

Experiences of Vietnamese Marriage Immigrant Women with Pregnancy, Birthing, and Postpartum Care in Korea



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Purpose & Background

Korea used to be a nation with homogeneous racial composition has become a multicultural country with foreigners making up 2.8% of total population due to influx of foreigners. Among the foreigners in Korea, marriage immigrants are about 28,000, making up 8.7% of the marriage with the mostly Korean male with foreign national female. Out of all marriages with foreign nationals, marriage with Chinese women (34.1%) and Vietnamese women (31.9%) takes up the majority.

Most marriage immigrant women become pregnant within a year from marriage, making them yet another challenge aside from the new language, culture, and environment. Also, they get prenatal care, birthing, and postpartum care with the language barrier. There has not been a study for the experiences and difficulties of such marriage immigrants who live in a foreign (Korean) culture and foreign (Korean) husband and this study aims to point out the pregnancy, birthing, and postpartum care experience of marriage immigrants in Korea. The objective of this study is to describe a meaning and reality of pregnancy, birthing, and postpartum care for Vietnamese marriage immigrants by questioning "What it means to have a pregnancy and birthing for Vietnamese marriage immigrants in Korea"

Method

A qualitative research design Colaizzi's phenomenological method was chosen in order to obtain rich, in-depth information needed to understand and interpret experiences of Vietnamese marriage immigrants with pregnancy, birthing, and postpartum care. Data were collected through in-depth interviews at the participants' homes.

Participants : The study participants were selected among the Vietnamese marriage immigrants who are now pregnant or those who have given a birth within 5 years in order to provide enough study size and relevancy to the study.

Data Collection and Analysis: After seeking approval from the university hospital institutional review board, recruitment of participants began in one local hospital and through introductions by an acquaintance followed by snowball technique. The description and consent form about the study was prepared in Vietnamese language and a Vietnamese female fluent in Korean language served as a research assistant during the data collection process. Research assistant presented the study description, consent form, and explained questions about social background and partial translation during the personal interview. In total, fifteen women participated in the study and all of them were in their 20's with the mean age of 23.4 and the length of stay in Korea 2.5 years. Ten participants were with birthing experiences (6 participants with one child, 4 participants with 2 children) and five participants were pregnant at the time of study. The study questions were as follows: (a)What are the experiences during pregnancy, birthing, and postpartum care in Korea? (b)What are the differences in healthcare during pregnancy, birthing, and postpartum care that were different between Korea and Vietnam and how did you deal with those? Personal in depth-interviews were given during April 5th, 2012 thru November 20th, 2013. For partial translation, Vietnamese translator (research assistant) accompanied the interviewer. Interviews were audio recorded and each participant was interviewed once or twice, approximately 50-120 minutes per interview. The interview tapes were transcribed. Field notes from the interview, discussion between the researcher and research assistant after an interview, expectation, discrepancy from expectation, and questionnaire were recorded in debriefing note. The transcripts, field note, and debriefing note were analyzed. Data collected has been analyzed in 7 steps given by Colaizzi (1978) currently past 5thstep out of 7. The research has consciously tried not to from a bias during the interview, analysis and drawing conclusion in order to maintain neutrality.

Result

According to the data analysis of this study, nine themes were derived from the data were as following: "Worsening homesick due to being lonely in a foreign environment," "Not-so-wanted pregnancy but received help from the family in Korea for prenatal care", "Suffering hardship due to a lack of information for pregnancy and birthing", "Accepting different healthcare system from Vietnam without fully understanding", "Going through trouble and hurting one's feeling due to Indifferent and careless treatment from the healthcare practitioners", "Being indecisive over different traditional healthcare practice between Korea and Vietnam existed and then negotiating and conforming", "Relying solely on husband as the only passage of communication", "Being disappointed in family owing to lack of proper postpartum care", and "Desiring to do my best for the most precious baby".

Twenty one sub-theme were as following: "Homesick in a place everything is foreign after marriage", "Pregnancy right after marriage and morning sickness worsened for no availability of the food from home", "Unwanted pregnancy welcomed by the Korean family", "Went to the hospital with family", "Learned about pregnancy and birthing from the family in Vietnam before marriage but asked again for lack of detailed information", "Couldn't ask about the sexual life during and after pregnancy and used self-judgment", "Both husband and I were confused and scared because we didn't know the birthing procedure", "Would like to get explanation for different ways of prenatal and postpartum care", "Reluctantly accepted the care without complaining for it was thought to be a way of Korean hospital system works", "Lack of proper explanations with different medical care system caused compliance without full understanding", "Indifferent and careless treatment from the healthcare practitioners cause physical or mental discomfort", "More advanced postpartum care method was foreign at first and learned more about it later", "Husband is the passage of communication with other family members", "Husband supports the birthing and child upbringing", "Difference in prenatal and postpartum care between the self and the family caused second opinion from the others", "Tried to mediate two traditional prenatal and postpartum care method", "Learned and followed the way from the mother-in-law at first even though it was foreign and strange, but gradually switched back to ones own method", "Lack of support for postpartum care from husband and his family was disappointing", "Raising the baby without support from the family", "Would like to do my best for the most precious baby", and "Taking on the challenges to breastfeed the baby like women in home country do".

Conclusion

This study provided cultural perception of pregnancy, child birthing, and postpartum care and the adaptation experiences of the immigrants in Korean culture. In order to reduce the hardship that Vietnamese marriage immigrants experience, planned pregnancy should be encouraged so that the pregnancy and birthing can be prepared during the time period preparing the international marriage. Secondly, communications with healthcare practitioners need to incorporate effective means of translation as well as sensitivity training to respect the difference in culture while attending to Vietnamese patients. Lastly, prenatal and postpartum care education and care plan that reflects Vietnamese culture should be established in clinical setting and have the family participate in education, counseling, and plan about pregnancy, birthing, and postpartum care.