

Development of Nurse-led Home Visit Intervention Program for Holistic Healthcare of Multi-cultural Couples

Yeun Mi Kim¹, Eun Kwang Yoo^{2*} and Myeong Kyeong Song³

¹Professor, Department of Nursing, Suwon Women's University, Suwon 16632, Korea

²Professor, Department of Nursing, Hanyang University, Seoul 04763, Korea

³Professor, Department of Nursing, Andong Science College, Andong 36616, Korea

¹ kym12132000@swc.ac.kr, ² glory@hanyang.ac.kr, ³ songmirror@asc.ac.kr

Abstract

The purpose of this study was to develop nurse-led home visit intervention program in order to maintain and promote holistic healthcare of multi-cultural couples in farm and fishery areas. The period of research was from March 2014 to July 2014. The method was literature reviews and interviews. Firstly, through literature reviews and secondly, interviews with multi-cultural couples, the health problems and educational demands of subjects were found. Based on the findings, Nurse-led Home Visit Intervention Program was developed. The content of the program was composed of health examination and education, counseling and support, relaxation therapy, and prayer from a holistic healthcare perspective providing through home visitations and phone counseling once a week for one hour at a time under the topics of 'healthy couples', 'wise and frugal couples', 'assimilating couples', and 'happy couples' as six sessions. And the program operation method was applying the JUMP (Joy Ultra Mom Program) operation skill, which facilitates interaction and reciprocal communication among participants, such as couples, learning from each other, opening their heart, and understanding each other. It is necessary to apply and test the effects on the holistic health of multi-cultural couples at related institutes such as multi-cultural centers and health centers, and it is also necessary to continuously develop customized health programs according to their cultural differences.

Keywords: Multi-cultural Couples, Holistic Healthcare, Nurse-led, Home Visit Intervention Program

1. Introduction

Korea became a multi-cultural society due to the low birthrate, lack of labor force, and lack of partners for rural men, and thus, creating a national policy objective [1] for meeting with foreign women who migrated to Korea in search for a better life due to the poor economic situation back home[2]. The increase of such multi-cultural couples has over the past 10 years resulted in many multi-cultural families being broken up, thus causing concerns for various health problems. Due to the changing international environment, the Korean society has witnessed an increase of foreign laborers migrating to Korea due changes in policies such as opening up of the domestic capital market and labor market. There has also been an increase in

¹ Corresponding author: Eun Kwang Yoo, RN. Ph. D.

School of nursing, Hanyang University, 222 Wangsimni-ro, Seongdong-gu, Seoul, 133-791, Korea
E-mail: glory@hanyang.ac.kr

multi-cultural families for men who marry foreign women through international marriages. Multi-cultural families in the Korean society is no longer new [3] but has become a part of the Korean society [4].

Marriage with foreign women, which was only 0.2% of the total population in 1990, now accounts for over 10% of newlyweds, and thus, multi-cultural families have now become a common type of Korean families [5]. 11,605, or 3.5%, of all marriages (332,090) in 2000 were international marriages, and 59.8% of them were between Korean men and foreign women. International marriages continued to increase and in 2013, 8%, or 25,963, of the total number of marriages (322,807) were international marriages with 70.5% being between Korean men and foreign women [6]. This quantitative expansion of multi-cultural couples rapidly expanded mainly in rural areas. It had positive effects such as resolving the low-birth rate issue of the Korean society and contributing to the formation of a basis for rural areas, but it also led to pregnancy and childbirth upon marriage without much time or opportunity [7], and formed families in short periods of time causing difficulty in adapting to life as a couple and other conflicts. Compared to Korean women, they have higher rates of anemia and infection, as well as a higher tendency to be carriers of hepatitis B, which can be critical to the health of the mother and child due to low birth weight or infection of hepatitis B [8]. Furthermore, conflicts caused by differences in culture and values between multi-cultural couples may lead to depression and even mental illnesses [9-10]. In addition, marriage migrant women, who are the wives that play a major role in taking care of the family's health, are commonly from poorer countries more highly exposed to health risk factors [11], and even if diseases are contracted, it is difficult to use medical centers due to medical costs [8], and they face difficulty in carrying out healthy behavior due to inaccurate health information provided by family members or friends who are not experts [12]. Therefore, it is necessary to promptly identify their health problems and impact factors for healthy behavior and develop nursing intervention by health care professional so that they may carry out self-care.

