

Cross-cultural perspectives on postpartum care: A study of Vietnamese immigrant women in South Korea

Na Youn Choi¹, Young Jin Kim^{2*}

¹Nursing Department, Kyongbuk Science College, South Korea; cn0124@hanmail.net (N.Y.C.).

²Nursing Department, Gimcheon University, South Korea; gtt70@gimcheon.ac.kr 1 (Y.J.K.).

Abstract: This research investigates the postpartum care traditions of Vietnamese women who have migrated to Korea through marriage. The study was conducted in various small to medium-sized cities within the metropolitan areas of South Korea, including locations such as Gumi-si, Gyeongsangbuk-do, where a significant number of Vietnamese immigrants reside. The participants, 15 Vietnamese immigrant women, ranged in age from 20 to 31, with an average age of 25.7. They had lived in Korea for an average of 3.8 years and had all given birth within the last year. Leininger's Sunrise Model was utilized as the analytical framework to explore and comprehend the socio-cultural context of these women's postnatal care practices. This model guided the data analysis, helping to uncover the cultural and social structures influencing their postpartum care behaviors. The research identified key principles of postpartum care among the participants, such as maintaining thermal equilibrium, warding off negative energy, detoxification, upholding hygiene, and conserving and augmenting energy. These practices were further classified into categories of 'compliance,' 'adherence,' and 'integration,' illustrating the women's adaptive strategies in the face of cultural differences and resource limitations. The study emphasizes the need for culturally sensitive postpartum care programs that incorporate the unique practices of Vietnamese immigrant women, providing critical insights into enhancing the quality of postpartum care and health promotion for this demographic.

Keywords: Cultural practices, Ethnography, Immigrant health, Postpartum care, Sunrise model, Vietnamese women.

1. Introduction

In 2022, multicultural marriages in Korea accounted for 17,428 cases, a 25.1% increase from the previous year, representing 9.1% of all marriages [1]. As of October 2022, there were 158,302 married immigrants residing in Korea, with women making up 83.2% of this population, indicating the significant presence of immigrant women in Korean society [2]. Notably, the proportion of marriages between Korean men and Vietnamese women has been on the rise, with Vietnamese wives constituting 25.3% of multicultural marriages in 2022 and Vietnamese mothers accounting for 34.7% of all multicultural births.

Research shows that immigrant women married in Korea demand specialized management for women's health services and education [3]. Many face physical and mental health challenges, along with difficulties in adapting to Korean society and marital life during pregnancy, childbirth, and the postpartum period [4]. Pregnancy and childbirth are viewed as life crises, particularly intensified for immigrant women [5]. These women often perceive their inability to receive appropriate postpartum care due to differences in practices and lack of support systems as a form of health inequality [3].

Beliefs and practices in postpartum care handed down through generations, can adversely affect health management for women from different cultural backgrounds due to ethnocentrism and cultural relativism [5]. While the health and safety of mothers and babies is a universal goal across all cultures,

the concepts and practices significantly vary due to cultural beliefs and traditional customs [6, 7]. Therefore, understanding and applying the cultural context of the subject is essential for successful postpartum care [8].

Vietnamese immigrant women in Korea aspire to practice “uh ku” (a unique Vietnamese postpartum care method) but encounter challenges due to the ethnocentric attitudes of Korean families and medical staff, communication barriers, and lack of resources [9, 10]. As a result, they experience physical discomfort and health concerns [9] highlighting the need for comprehensive research on the postpartum care of Vietnamese immigrant women.

Care is conducted within a cultural context, with individuals exhibiting natural health-seeking behaviors influenced by their culture [11, 12]. Thus, nursing-related phenomena within diverse cultures are more accurately discovered by uncovering the meanings and patterns experienced by people living within the culture rather than through natural science experiments [8, 11]. Leininger [11] and Leininger [13] Sunrise Model, which represents cultural diversity and universality, elucidates how cultural and social structures impact care patterns and practices, ultimately influencing holistic health.

