



Korean Immigrant Women's *Taekyo* Practices in the United States as a Traditional Prenatal Self-care

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Purpose: The purpose of this study was to explore preserved belief system supporting Korean immigrant women's *Taekyo* practices and influencing factors while they observe the tradition within US sociocultural context. **Methods:** Leininger's exploratory focused ethnographic approach was used. Semi-structured in-depth interviews were conducted with purposive sample of sixteen Korean immigrant women who gave birth in the US within last 6 months. Researcher's observation and reflective field notes were also integrated into the interview data. Leininger and McFarland's four phases of ethnographic analysis guided data analysis process. **Results:** The perceived belief system supporting *Taekyo* practices included *Taekyo* as an enculturated Korean tradition, connecting parents with fetus, and positive impacts on fetal development. And Korean immigrant women's *Taekyo* practices were influenced by resources of information, woman's orientation toward *Taekyo*, pressure from local Korean community, and child order. **Conclusion:** The findings from this research would serve as an important knowledge base to expand US health care providers' understanding of Korean traditional *Taekyo* practices observed by Korean immigrant women's as important prenatal self-care practices. The findings could also aid in providing more patient-centered and culturally-tailored prenatal care plan to Korean immigrant by including Korean traditional belief system supporting *Taekyo* practices.

Key Words: Immigrants, Prenatal care, Pregnancy, Culturally competent care

INTRODUCTION

Under the influence of the international migration trend, health care providers (HCPs) have been greatly challenged to provide more culturally competent care to diverse immigrant populations by being aware of and sensitive to different cultural health beliefs and traditional health care practices. Childbirth is considered as one of the most important life events not only for a mother but a family as whole. It is also largely influenced and predetermined by the culture in which the birthing parents and their extended family originate[1]. Therefore, building cultural competence in the provision of prenatal care is essential for HCPs in obstetrical setting in the health care world which has continuously been diverse in terms of patients' cultural background.

Culture influences and shapes health belief system and has great impacts on its members' traditional health care behaviors. In particularly, culture influences on how women perceive and interpret health care practices in terms of their childbirth experience and expectations from the cultural community[2]. It is evident that culture has a powerful influence on Korean perinatal beliefs and practices[3] and as a result, pregnancy is highly ritualized in Korean culture.

Once a Korean woman has conceived, she is supposed to follow *Taekyo* includes various prenatal care rituals and behavioral taboos. *Taekyo* is a set of traditional prenatal self-care which originally starts from being prepared as a parent even before the conception. It has been observed by many childbearing women in Korean culture. *Sajudang Lee's Taekyo Singi*, written in 1801, has been referred as the book of originality related

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to *Taekyo* practices[4]. It described *Taekyo*'s philosophy and principles which included childbearing women's specific principles for behaviors and attitudes during pregnancy. *Taekyo Singi* claimed that *Taekyo* practices create the best environment for fetus' physical and emotional development as well as healthy growth. Therefore, many Korean parents desire to transmit the beneficial effects of *Taekyo* practices to their children when they become pregnant[5].

In observing *Taekyo*, a Korean woman is to appreciate beautiful things in life and avoid certain taboos. From *Taekyo*, she is told that if she handles unclean things or kills a living creature, difficult childbirth or other misfortunes in the family may occur[6]. In the past, most Korean women were forced to strictly follow the *Taekyo* rituals and taboo. In a recent study[7], 92.2% ($N=283$) of participated Korean women still thought it was important to follow *Taekyo* during their pregnancy despite that the modality of rituals and taboos may be different. The importance of *Taekyo* in Korean society is largely associated with Korean's traditional perspective accepting a fetus as a human being from the moment of conception[8]. Compared to the Western culture that imposes the meaning of life after birth, in Korean aging system, a baby becomes one year old at birth because the baby's life began at the moment of conception in mother's womb. Therefore, *Taekyo* is well accepted with confidence in Korean society that a fetus can achieve good psychophysical and emotional development from various prescriptive and restrictive modes followed during pregnancy[9,10].

