Japanese Mothers Living in New York with Young Children: Transcultural and Child Rearing Stress Factors and Mental Health

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Summary This study targets the increasing population of Japanese mothers with young children abroad. To find out about transcultural stress and child rearing stress factors and the mental health of Japanese mothers living in New York, 400 questionnaires and a GHQ 30 were distributed to Japanese mothers in New York and to a counter-group in a city in Japan. 192 anonymous questionnaires were collected by post (response rate 48%), 191 of which were subjected to statistical analysis. The mental health of the mothers in New York and the mothers in Japan was found to be poor for different reasons. One third of the mothers who responded may be in need of professional help. There were significant correlations between poor mental health, child rearing, dissatisfaction with life, isolation, and lack of support. More than half of the mothers in New York found child rearing abroad was stressful. Almost 90% of all mothers felt that their husbands were stressed because of their work, and there was a strong correlation between poor mental health and dissatisfaction with the husband's contribution to child rearing. Support for child rearing and adaptation to the new life will be helpful for mothers who are raising children abroad.


Key words: Japanese mothers, New York, Transcultural stress, Child rearing stress, Mental health

Introduction

It is well known that women are more vulnerable during pregnancy, child birth and child rearing. If women find themselves in a different cultural setting during pregnancy, child birth and child rearing this may pose a greater risk to mental health.

According to statistics from the Ministry of Foreign Affairs of Japan (retrieved 10th October 2006), the number of Japanese who live outside of Japan has been increasing and reached 1,012,574 in 2005. About two thirds of these (701,969) had stayed abroad for more than 3 months, mainly for business purposes. 217,315 were private businessmen and 176,616 were members of their families. The highest number of overseas Japanese residents lived in the US (351,668), followed by China (114,899), Brazil (65,942) and the UK (54,982). 10,885 babies were born and registered abroad between April 2004 and March 2005.

All mothers with young children are stressed with the new experience of child rearing, whether it is the first child or not. On top of the stress from child rearing, transcultural stress from living in a country with a different culture
may be an extra burden for Japanese mothers abroad. However, there has not been enough study of these Japanese mothers abroad. The current study looked at Japanese mothers living in New York, and aimed to examine the following issues.

1. The attributes of Japanese mothers who live in New York, which has the largest population anywhere of expatriate Japanese.
2. What sort of stress factors the mothers in New York are facing, particularly concerning transcultural stress and child rearing.
4. Contributing factors to mothers’ mental health.

An understanding of demography, physical and psychological health status, and risk factors will help care givers to respond to the needs of the growing population of Japanese mothers resident overseas. The significance of this research is to provide information about Japanese mothers abroad and to contribute to new knowledge of clients for health care providers in mental health and maternity and child health care in and outside of Japan.

**Background**

In the process of leaving home and settling in a new country, residents have been exposed to 'culture shock', defined as disorientation or inability to respond appropriately to another person or situation because the lifeways are so strange and unfamiliar. From the point of view of psychology, the concept of 'culture shock' was originally introduced by Oberg in 1960, meaning a negative, passive reaction to a set of noxious circumstances, and implying confusion, anxiety, disorientation, suspicion, bewilderment, perplexity and an intense desire to be elsewhere. For medical service providers, Japanese mothers with young children outside of Japan may be considered high-risk, for not only are they facing culture shock in daily life, but if they have to receive medical services, they will also be exposed to 'medical culture' which they will find more difficult to understand and cope with.

However, there have been few studies of Japanese mothers abroad, especially concerning pregnancy, childbirth and child rearing abroad. There have been psychiatric reports on Japanese mothers in the UK in relation to postnatal depression and transcultural stress, stating that Japanese mothers were a high-risk group for maternal and child health service providers. Other studies on Japanese mothers in the US reported that the mothers’ poor mental health affected their children’s mental health, and the results showed significant relations between mothers’ mental health and children’s anxiety. However, literature on what sort of factors cause stress for Japanese mothers is scarce.