Ethnography is apt for deeply understanding the culture and human experiences within the professional nursing environment, including phenomena related to nursing and care [12]. It has been extensively used in nursing practice and research fields. Therefore, ethnography is an appropriate research method for directly observing the postpartum care culture of immigrant women, listening to their stories to understand the meanings of their beliefs and practices, and identifying patterns in their postpartum care culture.

This study aims to elucidate the postpartum care of Vietnamese immigrant women about social and cultural structures using an ethnographic approach with the Sunrise Model. It also seeks to explore the principles and practices of postpartum care from their perspective. The study is expected to contribute to improving the quality of postpartum care and promoting health by providing valuable data that can be applied to postpartum care considering the culture and values of these women.

2. Theoretical Framework

The theoretical framework of this study is based on Leininger's "Culture Care Diversity and Universality: A Theory of Nursing," represented by the Sunrise Model [13]. Leininger conceptualized cultural care diversity and universality, explaining it through the Sunrise Model, which posits that culture has diverse and universal aspects. Nurses utilize this model to assess whether the care provided is culturally congruent, ensuring that the care is appropriate to the patient's cultural context. This model requires nurses to understand their patients' cultural values, beliefs, and practices, and it explains the interrelationships between the key elements of cultural care, diversity, and universality. The Sunrise Model suggests that sociocultural structures influence patterns and practices of care and overall health. Moreover, the implementation of care varies in form, expression, and patterns, some of which are universal [11].

In the Sunrise Model, the sociocultural structures encompass various factors that affect care. Technological factors refer to how modern technology aids or hinders daily life, health care, and maintenance. Religious and philosophical factors pertain to how beliefs, practices, or spiritual factors impact health care and maintenance. Kinship and social factors relate to how kinship or social support influences health care and maintenance, including key family factors and preferences in receiving care. Cultural values, beliefs, and lifestyle factors address how specific beliefs or practices affect health care and maintenance, emphasizing the most important aspects and the methods of care based on values and beliefs.

Political and legal factors describe how political and legal elements influence health care and maintenance, including the individual's perspectives on these issues. Economic factors concern the impact of economic conditions on health care and maintenance and the perceived importance of these factors. Educational factors focus on the influence of education on health care and maintenance, highlighting key educational information and practices and the value placed on education and health

education.

In this study, the Sunrise Model, representing the diversity and universality of cultural care, is applied to analyze the sociocultural structures related to postpartum care among Vietnamese married migrant women. The analysis is categorized into technological factors, religious and philosophical factors, kinship and social factors, cultural values, beliefs and lifeways, political and legal, economic, and educational factors. Furthermore, the patterns and practices of care influenced by these factors will be identified and examined as principles and practices of postpartum care.

3. Methods

3.1. Design

This study employs qualitative research, utilizing ethnography to elucidate the postpartum care of Vietnamese immigrant women regarding to social and cultural structures and discern their principles and practices of postpartum care.

3.2. Participants

The participants were Vietnamese immigrant women with experience in childbirth and postpartum care who resided in small to medium-sized cities within metropolitan municipalities such as Gumi-si in Gyeongsangbuk-do. The selection criteria included.

- Women who had given birth within one year in Korea.
- Women who could comprehend and respond to questions and conversations in either Korean or Vietnamese.
- Women who understood the purpose and methods of the study and consented to participate.

Participants were chosen to ensure the adequacy and richness of qualitative data [14]. The most informative participants on the study topic were selected, and data collection continued until saturation was achieved, providing comprehensive and detailed descriptions of the phenomena. The selected participants included 15 Vietnamese immigrant women who met the selection criteria and willingly shared insights into their postpartum care beliefs and practices.

To ensure diversity in qualitative data, participants were selected from Vietnamese married migrant women who had given birth within the past year. Specifically, the sample included three women who had given birth within the past month, five women who were 1-3 months postpartum, and seven women who were 4-12 months postpartum. Considering previous findings that perceptions of the necessity and importance of postpartum care differ based on childbirth experience, the sample also included nine primiparous women and six multiparous women to explore various postpartum care patterns.