Korean migration to the US began in the early 20th century. As of 2013, approximately 1.1 million Korean immigrants resided in the US, representing close to 3% of the 41.3 million foreign-born populations[11]. Many of those Korean immigrants are in childbearing age and would go through pregnancy in the US sociocultural context. Going through pregnancy in foreign country brings out various stress factors for immigrant women due to the complex nature of childbirth in different sociocultural context. Therefore, immigrant women tend to adhere to their traditional perinatal health practices which they believe to have good impacts on psychophysical health[12]. *Taekyo* could be meaningful and powerful cultural practices for Korean immigrant women (KIW) which could motivate them to adhere to its rituals and taboos when they are pregnant in the US context.

There is very limited number of studies that explored KIW's childbirth experience in the US and most of those

were studied 2~3 decades ago[13-15]. Two recent studies[16,17] found that KIW selectively accepted new cultural beliefs and modified their perinatal health practices while they went through childbirth in the US. However, why KIW preserve the tradition of *Taekyo* during pregnancy and what make them motivate to follow the culturally-embedded traditional prenatal self-care practices have not been properly explored. The purpose of this study was to explore preserved belief system supporting KIW's *Taekyo* practices and influencing factors while they observe the tradition within US sociocultural context.

METHODS

1. Design

Ethnography is an essential tool for exploring and understanding different cultural groups and researchers in many disciplines have used ethnography to understand and describe why groups of people do what they do. In this study, Leininger's exploratory focused ethnography was used as a guiding qualitative methodology[18]. Focused ethnography has been frequently used in nursing research to discover how people from various cultures integrate health beliefs and practices into their lives [19]. The aims of this study required a methodology that allowed researchers to discover what is happening to groups of people within a particular socio-cultural setting, thus providing meaningful in-context data and to uncover cultural beliefs, values, and practices that generate health behaviors of the subcultural group [20]. Therefore, focused ethnography which facilitates understanding cross-cultural experiences within the context of foreign country offered a useful methodology to explore KIW's *Taekyo* practice in the US.

2. Setting and Sampling

Upon the Institutional Review Board (IRB) approval, purposive sample of 16 KIW who met the inclusion criteria were recruited from two large local Korean communities in the State of Washington, US. Those criteria were a Korean-born immigrant women who were 18 years of age or older, spoke Korean as their primary language, gave birth within last 6 months in the US to a healthy full-term baby without any pregnancy complication, and practiced *Taekyo* (at any degree) during their pregnancy. Teen pregnancy and complicated pregnancy were excluded due to the complex nature of

pregnancies with possible multilayered psychophysical and medical factors that would restrict KIW to observe cultural practice regardless to their motivation.

3. Data Collection and Data Analysis

Prior to starting any data collection, written informed consent form was obtained from each participant. To maintain participants' confidentiality and privacy, a code was assigned to each participant. And any personal information (e.g. name, contact number etc.) was kept in the researcher's personal computer with password locked.

The researcher who was bilingual and knowledgeable about Korean culture and tradition conducted an in-depth face-to-face interview, lasting 2~3 hours (including time for demographic data) in Korean language with each participant at her home and at her convenient time. Participants were asked to verbally respond to semi-structured, open-ended interview questions and all interviews were digitally-recorded as explained in the consent form. Sample interview questions were presented in Table 1. Demographic data, the researcher's observation occurred during the interview and field notes written throughout research process supplemented the interview data.

Statistics Package for Social Science software (Version 20)(SPSS Inc., 2012) was used for descriptive analysis of demographics data. The interview data analysis process was guided by Leininger and McFarland's [21] four phases of ethnographic analysis which were a repeated circular process moving between different phases of analysis simultaneously. The four phases were 1) collecting, describing and documenting raw data, 2) identification and categorization of descriptors and components, 3) pattern and contextual analysis, and 4) formulating major themes, research findings, theoretical formulation, and recommendation[21].

Several strategies were used to obtain scientific rigor for qualitative research. According to Koch[22], the credibility of qualitative studies can be enhanced by careful attention to the transcribed data, member checking from participants, and thick description of detailed information. The researcher paid careful attention to the transcribed data, repetitively returned to the transcribed data, and contacted 8 participants for member checking to verify the descriptions of certain important issues and clarify unclear statements. Transferability for this study was achieved by a thick description technique describing detailed information of setting and participants[23]. To enhance trustworthiness of data and findings[20], the researcher as a research instrument kept reflective journal, focused on the self-awareness of her presuppositions, values, and beliefs relating to childbirth from her experience as a KIW herself and as an Advanced Registered Nurse Practitioner (ARNP) in the US, throughout research process. In addition, an experienced nurse researcher with expertise in ethnography, helped the researcher in auditing the data gathering process, reviewed the analysis process, and assisted with the final development of the analysis.