It is important to find out what sort of stress factors Japanese mothers abroad find in daily life, especially concerning transcultural stress and child rearing, and the effect on their mental health of being in different cultural settings. Therefore, this paper focuses on the relationships between Japanese mothers’ attributes, transcultural and child rearing stress factors, and mental health.

**Methods**

1. Research Design

This was a descriptive and correlational study, using anonymous questionnaires for transcultural and child rearing stress factors and the General Health Questionnaire (GHQ 30).

2. Data Collection and Participants

The author visited New York and recruited three Japanese in New York to help distribute questionnaires. All were female and had lived and worked long enough in the country to know the Japanese communities. Japanese clinics and nurs-
ery schools were approached and permission to distribute the questionnaires was granted by the management of the institutions. The questionnaires were distributed randomly to mothers who agreed to cooperate. The conditions for participation were as follows: the mothers were born and educated in Japan, they had at least one child under age 6 and ideally under age one, and they had been living in New York as residents, staying there for several years for business or research purposes and planning to go back to Japan afterwards.

In order to identify stresses which may be related specifically to transcultural experiences, 200 questionnaires were distributed to a control group of mothers in Japan who would be less likely to experience transcultural stress. For comparisons to be valid, it was important for the mothers in the control group to match the profile of the mothers in New York as closely as possible, but those living in a large metropolitan city in Japan might be more likely than the average Japanese to encounter transcultural stress. Consequently a medium-sized provincial Japanese city was chosen (henceforth City A) and to counter this, the New York questionnaires were issued in quiet residential suburbs. To approach a good socio-economic match between the two groups, questionnaires in both New York and Japan were issued through relatively expensive private institutions likely to attract families of similar socio-economic status. The other conditions were the same for both New York and Japan, that is, the mothers were born and educated in Japan and had at least one child under age 6.

3. Measures

Questionnaires were used to identify transcultural stress factors (27 items), developed from questionnaires used in Ozeki et al 2006. For each item residents were asked to rate their own stress, using a 4-point Likert scale to assess the level of stress (1: no stress, 4: most stressful). According to the Cronbach alpha index the level of reliability was 0.82 for 27 stress factors. GHQ 30 (30 items) was used to assess mental health, with a 6/7 cut-off point to distinguish normal from abnormal subjects, and a 9/10 cut-off point to identify high-risk subjects who may be in need of professional help. The duration of the study was from April 2005 to December 2006.

4. Analysis

The data were collected by post and were subjected to statistical analyses, mainly the t test and chi-square test according to the questions. A p-value of < .05 was considered statistically significant. SPSS 13.0J software was used for statistical analyses.

5. Ethical consideration

The proposal for this research was assessed and approved by the Ethics Committee of Aomori University of Health and Welfare. The following issues were clearly stated in writing: the questionnaires were anonymous, so privacy was protected; cooperation was voluntary; the results would only be used for academic purposes.

Results

200 questionnaires were distributed to mothers in New York, and as a counter group 200 questionnaires were distributed to mothers in City A in Japan. 117 questionnaires were collected from New York (58.5% rate of collection) and 75 questionnaires from City A (37.5% rate of collection). All questionnaires were collected by post. Overall, 192 questionnaires were collected (48% rate of collection) and 191 were used for statistical analyses.

1. Attributes

The mothers in New York were significantly older than the mothers in City A ($\chi^2 (1, N = 190) = 6.544, p = .011$). 49 mothers (41.9%) in New York were in the 36-40 age group, while 31 mothers (42.5%) in the City A were in the 31-35 age
group. Respondents had been married for an average of 8.49 years (SD 4.09) in New York, and 8.31 years (SD 3.01) in City A. 42 mothers in New York (35.9%, n = 117) and 30 mothers in Japan (41%, n = 73) had one child. The average numbers of children were 1.72 (SD .64) for mothers in New York, and 1.66 (SD .61) for mothers in City A. There was a significantly greater proportion of working mothers in City A, that is, 31 mothers (42.5%, n = 73) compared with 32 mothers in New York (28.3%, n = 113) (χ^2 (1, N = 186) = 3.964, p = .047). The mothers were asked whether they felt that their husbands were stressed with their job or for other reasons. 102 mothers in New York (88.7%, n = 115) and 64 in City A (90.1%, n = 71) answered that they felt their husbands were stressed. The mothers were asked whether they were satisfied with life in general and 14 (12.2%, n = 115) mothers in New York, and 9 (12.5%, n = 72) mothers in City A answered that they were not satisfied with life. They were asked whether they were satisfied with their husband's contribution to child rearing, and 21 (17.9%, n = 117) mothers in New York and 17 (23.3%, n = 72) mothers in City A answered that they were not satisfied with their husband's contribution to child rearing.