Humans are comprehensive organisms with physical, mental, social, cultural and spiritual aspects [13]. Health today is a right for everyone and the new concept of holistic health surfaced, and through self-healthcare with gradual continuity per cycle from the perspective of life-cycle health from infancy to elderly [14], comprehensive healthcare that includes not only physical health, but also mental, social, cultural and spiritual health concepts have become important. In particular, nursing with a comprehensive approach method that can understand their health and cultural differences to improve the holistic health of multi-cultural couples in rural areas with low accessibility to medical benefits and weak social adaptability and economic power has become necessary.

Therefore, this study identifies problems that impact health and what is needed for holistic health from the perspective of multi-cultural couples in order to maintain and improve holistic health of multi-cultural couples in rural areas, organize nurse-led nursing intervention programs and check its effects. This problem urgently needs to be addressed.

1.1. Purpose of Study

The purpose of this study is to develop nurse-led home visit intervention program for holistic healthcare of multi-cultural couples from a physical, mental, social, cultural, and spiritual approach.

1.2. Definition of Terms

1.2.1. Multi-cultural Couples

In this study, multi-cultural couples refer to married couples where a foreign woman has an international marriage with a Korean man and immigrates to Korea and maintains their marriage relationship as they reside in rural areas.

1.2.2. Nurse-led Home Visit Intervention Program

In this study, it refers to the program which was developed for the holistic health of multi-cultural couples based upon the results by literature reviews and direct interviews related to the demands of multi-cultural couples, health needs, and health problems and intervened by nurse through home visit and telephone follow up.

2. Research Method

2.1. Research Design

This study is on the development of nurse-led home visit nursing intervention program based on a holistic perspective for multi-cultural couples.

2.2. Data Collection and Analysis

This study was carried out from March 2014 after receiving approval from the Institutional Bioethics Review Board until July 2014. The detailed procedures are as follows. First, preceding studies and literatures were examined to identify the health problems and demands of multi-cultural couples. Second, four multi-cultural couples were interviewed and analyzed to check the health issue and demands for holistic healthcare of multi-cultural couples. Third, the goal and contents of nurse-led home visit intervention program was deduced from a holistic healthcare perspective. Fourth, validity was verified through consultation with experts based on the program composition, and the details of the program were completed.

2.3. Ethical Considerations of the Study

This study was carried out based on the contents approved (No. HYI-14-009-3) through review of the H University IRB (Institutional Review Board). Also, social welfare centers were visited to explain the purpose and procedures of this study to receive approval for cooperation. Subjects introduced by the institute according to the selection criteria were explained on the purpose, need and method of this study prior to beginning studies, and data was collected from those who gave consent in writing to participate in this study.

3. Research Results

3.1. Preceding Research and Literature Reviews

In order to identify the health problems and demands of multi-cultural couples, websites, diploma dissertations published in the past five years, studies published in academic journals, and policy reports were searched at KERIS(Korea Education & Research Information Service), National Assembly Library, KISS(Korea Studies Information), DBPia (Nuri Media), RISS, and the Ministry of Health and Welfare. Key search words were 'marriage migrant women', 'multi-cultural husband', 'international marriage', and 'multi-cultural families', with additional search words such as 'health', 'couples education', and 'nursing intervention' to categorize holistic health, or in other words, physical, mental, socio-cultural, and spiritual health, as part of the health fields suggested by the WHO. Health-related knowledge

and attitude needed to improve health was set as physical health and included in the analysis (Table 1).