RESULTS

1. Characteristics of Participants

All participants were born and raised in Korea and varied in age ($M=32.25$, range from 27 to 41). Fourteen (87.5%) had been married for less than 10 years. All but one participant have college or higher degree level of education. Participants have been in the US range from 14 to 17 years, most of them have been in the US less than 15 years at the time of their interview. The demographic characteristics of participants are summarized in Table 2. In addition, the key themes of this study result are summarized in Table 3.

Table 1. Sample Interview Questions

Categories	Questions
General questionnaire	<i>Taekyo</i> as an enculturated Korean tradition "Have you heard about <i>Taekyo</i> ?" "What do you think of <i>Taekyo</i> ?" "Did you practice <i>Taekyo</i> during pregnancy?"
Probing questions	"What motivate you to observe <i>Taekyo</i> ?" "Can you tell me about more detail about what <i>Taekyo</i> practice did you observe and why?" "How did you get information about <i>Taekyo</i> ?" "Would you tell me about the particular aspect of <i>Taekyo</i> experience you just described?"

2. Cultural Belief System Supporting *Taekyo*

This main theme refers to the culturally believed values of *Taekyo* that motivated participants to practice the tradition during their pregnancy. There were 3 main themes in this category. Those are *Taekyo* as an important enculturated Korean tradition, perceived positive impacts on fetal development, and connecting parents with fetus.

Table 2. Demographics of Participants (N=16)

Characteristics	Categories	n (%)
Age (yr)	20~29	4 (25.00)
	30~39	9 (56.25)
	40~49	3 (18.75)
Education level	High school	1 (6.25)
	College: Bachelor's	10 (62.50)
	Graduate degree	4 (25.00)
Years in the US	1~5	6 (37.50)
	6~10	5 (31.25)
	11~15	4 (25.00)
	16~20	1 (6.25)
Employment status	Full-time	2 (12.50)
	Part-time	1 (6.25)
	Housewife	13 (81.25)
Annual family income	\$ 0~20,000	
	\$ 20,001~40,000	5 (31.25)
	\$ 40,001~60,000	4 (25.00)
	> \$ 60,000	7 (43.75)
Years in marriage	1~5	7 (43.75)
	6~10	7 (43.75)
	11~15	2 (12.50)
Language at home	Mostly Korean	14 (87.50)
	Korean and English	2 (12.50)
	Mostly English	0 (0.00)
Religious practice	Christianity	14 (87.50)
	None	2 (12.50)

Table 3. Main Themes of the Study Result

Categories	Themes
Cultural belief system supporting <i>Taekyo</i>	<ul style="list-style-type: none"> • <i>Taekyo</i> as an enculturated Korean tradition • Perceived positive impacts on fetal development • Connecting parents with fetus
Factors influencing <i>Taekyo</i> practices	<ul style="list-style-type: none"> • Resources of information • Woman's orientation toward <i>Taekyo</i> • Pressure from local Korean community • Child order

1) *Taekyo* as an enculturated Korean tradition

All but one of the participating women acknowledged *Taekyo* as an enculturated pregnancy-related custom that they felt they should follow, even though 15 participants had various years of stay in the US. They learned and absorbed the *Taekyo* through their Korean cultural membership when they grew up in Korea.

I just know what it [Taekyo] is about because I grew up in Korea, where everybody practices [Taekyo] when a woman gets pregnant. Hmm, when I was pregnant, I just thought I should practice it. Any Korean [woman] would know naturally what kind of thing she should or should not do during pregnancy. For example, let's see, something like, hmm... do not watch anything too violent, just watch or think only pretty things like that. Every Korean, man or woman, might know about those practices... [Participant 2]

Most of participants commented that they had general ideas about *Taekyo* even before they became pregnant but once they were pregnant and motivated to practice *Taekyo*, they sought more specific information about the details about the specific (e.g., what to avoid, what to eat) through various resources.