2. Adaptation to daily life in New York

The average length of stay in New York was 7.37 years (SD 5.59) and the average number of years of expected future stay was 3.5 years (SD .87). 68 mothers in New York (42%, n = 162) had no experience of living abroad in the past. When asked about their English abilities, 47 mothers (40.5%, n = 116) answered that their ability in listening and speaking was 'poor' and 39 mothers (34.2%, n = 116) answered that their ability in reading and writing was 'poor'. They were also asked about their ability to communicate with local people and 38 mothers (33.0%, n = 115) answered 'poor'. 4 mothers (n = 4, 3.47%) answered that they could not go out alone. 40 mothers (34.7%, n = 115) answered that they felt isolated. 42 mothers (36.8%, n = 114) answered that they felt they were not getting enough support from Japan. The mothers in New York were asked whether they felt that their children were stressed by living abroad, and 40 mothers (35%, n = 112) felt that their children were stressed by living abroad, and 59 mothers (53.6%, n = 110) felt that child rearing abroad was more stressful than child rearing in Japan, yet only 2 mothers (1.8%, n = 110) in New York felt that their children's experience of living abroad was not beneficial.

3. Stress factors

The mothers were asked about a range of potential stress factors, and the results are shown in Table 1. The stress factors which most affected the mothers in New York were as follows: 'language' (n = 82, 70.1%), 'child's education' (n = 79, 67.6%), 'being away from family' (n = 78, 66.7%), 'child rearing' (n = 77, 65.8%), and 'local people's manners' (n = 75, 64.1%) (Fig. 1).

The stress factors which most affected the mothers in City A were as follows: 'child rearing' (n = 54, 74%), 'finance' (n = 49, 67.2%), 'environment' (n = 44, 60.3%), 'medical services in the area' (n = 42, 58.3%), and 'security in the host country' (n = 40, 56.3%) (Fig. 2).

There were significant differences in stress factors between mothers in New York and City A. The mothers in New York found more stress than the mothers in City A with 'child's education' (χ^2 (1, N = 188) = 38.044, p = .000) and 'being away from family' (χ^2 (1, N = 188) = 24.382, p = .000).

On the other hand, the mothers in City A found more stress than the mothers in New York with 'security in the host country' (χ^2 (1, N = 187) = 23.502, p = .000), 'amenities and comfort in the area' (χ^2 (1, N = 187) = 7.774, p = .005) and 'finance' (χ^2 (1, N = 190) = 13.034, p = .000).
Comparing the mothers who had past experience of living abroad and the mothers who did not, phi correlation coefficient yielded a correlation with stress related to 'language' \( (p = .001) \), but there was no significant correlation with other stress factors.

When other attributes such as mother's age, mother's job, numbers of children and age of children were compared, there were no significant correlations with stress factors.

4. GHQ

1) Overall results

The average GHQ scores per city were 7.8 (SD 5.8) in New York and 9.3 (SD 6.9) in City A, yet there was no significant difference. Using a 6/7 cut-off point to distinguish normal and abnormal scores, there were 59 mothers (52.2%, \( n = 113 \)) in New York and 38 mothers (55.1%, \( n = 69 \)) in City A who had abnormal scores. A 9/10 cut-off point was used to identify those in a high-risk group who might be in need of professional help. There were 37 (32.7%, \( n = 113 \)) mothers in New York and 26 (37.7%, \( n = 69 \)) in City A who scored more than 10 points.