Table 1. Health Problems and Demands of Multi-Cultural Couples through Literature Reviews

Domains	Health Problems and Demands	
	Marriage Migrant Women	Husbands
Physical domains	Lack of exercise and health behavior knowledge, reproductive health	Alcohol, alcohol addiction
	Couple's sex	Smoking
	Prenatal education, pregnancy, preparation for child birth, puerperium healthcare, breast feeding	Loss of sexual libido, infertility
	Vaccination for investments, healthcare and caring for infants	Family disease history
	Contraception, infertility, family planning	Physical disabilities
	Gastrointestinal disorders, anemia, insomnia	
	Eating habits, nutrition consumption	
	Oral healthcare	
Mental and Socio-cultural domains	Inexperience with Korean cooking	Difference of personality and education level
	Desire to eat food from home country	Progressive wife
	Spouse's support, spouse's personality, marital conflicts, extramarital affairs, marital relations	Unfamiliar culture of wife Difference of child-raising method
	Violence and abuse by husband	Disregard for husband, no trust of husband, self esteem
	Poverty	
	Inexperience with raising children	Feeling of helplessness
	Problems with carrying out parental roles	Stereotypes and exclusive attitude against Koreans by wives
	Loneliness, anxiety, depression	
	Language conflicts	Lack of understanding for cultural differences
	Stress	Wife coming home late or running away from home
	Inadaptability of Korean culture	Stress
	Difficulty in finding opportunity to participate in society Problem with social adaptation Stress over cultural adaptation	Gender roles
		Delusional jealousy, assailant of domestic violence
		Burden of providing financial support in-laws and children
	Conflict with mother-in-law, sister-in-law	Unemployment
	Discrimination, biases	
	Difficulty with using medical institutes	Home life of marriage migrant women Cleaning up
	Demand for information on health and employment	Disregard for husband's parents
	Desire to visit home country with husband	Overspending by wife
	Quality of life	
Spiritual domains	Spiritual desires due to loneliness	Same religious activities

3.2. Interviews with Multi-cultural Couples

In order to identify the health problems and demands of multi-cultural couples in rural areas, four multi-cultural couples introduced by a social welfare center in Y-gun of K province were interviewed as informants. Selection of informants are those who have lived in Korea for at least two years and can communicate in Korea who agreed to participate in this study.

Upon interviewing the husband, the need for education of couples per life-cycle was found to be in the five domains of migrant couples, newlyweds, adaptation period, middle age years, and retirement years in relation to the health issue and demands of multi-cultural couples. In the five domains, for new couples, problems for wives were education on Korean culture after arriving in Korea and for husbands were education on the wife's culture. For newlywed periods, problems were on education on pregnancy, childbirth, child raising, postnatal care, and on home life. For couples in the adaptation phase, problems were on raising global children, overcoming crises for couples (couple conflict, couple problems, couple arguments, *etc*). For middle aged couples, problems were overcoming menopause, overcoming age gap with wife, understanding and talking with children in puberty, while the problems for senior couples were spending retirement actively, retirement pension plans, maintaining continuous relations with family and friends, *etc*.

For migrant married women, health problems, and demands were found to be in difficulty of communication in the beginning of marriage, difficulty to adapt to family cultural lifestyles, demand for raising global children, interference in raising children by parents-in-law, pressure on religion, different concept of hygiene, short temper of husbands, discord with husband who is impetuous and nagging, lack of understanding of wife by husband, desire for self-development, desire for pregnancy, lack of support system among residents in the same situation, and difference of food culture.

3.3. Goal and Contents of Nurse-led Home Visit Intervention Program

The home visit intervention program was comprised of a total of six sessions through nurse-led home visits and telephone calls for one hour per week (Table 2). Home visits are planned by making an appointment with the subject by phone at a time of their convenience. Phone counseling was planned once a week for 5 to 10 minutes to receive feedback on the opinions and feelings of couples, as well as some difficulties they are having in order to lead to change in healthy behavior and to improve couple relations.