2) Perceived positive impacts on fetal development

Taekyo practices were strongly supported by the participant's belief in its positive impacts on fetal development. Most participants believed that practicing *Taekyo* would facilitate healthy fetal development in three main areas: physical, emotional, and intellectual development. Fourteen women said that they restricted those foods traditionally believed to cause health problems (e.g. octopus, duck) or unpleasant appearance (e.g. strawberries) in fear of any bad impact on fetal development. As participant 07 stated, "I love strawberries. But, my mom said, 'Don't eat those [during pregnancy]."

Your baby would have strawberry-looking skin all over.'... I knew it could be just superstition. But, I just thought ... what if? So, I didn't eat those [laugh]."

Most participants talked to their fetus (n=16), listened to music (n=15), especially classical ones as often as possible, and sang a song (n=12). Eight women particularly mentioned the perceived positive effects of "Mozart music" on the emotional and intellectual development of their fetus. Those women tried to listen to Mozart music all the time, even when they were driving or taking a nap. In addition, 12 women made an effort to have a peaceful mind, observe beautiful things such as paintings or natural scenery, and avoid watching anything deemed violent or disgusting.

I think, most of all, people practice Taekyo because mothers hope their baby will grow and develop well inside, and think like "I should do this [Taekyo] for my baby's good development." And, I wished my baby to be a beautiful and smart one. Hmm, I think... that was why I listened to the Mozart music every day when I heard it was good for my baby's I.Q. development. And, I also read from a book, saying that doing some handicraft work during pregnancy would help my baby become smart. So I tried to do a lot of handicraft work like beading stuffs when I was pregnant with my first one. [Participant 15]

The ten most common *Taekyo* practices observed by the participants are presented in Table 4.

3) Connecting parents with fetus

All participants were greatly motivated to practice *Taekyo* because they felt that *Taekyo* practices (e.g., touching the belly and talking to the fetus, writing a *Taekyo* diary) helped them feel connected with their fetus. Following response well illustrated this perspective:

I think Taekyo is, hmm... a very good Korean tradition that makes a pregnant woman very careful about her behaviors, makes her think about her baby, and connects the mother and father with their baby [fetus]. I felt very much connected when I talked to my baby, I could imagine he was smiling while listening to my voice. In American culture, people count baby's age after birth. But in Korean culture, you know, a baby is already one year old at birth. Uh, [we] accept our baby as a part of family

Table 4. The Most Followed *Taekyo* Practices by Participants (N=16)

<i>Taekyo</i> Practice	n (%)
Touching belly and talking to fetus	16 (100.00)
Listening to music a lot	15 (93.75)
Having peaceful mind	15 (93.75)
Avoiding certain behaviors such as watching violent scenes or sitting at a corner	14 (87.50)
Avoiding certain foods like strawberries, sashimi [raw fish], chicken, octopus	14 (87.50)
Singing to fetus	12 (75.00)
Reading books to fetus	9 (56.25)
Seeing beautiful things (e.g. paintings, natural scenery)	9 (56.25)
Keeping body warm all the time	7 (43.75)
Keeping a <i>Taekyo</i> diary	6 (38.50)
Binding belly at 3 rd trimester	2 (7.25)

from day one in mom's belly. Hmm, I personally believe, it is very worthwhile to try to learn a lot about Taekyo and practice it. [Participant 10]

Another participant also shared her perspective on this:

Every day, my husband and I had a moment to talk to our baby together before we went to bed. [Brief pause] Hmm, my husband told [the fetus] what happened at work for the day at night. We talked to her every day, and we prayed for her good health everyday together. When we did that, amazingly... she responded. She moved inside and my husband felt it by his hand too. [We] thought, 'Wow, we are really having a family now.' So it was a very precious time to both of us. [Participant 15]

Fourteen women commented that they felt most connected with their fetus when they were able to feel fetal movement as a response to their talking, touching, or singing to the fetus. Six participants reported that they kept a *Taekyo* diary as a part of *Taekyo*. One of them who felt connected with their fetus when she wrote in their *Taekyo* diary and read it aloud to their fetus said, "I wrote a *Taekyo* diary pretty much every day, imagining her voice, face, and fingers... Just as if I am talking to her face to face. I felt so connected. [That] meant a lot to me." [Participant 11]

3. Factors Influencing *Taekyo* Practices

This 2nd main theme refers to the multiple sociocultural factors that interactively influenced KIWs' decision making process on how they would practice the *Taekyo* tradition within the US sociocultural context. Four major factors were identified. Those were the resources of information, woman's orientation toward *Taekyo*, pressure from local Korean community, and child order.