2) GHQ and Attributes using a 6/7 cut-off point

For New York, mothers who were dissatisfied with life had more abnormal scores (F, \( N = 111, p = .046 \)). For City A, more abnormal scores were recorded for mothers who had a nuclear family \( (\chi^2 (1, N = 69) = 6.003, p = .015) \), mothers who...
were dissatisfied with their husband's contribution to child rearing (F, N=68, p =.011) and mothers who were over 35 years old (\chi^2 (1, N=69) = 7.153, p = .014).

3) GHQ and Attributes using a 9/10 cut-off point

For New York, the mothers who had high-risk scores were more likely to have attributes as follows: 'no support from Japan' (\chi^2 (1, N=110) = 4.241, p = .039), 'dissatisfaction with husband's contribution to child rearing' (\chi^2 (1, N=113) = 5.466, p = .019) and 'dissatisfaction with life' (\chi^2 (1, N=111) = 6.907, p = .012). For City A, the mothers who had high-risk scores were more likely to have the following attribute: 'dissatisfaction with life' (F, N=69, p = .021).

5. GHQ and stress factors

1) Stress factors in relation to a 6/7 cut-off point

For New York, the mothers who had abnormal scores were more stressed with the following factors: 'child rearing' (\chi^2 (1, N=113) = 10.975, p = .001), 'child's friends' (\chi^2 (1, N=111) = 4.135, p = .042), 'child's education' (\chi^2 (1, N=113) = 5.421, p = .020), 'own health' (\chi^2 (1, N=136) = 7.783, p = .005), 'nobody to consult' (\chi^2 (1, N=113) = 21.420, p = .000) and 'finance' (\chi^2 (1, N=113) = 4.484, p = .034).

For City A, the mothers who had abnormal scores were more stressed with the following factors: 'child rearing' (\chi^2 (1, N=69) = 5.849, p = .016), 'child's health and development' (\chi^2 (1, N=68) = 5.912, p = .015), 'no time to relax' (\chi^2 (1, N=69) = 5.467, p = .019), and 'amenities and comfort in the area' (\chi^2 (1, N=68) = 6.606, p = .010).

Comparing the mothers in the two cities, the
mothers in New York were more stressed than the mothers in City A with 'being away from family' and 'child's education'. The mothers in City A were more stressed than the mothers in New York with 'security in the host country', 'amenities and comfort in the area' and 'finance'.

2) Stress factors in relation to a 9/10 cut-off point

The mothers who had high-risk scores based on a 9/10 cut-off point were more stressed than the mothers who had normal scores with the following factors. For New York, the mothers with high-risk scores were more stressed with: 'child rearing' ($\chi^2 (1, N = 113) = 8.149, p = .004$), 'child's friends' ($\chi^2 (1, N = 111) = 6.127, p = .013$), 'child's education' ($\chi^2 (1, N = 113) = 7.437, p = .006$), 'relationship with local Japanese' ($\chi^2 (1, N = 113) = 4.649, p = .031$), 'own health' ($\chi^2 (1, N = 113) = 6.443, p = .011$), 'nobody to consult' ($\chi^2 (1, N = 113) = 16.817, p = .000$), and 'no time to relax' ($\chi^2 (1, N = 113) = 12.003, p = .000$).

For City A, the mothers with high-risk scores were more stressed than the mothers who had normal scores with: 'no time to relax' ($\chi^2 (1, N = 69) = 10.661, p = .001$) and 'amenities and comfort in the area' ($\chi^2 (1, N = 68) = 4.867, p = .027$).

Comparing the mothers in the two cities, the mothers in New York were more stressed than the mothers in City A with 'being away from family' and 'child's education'. The mothers in City A were more stressed than the mothers in New York with 'security in the host country' and 'amenities and comfort in the area'.

**Discussion**

1. Collection Rate

The collection rate was low at 48% overall, but this was consistent with other studies carried out with similar methods and subjects. Shimada et al (2006) reported a response rate of 38.5% and noted that two thirds of the mothers of young children were experiencing lack of sleep, tiredness and irritation. The poor response rate was explained in terms of their heavy workload as wives and mothers.