Physical health education aims at improving self-care abilities and providing motivation for positive changes in lifestyles in order to maintain and improve the holistic health of subjects. Contents of education would be educational materials and leaflets on cancer prevention testing produced by the Ministry of Health and Welfare and the National Cancer Information Center, while also using the JUMP [15] booklet on pregnancy, childbirth and contraception. In addition, education for quitting smoking and drinking less was planned for change in lifestyle and to improve health.

Mental and socio-cultural health education aims at learning the ability to control stress and comfortably express one's emotions, while creating a health and happy home environment culture in a relationship of mutual respect. Educational contents were composed of relaxation therapy and Conveying Myself, Drawing Happy Hands, and Using Pet Names to improve couple relations. Counseling and support activities were consisted of stress management, knowing the strengths of couples, writing letters for couples, ten commandments of couples, and drafting lifetime plans. Counseling of sex education and sharing household chores for two-income couples

for balance in work and family would be provided using the educational materials in the homepage of the Ministry of Gender Equality and Family.

Spiritual health education provides meaning and faith in life and aims at allowing couples to take on new challenges while learning together, sharing together, and understanding each other. In this study, taking into consideration the religion of the subject, subject led prayers for the health and happiness of the couple were planned. In the event that the subject does not have a religion, the subject was asked to make a statement of appreciation to the spouse.

Table 2. Goal and Contents of Nurse-Led Home Visit Intervention Program for the Holistic Healthcare of Multi-cultural Couples

Session	Topic	Goal	Contents
1	Orientation	<ul style="list-style-type: none"> · Understanding the importance of health · Understanding the purpose of the home visit intervention program 	<ul style="list-style-type: none"> · Check vital signs · Definition of health and holistic health and education on its need · Washing hands healthcare education · Consulting, support, prayer
2	Couples learning about each other	<ul style="list-style-type: none"> · Maintaining and improving holistic health of multi-cultural couples · Increased intimacy through couples relation improvement activities 	<ul style="list-style-type: none"> · Check vital signs · Relaxation therapy · Education on pregnancy, childbirth, contraceptives · Using nicknames, drawing happy hands, expressing one's self · Consulting, support, prayer
3	Healthy couples	<ul style="list-style-type: none"> · Maintaining and improving holistic health of multi-cultural couples · Understanding risk factors for cancer · Understanding cancer symptoms, prevention and examination methods 	<ul style="list-style-type: none"> · Check vital signs · Relaxation therapy · Education on stomach cancer, liver cancer, lung cancer, colon cancer, uterine cancer, breast cancer · Consulting, support, prayer
4	Wise and frugal couples	<ul style="list-style-type: none"> · Maintaining and improving holistic health of multi-cultural couples · To form a healthy family environment and culture 	<ul style="list-style-type: none"> · Check vital signs · Relaxation therapy · Sharing housework and home-making knowhow · Distribution of pamphlets · Consulting, support, prayer
5	Assimilating couples	<ul style="list-style-type: none"> · Maintaining and improving holistic health of multi-cultural couples · Understanding the cause of and how to manage stress 	<ul style="list-style-type: none"> · Check vital signs · Relaxation therapy · Education for quitting smoking and drinking moderately · Stress management · Learning about spouse's strengths · Consulting, support, prayer
6	Happy couples	<ul style="list-style-type: none"> · Recognizing the value of the holistic health of multi-cultural couples and family · Life plan for a holistic and happy life as a couple 	<ul style="list-style-type: none"> · Check vital signs · Relaxation therapy · Movies related to the value of family · Ending of program: What the subjects felt and learned · Consulting, support, prayer

3.3.1. Number of Sessions and Session Time

The number and time of sessions was an average of 1.6 hours per session for pregnant women for group education or both group education and group activities, and the average number of weekly interventions was 1.2 times. The total number of interventions was 12.3 times [16], and in the case of home visits, it had a flexible characteristic according to the features and demands of the subjects [17]. From the results of the MESCH program research [18] that made home visits 3 times during pregnancy, 16 times during infancy, and 6 times during early childhood from the time of pregnancy until the child becomes 2 years old, the time of visit and frequency is set based on the age. Based on the previous research findings, this study was on adults so it was decided to have 60 minute weekly sessions for a total of six sessions.

