revealed by the study results. The authors hope that the findings will help nurses not to under-recognize the coping stress of Chinese mothers. Instead, they should assess and formulate culturally-specific strategies to help mothers caring for children living with AE in minority ethnic groups in the community. These include providing relevant informational, emotional and social support to new immigrants from mainland China and to Chinese mothers whose children are newly diagnosed with AE in Hong Kong.

The effectiveness of structured educational programs provided to mothers of AE children are well documented in the west. However, there is a lack of such programs and support groups for Chinese mothers of AE children. The nurse can draw on the guidelines related to culturally competent care in the clinical practice and collaborate with community social services organizations to establish support groups for immigrant Chinese parents, thereby giving them informational and psychological support.

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### **Conflict of interest**

No conflict of interest has been declared by the authors.

### **Author contributions**

CKH and RL were responsible for the study conception and design. CKH carried out the data collection. CKH and RL performed the data analysis. RL and CKH were responsible for drafting the manuscript. RL made critical revisions to the paper for important intellectual content.

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**Table 1: Characteristics of the Mothers (N=9) in this Study**

<b>Mothers (N=9)</b>		<b>Frequency</b>	<b>Percent</b>
Sex	Male	0	0.0
	Female	9	100.0
Age			
	30-35 years old	4	44.4
	36-40 years old	4	44.4
	41-45 years old	1	11.1
Marital Status			
	Married	8	88.8
	Divorced	1	11.1
Education			
	No Education	1	11.1
	Primary	1	11.1
	Secondary	6	66.6
	Tertiary	1	11.1
Monthly Income			
	\$10,000 – \$15,000	4	44.4
	\$15,001 – \$20,000	3	33.3
	\$20,001 – \$30,000	1	22.2
	\$30,001 and above	1	11.1
Occupation			
	Full/part-time	2	22.2
	Housewife	7	77.7