For the current study 200 mothers selected at random in each city received a questionnaire, but in a covering letter it was made clear that although participation in the survey would make a valuable contribution, it was entirely voluntary and those who received the questionnaire were under no obligation to respond. This explanation was necessary to protect the rights of individuals and was required by the ethics committee overseeing the research.

2. Mothers abroad

Almost 90% of those surveyed were aged between 25 and 40, which might be expected for the group targeted. Those in New York were significantly older than those in Japan and more likely to be housewives. Lack of support from extended family members and therefore a greater need to be at home may contribute to this, and it is also likely to be more difficult for these mothers to find employment overseas compared with the mothers in Japan. There may be language and communication difficulties, problems arranging childcare, or visa restrictions. Professional qualifications gained in Japan may not be accepted for similar work overseas, or outside employment may be discouraged by the husband's company.

It should be noted that there were more or less the same numbers of mothers in New York and City A, that is about 90%, who answered that they felt their husbands were stressed, and about 12% of the mothers in both cities answered that they were not satisfied with life in general. On top of this, one third of the mothers in New York answered that they felt that their children were stressed by living abroad, and more than half of them found child rearing abroad was stressful. These might be considered extra stress factors for mothers abroad.

3. Poor Mental Health
There has been little research into the mental health of people living abroad, such as international businessmen and their families. The limited literature suggests that migration status is an independent risk factor for women, associated especially with poor health status, psychological distress and psychosomatic complaints\(^{10}\). Studies of Japanese mothers in the UK and in the US reported that the Japanese mothers tended to be highly educated middle-class women, but they were at risk from stress arising from cultural differences\(^{11,12}\). The mental health of mothers also affects their children. A study by care givers outside of Japan reported that non-English-speaking, foreign-born mothers were clinically depressed and moderately anxious, and that their infants and toddlers appeared to be at high risk for delayed development during the first 25 months of life\(^{13}\). For medical service providers, it is very important to identify those at risk who may need close monitoring and professional support.

According to the GHQ Handbook\(^{14}\), a survey of 6,243 Japanese housewives produced average GHQ scores of 3.90, 3.84, 3.93 and 3.76 for women in their 30s, 40s, 50s, and 60s respectively. Those surveyed in New York and City A in the current study shared the common attribute of motherhood, and the average scores of the respondents in New York and City A were higher than for the Japanese housewives quoted above. These figures are consistent with the figure of 56.1% abnormal scores for Japanese mothers abroad with infants recorded by Mouri et al.\(^{15}\), but they contrast sharply with the study by Rivières-Peggeon et al.\(^{16}\), who quote percentages of abnormal scores among mothers one year after childbirth as 16% in Quebec in Canada, 11% in France, and 9% in Italy.

4. Stress factors related to mental health

Based on GHQ scores, the current study found little difference in the mental health of mothers in New York and mothers in Japan. However, there were significant differences in the factors which contributed to stress and mental health for those overseas and those in Japan.

1) Transcultural stress factors

Migration stress factors have been identified as natural environmental factors (e.g. climate, pollution, dust), cultural factors (e.g. local people’s manners, language), social environmental factors (e.g. amenities and comfort in the area, hygiene, public security), social-interpersonal factors (e.g. relationship with local people, discrimination), and personal factors (e.g. health, finance)\(^{17}\). Physical and psychological stress responses of immigrants have been studied in the UK, but the exact mechanism by which these relate to migration is complex, and not yet fully understood\(^{18}\). However, it is reported that women were more likely to have malfunctioning of acculturation, that is, getting used to a new life in a different cultural setting, consequently women exceed men for a number of disorders such as depression\(^{19}\).