Participants for this study were primarily recruited through Multicultural Family Support Centers and agencies that provide postpartum care services. Initially, the researcher visited these centers and agencies to introduce themselves and explain the purpose of the study to the respective managers. Following this, the managers identified Vietnamese marriage migrant women who met the study's eligibility criteria and introduced them to the researcher. A snowball sampling method was employed, where these initial participants were asked to recommend other eligible Vietnamese marriage migrant women for inclusion in the study.

The participants' average age was 25.7 ± 4.88 years, with their husbands averaging 43.2 ± 3.12 years, resulting in an average age difference of 17.5 ± 6.66 years. The average duration of residence in Korea was 3.8 ± 4.19 years, ranging from a minimum of 1 year to a maximum of 10 years. Two participants were Buddhists, and 13 had no current religion. Educational levels varied, with three participants being university graduates, seven high school graduates, and five having completed middle or elementary school. The primary caregivers were mothers in 6 cases, mothers-in-law in 4 cases, postpartum caregivers in 4 cases, and one participant utilized a postpartum care center.

3.3. Data Collection

The data collection methods employed in this study were in-depth interviews and participant observation. Before data collection commenced, participants who expressed an interest in the study were given a thorough explanation of its purpose and methods, ensuring their informed consent was reaffirmed. Once consent was obtained, dates and locations for the in-depth interviews and participant observations were scheduled according to the participants' preferences, with careful consideration to avoid infringing on their privacy. Given that all participants were mothers who had given birth within the past year, they preferred to conduct the interviews at home, and thus all in-depth interviews took place in their residences.

To minimize any potential language barriers during the in-depth interviews and participant observations, a Vietnamese married migrant woman, fluent in Korean and actively involved in Multicultural Family Support Centers and public institutions, was included as an interpreter. Before beginning the study, the researcher sought to build a rapport with the participants, understanding and empathizing with their lives as women, which helped establish mutual trust. The researcher maintained an open and non-judgmental stance throughout their interactions, expressing gratitude to the participants for valuing the study and sharing their experiences with postpartum care. Data collection occurred from July 9, 2018, to November 12, 2018.

3.3.1. In-depth Interviews

To ensure the collection of reliable and rich data aligned with the study's objectives, the question, "What aspects of postpartum care practices and sociocultural structures among Vietnamese marriage migrant women need to be explored?" was posed to two maternal nursing professors, two representatives from the Multicultural Family Support Centers, and two Vietnamese marriage migrant women who had lived in Korea for over ten years and experienced childbirth. Their insights were synthesized to formulate the following in-depth interview questions:

- What is your understanding of postpartum care?
- What do you expect to achieve through postpartum care?
- What actions are you taking for postpartum care?
- How is postpartum care practiced in Vietnam?
- What factors influence your postpartum care?
- What changes in your health do you notice after undergoing postpartum care?
- What challenges or obstacles do you encounter during postpartum care?
- How do you feel when you are unable to receive the desired postpartum care?
- What do you think is needed to overcome the difficulties in postpartum care?

The in-depth interviews were conducted individually in a one-on-one setting, creating an atmosphere where participants felt comfortable expressing themselves. The interviews started with open-ended, descriptive questions and gradually transitioned to a semi-structured format. While a basic framework guided the discussions, participants were encouraged to speak freely beyond the confines of this structure. With the participants' consent, the interviews were audio-recorded, and both verbal and non-verbal expressions were noted in a memo for further analysis.

The researcher led the in-depth interviews, with research assistants and interpreters taking notes on key points during the sessions. The researcher verified their understanding and interpretation of the participants' responses throughout the interview and at its conclusion. The researcher also observed the participants' emotional states, attitudes, and facial expressions, recording these observations in field notes for data analysis. After each interview, the researcher, assistants, and interpreters conducted a debriefing session to review and consolidate the key information gathered.

The recorded interviews were transcribed verbatim by the researcher on the same day as the interview. Each session lasted between 1 hour and 12 minutes to 1 hour and 45 minutes, with an average

duration of 1 hour and 21 minutes per participant. A second round of interviews was conducted with six participants to clarify and gather additional data based on the first interview. Three follow-up interviews were conducted in person, lasting 57 minutes, 1 hour and 28 minutes, and 1 hour and 5 minutes, respectively. The other three participants were interviewed via phone, each lasting between 15 and 30 minutes.