3.3.2. Program Operation Method

The program's operation method applied was the JUMP [14] operating skill, which is performed at home visits. JUMP [15] is a healthcare education program developed for multi-cultural women of child-bearing age which has a unique operating method. The operating method is based on the spirit of autonomy and respect. In other words, instead of conveying knowledge of uniform contents, it is a subject-oriented operation method focusing on the emerging themes of whichever topic the subject is interested in. It facilitates interaction and reciprocal communication among participants, such as couples, learning from each other, opening their heart, and understanding each other. Considering that they are foreign women and have communication difficulty, it was judged that applying the JUMP operating method would be appropriate. It was organized to provide counseling and support in their comfortable home, while not only enhancing the understanding level of subjects, but also providing necessary information for the efficiency of education.

3.4. Counsel from Experts

Experts were consulted on three separate occasions to validate the program. The first consultation for the program contents was made with three experts such as a professor in nursing, professor in social welfare studies, and a professor in education to confirm the appropriateness of the program contents of the nurse-led home visit intervention for the holistic health of multi-cultural couples and the home visit intervention methods, as well as to confirm the relation between variables. The second consultation was on the validation of the program by a Women's Health Study Group comprised of professors of nursing, nurses, and post-graduate students in nursing with experience on multi-cultural education and research. Especially, the group has researched on multi-cultural woman and family for more than five years and could give advice on the subjects and systematic and organized research method. The third consultation was to check the possibility of practical application for health center nurses, multi-cultural center chiefs, and multi-cultural couples.

3.4.1. Final Detailed Contents of Program

The detailed contents and activities of the home visit intervention program that was finally confirmed after being composed in the holistic health field through literature reviews and interviews pertaining to health problems and demands of multi-cultural couples are as follows.

Session 1 Orientation: This is the stage where the researcher starts the program. With the cooperation of the social welfare center, the researcher is introduced and the purpose and contents of the home visit intervention program are introduced and

then consent forms to participate in the research were accepted. It was organized into four hours that included education on the definition and importance of health and holistic health, washing hands, healthcare education, *etc.*

Session 2 Couples Learning about Each Other: In session 2, the date and time pre-appointed for home visits are planned. Upon visiting the home of the subject, the purpose and duration of the visit is explained, and the vital signs are then measured. In the relaxation therapy, they are told to remember the happiest time of the couple. Gentle classical music is played and they are told to hold hands and close their eyes and be comfortable, while teaching them to breathe in with their nose and out with their mouth. After the relaxation therapy, they share their feelings with each other and after talking about mental health, education and counseling was provided for topics of interest. The health education and counseling introduced the health problems and demands of multi-cultural couples found through literary studies and preliminary examinations. Then, they share experiences on health and culture such as pregnancy, child birth, and contraception of subjects based on the theme of couples learning about each other, in order to understand and learn from each other, while talking about methods to maintain and improve holistic health. Activities for the couple were comprised of Drawing Happy Hands and Conveying Myself. In the Drawing Happy Hands activity, the subjects are told to place their palms on a sheet of paper and trace around the hands. Inside the hands are to be placed the happy memories of the couple, and outside of the hands are to be placed things that each other need to fix. The reason for this explained and they share what they feel and have a time to find consensus and appreciate each other. The researcher uses humor and gestures during the activity to brighten up the mood. They learn how to have dialogue by talking in their ordinary way and the Conveying Myself method to each other to be able to speak and listen intimately and comfortably without hurting each other's feelings. In the final stage, because subjects can have different religious beliefs, a prayer is said for the health and happiness of the couple under the lead of the subject. If they have no religion, they are told to speak their appreciation for their spouse.

Session 3 Healthy Couples: In session 3, health education, counseling and support activities are carried out for the maintenance and improvement of the holistic health of multi-cultural couples. Health education is made up of the definition, risk factors, symptoms, prevention and healthcare of stomach cancer, liver cancer, and colon cancer to maintain and improve the health of husbands, and the definition, risk factors, symptoms, prevention and healthcare of uterine cancer and breast cancer for the wives. After explaining the overall contents of the textbooks during home visits, educational contents are selected fitting to the emerging themes desired by the subjects to carry out subject-oriented education. This session is finished with a prayer for spiritual health.