1) Resources of information

Although most participants knew of *Taekyo* in general, they actively sought more information in details about *Taekyo* practice modalities when they became pregnant. They obtained information from multiple resources but major ones were participant's mother and other elderly Korean females, other KIWs who went through childbirth, reference books, and internet research. For those women who identified their mother or other elderly Korean females as their primary resource, the traditional values of *Taekyo* were intensely reinforced based on the old ladies' own experiences in the past.

It was mainly my mom who told me about *Taekyo* during my pregnancy. Whenever I talked to my mom [in Korea] over the phone, she told me I should do this but never do that... like do not sit on cold seat, do not eat the ending part of Kim-bap [referring to Korean seaweed sushi roll]... something like that... And, especially, she oftentimes told me I should never go to a funeral and never talk bad about others. [Participant 13]

Thirteen women identified hearing about other KIWs' *Taekyo* experience in the US as one of their main resources of *Taekyo*-related information. One participant reported:

Oh, I got most of things about *Taekyo* from those Korean women who already had children here. They told me what they had heard when they were pregnant and what they actually experienced. There were many Korean mothers who had very young kids in my neighborhood. They were in my age group. So, those stories [from them] were very helpful. [Participant 14]

Lastly, many participants searched Korean websites and/or read Korean books for information about *Taekyo*, in some cases, in addition to the information from their

mothers or other elderly Korean females. Several participants who wanted to selectively follow the custom rather than being forced to practice it in the traditional manner tended to use the internet resources as their primary one. Those women enjoyed the variety of the information they found (e.g., the original or traditional meaning of *Taekyo*, some scientific evidence to support certain *Taekyo* practices). Furthermore, those types of information could be obtained at their convenience as long as they had computer access. One of the KIWs commented:

I heard bad stories from [Korean] mothers. They did not want to, but they had to avoid so many things because their Korean elderly [relatives] forced them to do so. I became curious why all Korean people are obsessive about practicing *Taekyo*. ... So I started searching what *Taekyo* is all about through Korean websites. But what I learned from the sites was, in my opinion, it is best not to be stressed out too much, so to speak. So, I just followed some *Taekyo* practices that seemed not bothersome or restrictive to my life style. [Participant 08]

In this study, most participants obtained *Taekyo* related information from more than one sources. However, it was found that each participant's primary resource for *Taekyo* information was closely connected with her orientation toward *Taekyo*, which is presented next.

2) Woman's orientation toward *Taekyo*

This subtheme describes childbearing mother's mindsets and attitudes toward the advice on *Taekyo* given by the elderly Koreans, especially their mothers and other female relatives. Three identified main types of orientation were collectivistic Confucianism orientation, Western science orientation, and individualism orientation. Collectivistic Confucianism orientation was largely related to the relationship with participants' attitude toward their own parents and other Korean female elderly relatives in Korea or in the US based on the traditional value of fidelity. The KIW with Western science orientation tended to seek certain scientific evidence related to *Taekyo* rituals and taboos to avoid any shamanistic practices. Individualism orientation was associated with participants' selective decisions about food restrictions and other behaviors perceived as stressful and inconvenient to them and fetus. For example, when a participant with very strong collectivistic Confucianism orientation, she

decided to practice *Taekyo* in more traditional ways with many behavioral restrictions. On the other hand, the other participant who was primarily oriented to Western science preferred to observe *Taekyo* practices proven by scientific evidence such as listening Mozart music or watching scenery DVDs for peaceful mind status. The story told by this participant demonstrates the influence of Western science orientation:

I heard that I should watch what I eat during pregnancy. I did not eat any instant food or caffeinated drinks like coffee or pop during my pregnancy because those foods were reported to be bad. I thought it was a very important issue. I know everything I ate went to my baby. When I think of it, I could not help myself being so careful about those foods. ... But otherwise, I did not restrict any food especially based on *Taekyo*... Oh, and, I heard that some research results showed the good impact of classical music on fetal IQ and EQ development. So, [brief pause] I really tried to listen to Mozart every day, even while I was driving. [Participant 08]

Interestingly, three participants with a strong Western science orientation stated that they were strongly enforced to follow certain *Taekyo* restrictions based on superstition (e.g., eating squid would cause the baby to be born without a spine) by their mother or mother-in-law and they had to follow some of those to avoid some conflict between with them.