LANGUANGE AND ISOLATION

Poor language and communication abilities may isolate overseas mothers from the local community, and at the same time they do not have access to the friendship and support networks with which they may be familiar in Japan. Doi\(^{20}\) points out that Japanese are group-minded, and isolation from any kind of social network may be a particular cause of stress for Japanese mothers. Loneliness is a major problem for new migrants and women from non-English-speaking backgrounds were often socially isolated in their new country\(^{21}\). Lack of social support is a contributing factor to stress and mental problems for Japanese abroad\(^{22}\). In the current samples, high proportions of mothers in New York felt isolated, and having nobody to consult was considered an important stress factor. There was a significant re-
The mothers in New York found stress with ‘local people’s manners’. It may be difficult for Japanese mothers abroad to accept the local people’s manners. Minoura suggests that it is not the level of cognition but emotions and feelings which make it difficult to accept the foreign culture.

The mothers in Japan were significantly more stressed than the mothers in New York with ‘security in the home country’, but this may be an anomaly. At the time of the survey a child in a nearby town had recently been murdered and the murderer was still at large, which would be likely to affect perceptions of security.

2) Child rearing stress

In New York child rearing was the top stress factor for those with high-risk GHQ scores. Other factors relating directly to parenting (education, child’s friends, child’s health and development) were also important sources of stress for those with abnormal or high-risk GHQ scores in New York. The relative ages of mothers in New York and Japan did not reveal any significant differences in relation to parenting.

Although child rearing was a source of stress for mothers in the two cities, the concerns were different in Japan and overseas. The overseas mothers were significantly more concerned about children’s education, but for those in Japan a Japanese education for their children would be much more readily available and taken for granted. The mothers in Japan were concerned more with the detail of their child’s daily life, such as friendships and dealing with staff at their child’s school.

Mothers who give birth abroad are in a high-risk situation physically and psychologically, because they are separated from their own mothers or sisters who would otherwise be role models for motherhood. Parenting is a learned behavior and child rearing is reported to be very stressful even for mothers in Japan. Mothers abroad may lack information from Japan about parenting, and may also lack support or information from the host society because of poor language and communication skills or cultural differences. From the viewpoint of care givers in the host country, it has been reported that very little is known about the parenting knowledge of immigrants, their communication difficulties, their understanding of cultural differences, and the stress arising from their inability to develop a therapeutic relationship.

For those in Japan, closeness to home may bring advantages in terms of family support, but such closeness and support also bring responsibilities and duties to the family. There may be different stresses associated with being close to the extended family which were not targeted by the questionnaires used in the current study.

3) Husband’s support

There was a significant correlation between dissatisfaction with husband’s contribution to child rearing and abnormal or high-risk GHQ scores, and this is consistent with the finding that support from the husband is an important factor for mother and child health, reported in several studies.

A high proportion of mothers in the 2 cities felt that their husbands were stressed with their jobs, and in these circumstances the husbands may not be in a position to offer help or the mothers in a position to ask for help.

4) Finance

For the counter group in Japan, ‘finance’ was one of the main stress factors. The relationship between economic factors and mothers’ mental
health has been studied and finance has been described as one of the major causes of postnatal depression. One study of working women in Japan reported that 56.1% had abnormal GHQ 30 scores falling within the range of neurosis and depression, and the main factor for irritation in daily life was low income.

The current study confirmed a correlation between financial stress and employment outside of the home. Most of the mothers in New York appeared to be economically stable because their husbands were employed and supported by major firms, but not all were in this situation. There was a higher proportion of working mothers (42.5%) in City A in Japan and they experienced stress with finance.

5. Implications for practice

The current study showed related factors which contribute to the mothers' mental health. The results will be useful for health care providers to understand who needs attention. The issues which might be noted for mental health care will be as follows:

<Mothers with poor mental health>

1) More than half of mothers abroad with young children may experience poor mental health.

2) They may complain of 'dissatisfaction with life'.

3) They may be stressed with 'child rearing', 'child's friends', 'child's education'.

<High risk mothers who may need professional help>

4) One third of the mothers abroad with young children may need professional help.

5) They may complain of 'no support from Japan', 'dissatisfaction with life', 'dissatisfaction with husband’s contribution to child rearing' and 'own health problems'.

6) They may be stressed with 'being away from family' and with 'child’s education'.

<Common ground for all mothers in and outside of Japan>

7) Mothers with financial problems may need attention.

8) Mothers who complain of 'isolation' and 'no time to relax' are at significantly greater risk of poor mental health.