3.3.2. Participant Observation

Participant observation was employed as a method to collect data by directly engaging in and objectively observing the postpartum care practices of the study participants. The researcher maintained a level of involvement that allowed for accurate and detailed observation and documentation.

Participant observation was conducted with 15 participants, where the researcher visited each home and partially participated in the postpartum care activities. The researcher observed the postpartum care practices as an outsider and recorded detailed notes in a field journal. These observations were documented on the same day using a structured observation guide and were analyzed immediately. Additional data were collected based on the analysis of the first round of observations, and ambiguous aspects were clarified during subsequent observations. Each observation session lasted an average of 1 hour and 15 minutes. A second round of observations was conducted with two participants to supplement the initial findings and gather new data.

During participant observation, a systematic approach to data collection was employed by using field notes specifically designed to capture detailed and specific observations. The observations were grounded in the behavioral principles identified in previous studies [6] focusing on aspects such as hygiene, warmth maintenance, prohibited behaviors, meals, breastfeeding, physical activity, involvement of others in childbirth, information acquisition, and unique practices. The researcher observed items such as food, ingredients, tools, and equipment used in postpartum care, with some actions being observed through demonstrations. If additional clarification on observed behaviors was needed, follow-up interviews were conducted to verify the findings.

3.4. Data Analysis

Data analysis adhered to the four-step qualitative research data analysis procedure by Leininger [11].

- Recording and analyzing pertinent statements from the insider's perspective and participant observations to derive concepts, meticulously interpreting and clarifying symbols to analyze contextual meaning.
- Identify major statements from the recorded qualitative data, discover behaviors or differences that can be classified or coded, and categorize significant elements within the context
- Conducting detailed reviews and analyses of the data to discover contextual meanings, and structural meanings, and patterns of behaviors, continuing the analysis until data saturation was achieved. This process identified and categorized components related to social and cultural structures of postpartum care, principles of postpartum care behavior, and practice patterns.
- Identifying central themes and major research results and patterns, synthesizing thoughts to discover new findings, and categorizing the principles and practices of postpartum care behavior based on components derived from previous stages.

4. Results

4.1. Characteristics of Social and Cultural Structures Related to Postpartum Care of Participants

Applying Leininger [11] Sunrise Model, the characteristics of social and cultural structures related to participants' postpartum care are described as follows.

4.1.1. Technical Factors

Participants strongly desired to perform proper postpartum care but lacked knowledge about Korean postpartum care and “uh ku.” The complexity and prohibitions involved in “uh ku” made it difficult for participants to learn about it due to their pregnancy and childbirth occurring after marriage immigration. Additionally, the unavailability of necessary materials in Korea often prevented them from adhering to “uh ku”.

4.1.2. Religious and Philosophical Factors

Among the 15 participants, 2 were Buddhists, and the rest had no current religion. The participants' religion, or lack thereof, was consistent with their husbands. Participants adhered to postpartum care based on traditional beliefs passed down rather than scientific evidence.

4.1.3. Kinship and Social Factors

Participants preferred postpartum care from their mothers, with six having their mothers come to Korea to assist with postpartum care for periods ranging from 20 days to 3 months. They relied heavily on their mothers, who provided physical and emotional comfort during postpartum care.

4.1.4. Cultural Beliefs and Lifestyles

Due to cultural belief differences, participants faced difficulties adhering to “uh ku” in Korea. They were supposed to cover their ears but felt uncomfortable in public or around their mother-in-law or husband, sometimes only covering their ears alone at home. Participants also perceived cultural differences in the responses of Korean medical staff to “uh ku” practices, confusing which practices to follow.

4.1.5. Political and Legal Factors

Participants were satisfied with the ability of their mothers to stay in Korea for extended periods during childbirth and postpartum care, expressing contentment with the support received through national health insurance, even without obtaining Korean nationality.

4.1.6. Economic Factors

Participants faced economic burdens preventing them from utilizing postpartum care centers or hiring postpartum caregivers for extended periods. They also struggled to obtain or afford the ingredients needed for Vietnamese postpartum food, often substituting with similar Korean ingredients.