Lastly, for those who had a strong individualism orientation, practicing traditional *Taekyo* with so many behavioral restrictions was not appealing to them. Participant 12, who has the highest education among all participants, stated that she did not practice most of *Taekyo* other than talking to the fetus and trying not to be "stressed out" because she did not want to put herself in that situation at that time. However, it is important to note that participant 12's mother had passed away many years ago, and have any extended family members in the US. She was not involved much in local Korean community like Korean church either. Thus, her choice to practice *Taekyo* based on her own personal preferences might be related that she did not have any external, respected Korean elders enforcing her to practice *Taekyo* in a traditional manner.

3) Pressure from local Korean community

In this study, more than half of participants commented that they felt pressure from other immigrant

Korean in local community and it motivated them to observe *Taekyo* more actively. Participant 14 moved to the US when she was teenagers. When she was pregnant, she did not pay much attention about practicing *Taekyo* until people from a local Korean church and her mother mentioned it. She noted;

[Korean] People told me, 'Oh, congratulations [on your pregnancy]! Did you start *Taekyo*?'... But I thought, what?... I did not think much about *Taekyo* at first. But everyone told me about it. They told me lots of things I should do or something I have to avoid. So, what I knew about *Taekyo* was mainly from what I heard from my mom or other [female] Koreans at church. Among many *Taekyo* practices, talking to the fetus sounded great to me. So, my husband and I talked and sang a Hymn to my baby a lot until she was born. [Participant 14]

Another participant said:

It's different generation. One old lady at church told me that I had to move to other seat because pregnancy woman is not supposed to sit at the corner seat. I felt it was ridiculous but I did what she said because I didn't want to upset her because I have known her for many years. [Participant 2]

As indicated above case, several KIW in this study stated that they were certain level of pressure from especially elderly female Korean people from local community and they had to listen to those people since obedience to the elderly is still considered as an important cultural value in Korean immigrant society.

4) Child order

The stories from the interviews showed that child order (first child versus second or later) also influenced on how the participants practiced *Taekyo*. When participants got pregnant for the first time, they were very excited and usually well motivated to actively seek information about *Taekyo* through various resources based on their orientations toward the tradition as previously described. Participant 03 who recently had delivered her first baby said, "Gosh, when I found I was pregnant, I was extremely excited. First thing coming to my mind was *Taekyo*! I was careful not to be against what *Taekyo* says, tried to communicate with my baby ... and followed many restrictions." However, participant 04 who had two children close in age commented

that she was not able to practice *Taekyo* much with her second child. She said:

Um, I practiced *Taekyo* very seriously with my first one. Very seriously! [I] listened to classical music a lot, did meditation oftentimes, and wrote a *Taekyo* diary too. ... But, oh, well, not with the second one. During the second pregnancy, my first one was too young [two years old] and he was a handful. He made me so tired all day long. Then [sigh], I did not have much energy to pay attention to *Taekyo* for my second baby. [Participant 04]

Considering that most of KIW in foreign countries have very limited support systems, observing *Taekyo* practices in presence of young siblings to take care would be very challenging task for those women even though they are willing to follow the enculturated Korean prenatal tradition.