<Support>

If mothers who are potentially in need of help can be identified, it will be important to offer them support before and during their stay abroad. Depending upon the client, support might include:

9) Education:

a. Give an understanding of the concept of 'mental health'.

b. Advise on strategies for maintaining good mental health (physical exercise, good communication, daily pleasures, positive outlook etc.).

c. Avoid causing alarm, but where possible explain the increased risk for mothers abroad. Explain symptoms which might indicate the onset of a mental health problem (insomnia, depression etc.) and explain the importance and effectiveness of seeking help if problems arise.

d. Encourage study of the culture of the host country.

10) Support network:

a. Provide information about any known social resources which can be accessed in the host country (Japanese clinics, self help groups etc.).

b. Keep open a channel of communication with a trusted medical practitioner in Japan.

6. Limitations and implications for future study

The questionnaires used in this study were written specifically with overseas mothers in mind and did not explore stresses which may be specific to those in Japan.

It would be useful to consider further support frameworks and the effectiveness of support provided for mothers before leaving Japan, during
their stay abroad, and after returning home, to prevent mental health problems associated with a stay overseas.

**Conclusions**

This study set out to examine the mental health of Japanese mothers living in New York, and to consider the transcultural stress factors which may affect them as they raise their children in a different cultural setting.

1. It was found that the mental health of the mothers in New York was considerably worse than that of healthy women living in Japan, and this should be a real cause for concern. The mental health of the mothers living in Japan was also worse than the national average, and the findings of this study were consistent in this respect with other studies. However, the major causes of stress were different for those in New York and those in Japan.

2. The study found a high correlation between poor mental health of the mothers in New York and transcultural and child rearing stress factors. Support for adaptation to the new life and child rearing may be helpful for mothers abroad.

3. The study found that one third of mothers may need professional help. Support for reducing isolation, support for child rearing and support for improving their own health may be helpful.

4. Almost 90% of all mothers felt that their husbands were stressed because of their work, and there was a strong correlation between poor mental health and dissatisfaction with the husband’s contribution to child rearing. Support for husbands will be helpful for mothers who are raising children abroad.

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乳幼児を持つニューヨーク在住日本人母離の異文化ストレス、育児ストレスと精神健康度調査

概要【目的】本研究は、急増している海外在住日本人母子（永住者は除く）のうち日本人人口の最も多いニューヨーク（以下 NY）で生活する母親を対象に異文化ストレス要因、育児ストレス要因と精神健康度を明らかにすることを目的とした。本研究の意義は、海外での妊娠・出産・子育てをする日本人母親のメンタルヘルスとその影響要因を明らかにし、ウィメンズヘルスに関わる医療従事者に新しい知見を呈することである。【方法と対象】無記名自己記入式質問紙と精神健康度評価票（GHQ30）を用いた実態調査研究であり、NY在住日本人母親200名、比較対照群として国内A市在住母親200名に質問紙を配布し郵送にて192部を回収し191部を分析対象とした。【結果】NYの母親は「海外での子育てはストレス」（53.6％）、自分の子どもも「海外生活でストレス」（35％）を感じており、母子とも「孤立」（34.7％）し「日本から充分な支援を得ていない」（36.8％）と感じている。NYとA市とも異なる要因で精神健康度が日本国内の女性より悪く、約3人に1人は受診を要し、NY群では「家族と離れれてる」とこと「子ども育の教育」が主な関連要因であった。2市とも9割の母親が「子どもがストレス下にある」と感じており、夫の育児参加への不満と悪いメンタルヘルスとに有意な関係がみられた。また別の医療従事者がメンタルヘルスに注意を要する海外在住日本人母親のストレス要因として以下の項目が挙げられる：「子育て」「子どもの友達」「相談相手がない」「リラックスする時間がない」「自分の健康」「経済」「今の生活に不満足」。【結論】海外在住、又は一時帰国中の日本人母親はメンタルヘルス上の配慮が必要であり、異文化適応や育児支援の他、早期に受診できるような母親への予防的介入が必要であると考える。