4.1.7. Educational Factors

Participants lacked information about postpartum care due to their relatively young age and the experience of pregnancy and childbirth in a foreign country. They sought information from books, the internet, or through inquiries to those around them, facing language barriers that prevented them from effectively communicating their needs or understanding educational content.

4.2. Principles of Postpartum Care Behavior of Participants

The principles of postpartum care behavior for participants manifested as a mixed form of “uh ku” and Korean postpartum care. These principles centered around maintaining a warm body, blocking bad energy, detoxification, maintaining body cleanliness, and conserving and replenishing energy.

4.2.1. Maintaining Thermal Equilibrium

Participants believed that after childbirth, a mother's body is in a weakened and cold state and that maintaining warmth is essential for recovery. They employed various methods to keep the body warm internally and externally. To warm the body internally, they consumed foods with warm properties. Externally, they maintained warmth by wearing long clothing and applying turmeric wine to body.

Participants consumed warm foods to keep their bodies warm, including foods served at warm temperatures and protein-rich foods such as pork, freshwater fish, and cooked dishes. The rationale behind these practices was to help the body recover by maintaining warmth, which was believed to be cold due to childbirth. The duration of these practices varied, lasting from at least one month to over six months. Wearing long clothing was also practiced to keep the body warm and aid in recovery, with this period extending from a minimum of one month to over three months.

4.2.2. Warding off Negative Energy

Participants believed that blocking or avoiding the entry of harmful influences could help them recover their health and prevent illness in old age. They considered coldness a harmful influence and employed various methods to block it, including covering their ears, wrapping their heads, avoiding full-body bathing, refraining from going outside, avoiding foods with cold properties, and preventing the entry of malevolent spirits.

Blocking the ears was a method to prevent the entry of cold air, wind, unpleasant sounds, and noise—types of harmful influences. Participants used cotton to block their ears, typically for one to three months. They also emphasized the importance of wearing a hat when going outside during the postpartum period, and some even kept their heads wrapped indoors. The practice of head wrapping, which lasted for one to three months, was intended to prevent cold air and wind from entering the head, as it was believed that such exposure could lead to headaches, increased susceptibility to colds, and more frequent illness in old age.

Avoiding full-body bathing was one of the practices participants adhered to strictly. They believed that taking a full-body bath after childbirth could allow cold air to enter the body through the pores, leading to pain and weakness in various parts of the body. The duration of this restriction on full-body bathing ranged from one week to one month.

4.2.3. Detoxification

Participants believed that a significant amount of toxins accumulated in a mother's body after childbirth and that removing these toxins during the postpartum period was essential for a quick recovery. Methods for toxin removal included herbal steaming and consuming foods believed to aid detoxification.

Herbal steaming was one of the most important "uh ku" practices that most participants were keen to adhere to. Participants believed that by opening the pores and inducing sweating through steaming, toxins could be expelled from the body, allowing it to return to its pre-pregnancy, purified state more rapidly. Some participants brought herbs and steaming tents from Vietnam or cultivated the necessary herbs by planting seeds. Steaming typically began at least seven days postpartum, with the duration ranging from one month to as long as six months. The frequency of steaming was generally two to three times per week, but participants believed more frequent sessions would yield better results. Various herbs were used during the steaming process, including bamboo leaves, lime leaves, and limes.

4.2.4. Upholding Hygiene

During the postpartum period, participants refrained from full-body Still, they adhered to practices such as sitz bathing, restricting sexual activity, cleansing the body with turmeric wine, and washing their hair with lime to maintain personal hygiene.

Participants engaged in sitz bathing daily, typically two to three times per day, for one to two months. They noted that sitz bathing is a common practice in Korean postpartum care and Vietnamese "uh ku", allowing them to perform it without concern. Participants expressed satisfaction with using personal sitz bath devices, widely available in Korea but not in Vietnam.

To maintain the cleanliness of the perineum and uterus postpartum, participants also restricted sexual activity. They believed that engaging in sexual relations too soon could lead to uterine infections and the introduction of harmful bacteria into the body. Sexual activity was typically restricted for a

minimum of three months with some participants abstaining for over six months, and others avoiding sexual activity from the onset of pregnancy.