DISCUSSION

In this study, it was revealed that KIW acknowledged *Taekyo* as an important enculturated tradition to follow and they preserved Korean traditional prenatal belief system which motivated them to observe *Taekyo* even many years after they are internationally migrated to the different socio-cultural context with limited support system. The findings are congruent with two recent researches on KIW's childbirth experience in the US [16, 17] that described *Taekyo* as an important Korean tradition embedded in Korean's everyday life and maintained by Korean immigrants. The findings in this study are also consistent with the literature on the recognition of the traditional perinatal rituals and willingness to observe those practices among other Asian groups including Chinese[24], Japanese[25], and Vietnamese[26] as well as those of Mexican heritage[27] immigrants. This suggests that many immigrant women from various cultures including KIW tend to preserve and value their traditional belief system and prenatal self-care practices when they experience out-of-culture childbirth in foreign country despite of living many years far away from their home country. Therefore, HCPs in obstetrical care need to understand the different cultural background and traditional practice of patients and it will help them to provide better rapport and more patient-centered and culturally competent care to immigrant population. This also suggests that HCPs in the US need to be sensitive to cultural differences in prenatal beliefs and practices as

the first step toward developing their cultural competence while providing prenatal care to immigrant population.

The participants in this study felt connected with their fetus through following *Taekyo*, which could impose very special meaning to their life as an immigrant while living in foreign sociocultural context with lack of support system. The connected feeling of *Taekyo* was also found in the literature on the prenatal beliefs supporting *Taekyo* studied in Korea [28]. Traditional prenatal practices aiming at enhancing parental-fetal attachment (e.g., touching mother's belly and talking to baby, writing *Taekyo* diary) are rarely found in the literature on Korean immigrants or other cultural heritage immigrant groups' prenatal rituals in the US. This study found that KIW practiced *Taekyo* with a focus more on enhancing parental-fetal attachment than on specific behavioral or dietary restrictions. This finding suggests that the greatest emphasis of KIW's *Taekyo* is rather on preferred maternal-fetal attachment modality than on avoiding taboos and it could be a unique aspect of KIW's *Taekyo*.

In this study, enhancing the healthy development of the fetus was identified as a strong cultural belief system motivating participants to follow *Taekyo*. Similar belief system regarding the health benefit of traditional self-care practice was found in literature of other Asian groups like Chinese [29] and Thai [30] culture for various reasons, for example, to prevent miscarriage, still birth, any physical disability in the newborn, and a difficult labor. Even though the specifics of practice modalities may differ, those cultural groups' practices also focus on behavioral and dietary restrictions/precautions during pregnancy as do the Korean *Taekyo* practices. However, unlike *Taekyo*, not observing the prenatal behavioral restrictions and precautions could be believed to harm the newborn baby's health in those Asian cultures which could impose more forcefulness to the women. For example, in Chinese culture, if a baby is born prematurely or with a low birth-weight, the new mothers may be even blamed by family or relatives for not observing the cultural practices appropriately, thus causing physical harm to the baby[29].

In several previous studies on KIW's childbirth experience in the US[13-15], the factors influencing KIW's *Taekyo* practices during their out-of-culture childbirth period have never been systemically described in details. The findings in this study fill this gap and reveal that KIW's *Taekyo* practices were influenced by multiple factors including resources of information, woman's orientation toward *Taekyo*, pressure from the local Korean

community in the US, and child order due to the burden of caring older sibling and given situation as immigrants with limited support system.

The influence of confucianism, which teaches children to respect and obey parents and other elderly even after they reach adulthood, was still found among participated KIW who took the advice on *Taekyo* from their mothers and other female elderly in local Korean community in the US seriously but modified certain types of *Taekyo* practices based on their own type of orientation toward *Taekyo* in some cases. Interestingly, the participants' practice of *Taekyo* was influenced by the child's birth order, a factor not previously examined in the literature on US immigrants' prenatal practices. Experiencing an important life event like childbirth for the first time usually motivated KIW to learn about *Taekyo* in order to be better prepared. However, the findings suggest that lack of the support systems and increased responsibilities for childcare of other siblings at home may limit KIW's ability to practice *Taekyo* in the US context. It was also found that several participants in this study practiced *Taekyo* selectively, based on convenience and personal preference while they were not under much pressure from their family or local Korean community in the US. The findings are consistent with two recent qualitative studies [15,16] that showed KIW's selective practice of *Taekyo* with some modification based on their preference and conveniences.