Session 4 Wise and Frugal Couples: In session 4, under the theme of wise and frugal couples, health education, counseling and support activities are carried out to maintain and improve the holistic health of multi-cultural couples. The family's environment was inspected with the consent of the couple for healthy home environments during health education and counseling. In other words, health risks, hygiene and organization of the master bedroom, children's bedroom, bathroom, kitchen, living room, veranda, and yard were examined, and education and counseling is provided on health and environments while sharing opinions. Then, after talking about the job that the married migrant woman had at her home country, counseling is provided on what she wants to learn, certifications that she wants to earn, and her preferred job. For multi-cultural couples who both have jobs, opinions are shared on how the household chores are shared, and they talk about the proper roles of couples. In addition, information on home environment management,

housekeeping knowhow, brokering jobs, vocational training and information are provided. At the end of the session, taking into consideration the religion of the subjects, a prayer is said for the health and happiness of the couple under the lead of the subject.

Session 5 Assimilating Couple: In session 5, under the theme of assimilating couples, health education, counseling and support activities are carried out to maintain and improve the holistic health of multi-cultural couples. Health education and counseling starts with when the subject feels stress in daily life, how they respond to it, and allow them to talk about experiences on how their spouse reacted to it at this time. Education on quitting smoking and drinking less is provided on the theme of alcohol, cigarettes and health, while helping them understand the damages of second-hand smoking at home. The contents of this education is on the harmful substances of cigarettes, damages of second-hand smoking, advantages of not smoking, how to quit smoking, alcohol and health, pregnancy and drinking, and healthy drinking habits. Then, the OUR MOTHER HEALTH JUMP [15] is used to have the wife to complete a self check sheet on stress, followed by education and counseling on the definition of stress, causes, prevention and management methods. This session is ended with taking time to learn about the strengths of the spouses to encourage and support each other.

Session 6 Happy Couple: In session 6, under the theme of happy couples, health education, counseling and support activities are carried out to maintain and improve the holistic health of multi-cultural couples. The health and happiness of couples are directly connected to the health and happiness of the family, so in order to help the subjects realize the meaning and value of families, a six-minute film related to families is shown, and then they share their feelings and provide counseling and support. The educational contents are made up of support group activities and religious life that the couple can engage in together to share opinions between the couple, while drafting and reading together a ten commandments for becoming a happy couple. Prayer is said for the happiness of the couple and family under the lead of the subject. This session is ended with sharing opinions on the program about what they felt and learned during the six sessions of the program.

4. Conclusion

In this study, a home visit intervention program was developed by applying the WHO's holistic health perspective and JUMP operating method [14] for multi-cultural couples. Various programs have been operated for multi-cultural couples in Korea such as assimilation to Korean society, lectures from outside speakers [19], short-term father schools, *etc* [20]. These are all one-time events and operated as a type of populism [21-22]. Above all else, it can be found that all of these programs were operated limited to social welfare support, which is an emotional and socio-cultural aspect. Furthermore, pregnancy and child birth support policies and prenatal care assistant services from health centers are limited to medical welfare support, which has a physical health aspect, and it is therefore limited in providing integrated, holistic health. Comparatively, this intervention program identified the educational demands through literary studies and preliminary investigations regarding the health and demands of multi-cultural couples. This study is significant in that the based on the definition of health by the WHO, this was reflected in the intervention program for the holistic health of multi-cultural couples from a perspective of holistic health including physical, mental, socio-cultural, and spiritual health aspects. Also, this program was the first home visit intervention program developed that goes to the homes of multi-cultural couples in rural areas for the sake of approachability and participation levels. It may be nearly impossible for a couple to go to a specific