4.2.5. *Conserving and Augmenting Energy*

Participants emphasized the importance of preserving or replenishing vitality during the “uh ku” period following childbirth, as the body is significantly weakened. Strategies for achieving this included avoiding strenuous activities, practicing caution in movement, lying down, protecting the eyes, maintaining mental calmness, and ensuring adequate nutritional supplementation.

Participants reported that a mother’s body, including the uterus, remains in a fragile state postpartum. Therefore, they recommended avoiding household chores, exercise, or physically demanding activities such as lifting heavy objects for at least three months. All actions should be carried out cautiously, and walking should be done slowly and carefully. They expressed concerns that failure to observe these precautions could lead to uterine prolapse, bleeding, future joint pain, or the unsightly appearance of bulging veins in the hands.

During the “uh ku” period, participants believed it was essential to remain lying in bed and discouraged prolonged sitting to prevent potential back pain in old age. They were also advised against using television, computers, mobile phones, and reading books to protect their eyes.

Table 1.
Principles of Postpartum Care Behavior and Practices of Participants.

Postpartum Care Principles	Practices
Maintaining Thermal Equilibrium	Eating warm foods, wearing long clothes, cleaning the body with turmeric alcohol
Warding off Negative Energy	Covering ears, wrapping the head, avoiding full-body baths, avoiding going out, not eating cold foods, preventing the entry of ghosts
Detoxification	Drinking herbal teas and consuming specific foods believed to cleanse the body
Upholding Hygiene	Regular body cleaning practices, use of specific postpartum hygiene products
Conserving and Augmenting Energy	Eating nutrient-rich foods, engaging in light physical activities, taking sufficient rest

4.3. *Classification of Postpartum Care Practices*

The postpartum care practices of the participants were classified into three primary strategies: ‘compliance,’ ‘adherence,’ and ‘integration.’

4.3.1. *Compliance*

The practices of the participants included “following instructions” and “adopting traditional Korean postpartum care practices.” Most participants lacked sufficient knowledge about postpartum care and were inadequately prepared for it. While they recognized the importance and significance of postpartum care, many were not well-informed about Korean postpartum care or the Vietnamese practice of “uh ku.” Consequently, participants often followed instructions from individuals with childbirth experience, such as their mothers or mothers-in-law, without solid evidence or understanding. They also tended to imitate others’ postpartum care practices or follow their advice without questioning its validity.

4.3.2. *Adherence*

The concept of adherence included “strictly following “uh ku” and returning to “uh ku” Although the participants expressed a desire to adopt Korean postpartum care practices to adapt to life in Korea, they found it challenging due to their strong Vietnamese roots. Despite facing numerous barriers to maintaining the practice of “uh ku,” participants continued to adhere to it as a way of preserving their Vietnamese identity. Moreover, while some aspects of Korean postpartum care were incorporated, participants ultimately recognized that the “uh ku” method was more suitable for their bodies and thus reverted to it.

4.3.3. Integration

The theme of integration included “compromising between ‘uh ku’ and Korean postpartum care” and “integrating ‘uh ku’ with Korean postpartum practices.” Participants experienced cultural differences between Vietnamese ‘uh ku’ and Korean postpartum care, noting similarities and significant differences. Given their situation, where fully adhering to either ‘uh ku’ or Korean postpartum care was not feasible, participants opted to blend the two approaches. They made choices based on personal beliefs and circumstances, selecting elements from both practices. For instance, they might partially follow ‘uh ku’ by incorporating aspects they were particularly committed to while also adopting parts of Korean postpartum care they found beneficial. This could include eating seaweed soup but preparing it in a way that aligns with ‘uh ku,’ or performing herbal sitz baths with Korean mugwort when Vietnamese herbs were unavailable.

Table 2.

Classification of Postpartum Care Practices.