1. Implications for Nursing Practices and Research

In terms of health care for childbearing women from other cultures, the woman's own cultural beliefs should be considered as a necessity to provide more holistic, individualized, and effective prenatal care for optimal health outcome. Understanding immigrants' traditional prenatal self-care practices should be integrated into the prenatal care plan to provide more culturally competent and patient-centered care which would improve quality of care and immigrant patients' satisfaction. In this study, it was found that the unique content of *Taekyo* is considered to have essential attributes that strengthen maternal-fetal attachment among childbearing KIW. Thus Korean traditional health beliefs and practices with particular attention to *Taekyo*'s maternal-fetal attachment should be considered when planning prenatal education program targeting Korean immigrant population in the US, preferably conducted by bilingual nurses to maximize cultural competency and the effectiveness of the program.

According to original *Taekyoshingi* emphasizing *Taekyo*'s being properly prepared as a parent, father should be important part of *Taekyo* practices. Therefore, future study exploring *Taekyo*'s meaningful aspects in promoting prenatal health needs to design using the Korean immigrant couple as a unit of analysis. In addition, further research is required to investigate any conflict between KIW and HCPs such as maternal nutritional status related to the *Taekyo* restrictions on certain food which could be good nutritional sources. And the consideration of the integrative knowledge development for the women's best health outcome is also required.

Since the inclusion criteria for this study excluded KIW who gave birth to a baby with any pregnancy complication such as teen pregnancy and preterm labor, it is suggested to develop further research on how *Taekyo* practices can be more beneficial for KIW with those complicated pregnancy in foreign health care system. And the effect of *Taekyo*-focused prenatal education on increasing maternal-fetal attachment and self-efficacy in dealing with high risk pregnancy situations among Korean immigrant family needs to be also studied. Lastly, considering the inevitable phenomena of globalization of society and increasing trend of internal migration, further research studies using different methodological approaches of research are required to investigate, understand and analyze traditional cultural health beliefs and practices related to childbirth observed by diverse cultural groups so that HCPs can come up with more culturally-tailored prenatal education program fitting in local immigrant community's health needs and improve their maternal-fetal health outcomes.

2. Limitations

In this study, one of limitation is from not measuring participants' acculturation level to the US culture. Further studies are guaranteed to investigate the influence of Korean immigrant's acculturation level to the host country's sociocultural context on observing *Taekyo* practices for better integrated research on traditional health belief system. Another limitation of this study is from the participants with relatively well educated, predominately Christian Korean women in the US. Therefore, the study needs to be replicated with other KIW with various demographic characteristics to help HCPs understand more deeply the influence of traditional prenatal self-care practices of Korean woman in foreign sociocultural context.

CONCLUSION

In Korean culture, a fetus is perceived and accepted as a human being from the moment of conception and the birthing mother is supposed to observe *Taekyo* as a set of traditional prenatal education and self-regulatory self-care aiming at healthy fetal development. It was found that KIW preserved the value of *Taekyo* and they were motivated to observe *Taekyo* practices while they go through pregnancy. The findings indicated that KIW preserved similar traditional belief system to women in Korea regarding *Taekyo* and multiple factors interactively influenced on how KIW practice *Taekyo* in the US. This study is filling the gap in literature on *Taekyo* practices among KIW in the US sociocultural context which has not been systematically examined.

Considering the inevitable phenomena of globalization of society and increasing trend of internal migration, HCPs in obstetrical settings need to better understanding immigrants' traditional prenatal self-care practices and should integrate those practices into the prenatal care plan to provide more culturally competent and patient-centered care which would improve quality of care and health outcomes. Without such understanding, HCPs may misinterpret immigrant women's behaviors and provide ineffective or inappropriate health care based on a stereotype or the HCPs' own cultural frame. Based on the findings in this study, implication for culturally competent care and further research request are suggested.

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Summary Statement

■ **What is already known about this topic?**

Rituals and health care practices during pregnancy including *Taekyo* in Korean culture are largely influenced and predetermined by the culture in which the birthing parents.

■ **What does this paper add?**

This study contributes to fill the gap in literature of how Korean immigrant women preserve traditional prenatal belief system and what motivate them to practice *Taekyo* while they reside in foreign sociocultural context.

■ **Implications for practice, education and/or policy?**

Considering the inevitable phenomena of globalization of society and increasing trend of internal migration, health care providers in obstetrical settings need to better understanding specific cultural group of immigrants' traditional prenatal self-care practices like Korean *Taekyo* and should integrate those practices into the prenatal care plan to provide more culturally competent and patient-centered care which would improve quality of care and health outcomes.