place to receive education simultaneously in the busy rural life. While it may be difficult to go to the home of couples when they are both home, it is the optimal way to approach a couple together in one space. In other words, this is an intervention program that visits the homes of multi-cultural families to maintain and improve their holistic health by combining emotional and socio-cultural support programs of multi-cultural centers or home health support centers with that of health improvement programs of health centers from the perspective of health and welfare. Moreover, in addition to health examination and health education from the perspective of holistic health improvement, it was developed to provide subject-centered centered oriented comprehensive health by comprising it with also counseling and support activities, as well as relaxation therapy and prayer. And, by applying the operating method of the healthcare education program developed for married migrant women who are of child-bearing age called JUMP [14], it was comprised in a format of mutual conversation. This program has the advantage that couples can respect each other as holistic beings and share experiences on health and culture through subject-centered conversation for the couple to understand each other. Furthermore, it is possible for them to know each other better if they did not have many conversations in the past by providing the latest information and materials, and that it can improve individual healthcare while motivating the spouse to bring about changes in the family health improvement behavior.

Therefore, this home visit intervention program for the holistic health of multi-cultural couples can offer not only self-care of multi-cultural couples, but also assess the risk factors of the home environment and discover them in advance, thereby improving the health level of the family from a preventative aspect. Also, in order to procure health equality of the nation and to continuously maintain health improvement, the nurse-led intervention program that visits the homes of multi-cultural couples, who are a vulnerable class, will not only contribute to forming a basis for a healthy Korean society, but is also expected to bring about integration of a healthy and happy Korean multi-cultural society. It is necessary to examine what impact this program has on the holistic health of multi-cultural couples.

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Authors



Yeunmi Kim, she teaches Nursing at the Department of Nursing, Suwon Women's University located in Suwon Korea. She began her career as a nurse of Ewha Women's University Medical Center from 1991 to 2000 after graduated Jeju Hala University(1990), M.S.(2011) in Elderly Dementia Nursing from Hanyang University, and a Ph.D. in Women Health Nursing (2015) from Hanyang University. Her recent research interest is to apply intervention for multicultural couple happiness. She had worked a researcher (2012~ 2014) at the School of Nursing, Hanyang University located in Seoul Korea. And she had worked a chief (2007~2010) at the Health Center, Kyungdong University located in Kangwon Korea.



Eunkwang Yoo, she teaches Nursing at the School of Nursing, Hanyang University located in Seoul Korea. She began her career as a faculty of Women's Health Nursing in 1982 after receiving B.A. (1978) from Hanyang University, M.S.(1980) in Nursing from Yonsei University, and a Ph.D. in Nursing (1993) from University of California, San Francisco(UCSF) as a Fulbright Doctoral Grantee. She has been a Fulbright Visiting Scholar at Boston College, School of Nursing (2007~2008), a vice president of Korean Fulbright Alumni since 2004 and a Chair of Korean *Sanhujori* Academy since 1999. Professor Yoo, a leading authority on Women's health nursing, especially the pioneer of *Sanhujori*, Korean traditional postpartum care, and IPC (Integrated Postpartum Care), is the author of 'East meets West- Integrated postpartum care - *Sanhujori* & nursing care' and 'Contemporary *Sanhujori*' and co-author of 24 books including 'My mom health JUMP - Joy Ultra Mom Program' & 'My mom health *Sanhujori*' with many other articles. Her recent

research interest is to develop a system for connection of health knowledge with consumer's everyday life. She was selected as a Marquis Who's Who in America (2013 Edition) and TOP 100 Health Professionals in America 2013.



Myeongkyeong Song, she teaches Nursing at the Department of Nursing, Andong Science College located in Andong Korea. She began her career as a nurse of Myongji General hospital from 1989 to 1993 after graduated Andong Science College (1988), M.S.(2011) in Case Management from Hanyang University, and a Ph.D. in Community Nursing (2015) from Hanyang University. Her recent research interest is Medical Aid Super-Utilizers' Health Care Utilization. She had worked a team manager (2009~ 2012) at Korea Human Resource Development Institute for Health & Welfare located in Cheongju Korea.