Postpartum Care Practices	Subcategories
Compliance	Doing as instructed, following Korean postpartum care
Adherence	Sticking to "uh ku," returning to "uh ku"
Integration	Combining "uh ku" and Korean postpartum care, integrating "uh ku" and Korean postpartum care

5. Discussion

This study employs Leininger [11] to elucidate the postpartum care of Vietnamese immigrant women in matrimony about social and cultural structures. It identifies the principles and practices of their postpartum care. The findings reveal a strong correlation between the participants’ postpartum care and social and cultural structures, particularly kinship, social factors, and cultural beliefs and lifestyles.

Participants considered their mothers the most reliable support and primary source of information, and they received postpartum care assistance from them. Immigrant women in marriage require practical support during postpartum care [4] akin to how Korean mothers perceive their mothers as essential support during childbirth [9]. Studies on Vietnamese women demonstrate that maternal support is closely associated with mental health for one year postpartum [15] underscoring the significance of maternal support for the mental health of Vietnamese immigrant women in marriage in Korea.

Participants often found it challenging to adhere to “uh ku” due to the exclusive attitudes of husbands, in-laws, and medical staff towards Vietnamese postpartum care practices, leading to conflicts with their mothers-in-law. Research indicates that Koreans tend to emphasize cultural homogeneity and are hesitant to accept cultural diversity in immigrant women in marriage [16]. Vietnamese immigrant women in marriage often encounter cultural suppression and lack confidence in performing desired health behaviors due to cultural oppression [16]. Therefore, recognizing and understanding the cultural differences in postpartum care is essential.

The ethnocentric attitudes of husbands and nurses adversely affect both the childbirth management and the marital adaptation process for immigrant women in marriage [17]. On the contrary, preserving their culture provides stability and positively influences psychological health [18]. Education on understanding the cultural background of immigrant women in marriage for husbands, in-laws, postpartum caregivers, and other postpartum care providers is crucial, as it positively impacts postpartum care [19].

Vietnamese postpartum care culture posits that exposure to cold introduces negative energy into the home [20]. Participants avoided cold foods and utilized traditional alternative medicine, such as cleaning with turmeric alcohol instead of full-body baths, to maintain hygiene [21].

Modern Korean mothers favor scientific and effective knowledge, with less emphasis on avoiding baths or hair washing over generations [9]. The focus of postpartum care in Korea has shifted more towards weight loss than health recovery [22]. While there are similarities in the principles of postpartum care between participants and Korean practices, the methods differ significantly, underscoring the features of Leininger’s theory of diversity and universality [13].

Participants encountered limitations in obtaining ingredients for Vietnamese postpartum foods, recognizing the lack of resources as a factor of health inequality [3]. Support for necessary resources to perform desired postpartum care is needed.

Understanding and considering the cultural traditions of postpartum care are crucial for the mental health of Vietnamese immigrant women in marriage [5]. Integrating alternative medicine with cultural values can better meet their needs [21]. Nursing interventions should comprehend and address the diverse cultural beliefs, values, and demands of immigrant women in marriage [23, 24]. For Vietnamese immigrant women in marriage, it is important not to unconditionally impose Korean postpartum care but to provide postpartum care that considers their cultural characteristics.

Participants recognized the importance of postpartum care and employed strategies of 'compliance,' 'adherence,' and 'integration' within the constraints of limited knowledge, resources, and environmental conditions. Despite efforts, there are still many areas requiring education and support.

6. Conclusion

This ethnographic study utilized Leininger [11] to elucidate the postpartum care of Vietnamese immigrant women in matrimony about social and cultural structures. It aimed to identify the principles and practices of postpartum care. The findings revealed a strong correlation between the participants' postpartum care and social and cultural structures, particularly kinship, social factors, and cultural beliefs and lifestyles.

Participants demonstrated openness towards Korean culture but encountered difficulties in assimilating into Korean postpartum care culture. They endeavored to adhere to "uh ku" despite various obstacles, amalgamating and integrating it with Korean postpartum care. This led to creating a novel form of postpartum care that harmoniously coexists with both cultures.

Based on the findings, the following recommendations are proposed.

- The development and evaluation of postpartum care education programs for Vietnamese immigrant women in matrimony, considering the principles and practices identified in this study.
- Quantitative research to identify the social and cultural variables influencing the postpartum care behavior of Vietnamese immigrant women in matrimony.

Transparency:

The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

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