

Original research article

Ethnic Korean women's perceptions about birth control

Ellen R. Wiebe^{a,*}, Angela Henderson^b, Joyce Choi^c, Konia Trouton^d

^a*Department of Family Practice, University of British Columbia, Vancouver, BC, Canada V5Z 1H9*

^b*UBC School of Nursing, University of British Columbia, Canada V5Z 1H9*

^c*University of British Columbia, Canada V5Z 1H9*

^d*Department of Family of Family Practice, University of British Columbia, Canada V5Z 1H9*

Received 12 December 2005; revised 26 January 2006; accepted 6 February 2006

Abstract

Context: We see many Korean women in our clinics and we have found them to have negative attitudes to hormonal contraception. We need to understand their perceptions and experiences with contraception in order to improve the effectiveness of our contraceptive counseling.

Methods: This was a qualitative descriptive study, conducted in an urban family practice office. The participants were a convenience sample of 40 ethnic Korean women. Data were collected in semistructured interviews by one interviewer who is fluent in English and Korean. Transcribed interviews were analyzed to identify salient themes.

Results: There was a deep distrust of hormonal methods of contraception and belief that hormones caused permanent harm. Unlike the findings in our other studies of Asian women, these women were satisfied with their usual methods of combining condoms, rhythm and withdrawal. They described good communication with their partners (which is necessary for the effective use of their chosen approaches).

Conclusion: When counseling Korean women about contraception, it is important to discuss the cultural bias against hormonal contraception involving beliefs that hormones cause permanent harm. It is also important to recognize the very successful use of condoms, rhythm and withdrawal by these couples.

© 2006 Elsevier Inc. All rights reserved.

Keywords: Contraception; Korean; Qualitative study

1. Introduction

Koreans are the fourth largest ethnic minority in Vancouver [1], and Korean students make up the largest international student population in Canada [2]. We see a number of these women at our clinics and they present a challenge for contraception counseling. Anecdotally, physicians and counselors at the abortion clinics have found that Korean women have negative attitudes to hormonal contraception. A Medline search found no reports of ethnic Korean women's attitudes and use of contraception.

A previous study in Vancouver reporting on the barriers to use of oral contraception in ethnic Chinese women found that they prefer to use a combination of condoms, withdrawal and rhythm as their methods of contraception [3]. The attitudes toward oral contraceptives were mostly negative. The most common fears were about weight gain, permanent infertility and being considered "bad" (promis-

cuous). A second qualitative study examined ethnic Chinese women's use of condoms, withdrawal and rhythm [4]. In this study we found that these methods required negotiation with the male partner, and communication within the relationship was extremely important. It is possible that the reluctance of Asian women to use hormonal contraceptives is partly physiological. A literature review revealed no studies comparing side effects of oral contraceptives in different racial groups, but a WHO study showed that emergency contraception had lower efficacy and more nausea and vomiting in the Chinese research sites compared to the non-Chinese sites [5]. There have been some studies of sex hormone physiology showing some differences between racial groups, but it is unclear if these are clinically significant. For example, Chinese women had lower serum levels of estrogen and testosterone but more sex hormone-binding globulin and higher fecal estrogen excretion than Caucasian women [6,7]. It is possible that they might have a higher incidence of side effects with oral contraceptive usage due to these physiological differences. On the other hand, a study of Asian-American women showed that the

* Corresponding author. Tel.: +1 604 873 8303; fax: +1 604 873 8304.
E-mail address: ellenwiebe@yahoo.ca (E.R. Wiebe).

longer they were in the country, the more likely they were to have used oral contraceptives [8]. None of these types of studies have been reported in Korean women, but we hypothesize that the physiological and cultural issues may be similar to Chinese women.

We have limited understandings of the reasons behind the choices individuals in this population of women make about contraception or indeed how they are able to implement the choices once chosen. In order to be most helpful to women we need to understand this issue from their perspective. Qualitative research designs are most appropriate when the perception of the participants is the focus of the research. In this case the insights of the women themselves were the focus of our study; therefore, we chose a qualitative methodological approach [9–13].

2. Method

2.1. Study design

We used qualitative description as described by Sandelowski [13]. This is a naturalistic, interpretive approach, in which we used open-ended questions to elicit the women's experiences in such a way as to allow us to derive implications to improve practice. This approach evolved in response to recognition that in health care, it is important to understand the perspectives of the patients in order to develop interventions that are relevant to them. Thus, rather than gathering data from large numbers of patients, then describing some statistically "average" patient, we are attempting to gather in-depth data from a much smaller group in order to allow for a dense description of their circumstances, beliefs, influences and motivations.

2.2. Sampling

Research participants were recruited from an urban family practice office with a high proportion (over 90%) of Koreans. This was a convenience sample of women who were available during regular office hours in July 2004. The investigator (JC) approached ethnic Korean women in the waiting room of the family practice office who were between 15 and 50 years old and obtained consent. The investigator was a Korean-Canadian woman who offered the interviews in English and Korean and gave a choice of times and places for the interviews in person or by telephone. Women were excluded if they had had no sexual experience and therefore no experience with contraception. Theme saturation occurred before the 40th interview, but that number was chosen to ensure a richness of narrative responses.

2.3. Data collection

Data were collected from a total of 41 women. One interview was accidentally erased so data were analyzed from 40 women. Sixteen women were interviewed in English, 20 in Korean and 4 in a combination of the two languages. Open-ended trigger questions were used to elicit

each woman's story. Questions were designed to be as nondirective as possible in order to avoid imposing the researcher's preconceptions on the process as well as in recognition of the emotionally laden nature of the topic. The interviewer began by collecting concrete demographic information about age, education and length of residence in Canada. As women became more comfortable the interviewer moved on to discussing the women's experience with, knowledge about, and attitudes toward contraception. Participants were asked about whether anyone else and, if so, who, influenced their choice of contraceptive method, where they got their information about the contraceptive method they used and how they felt about using it. In order to generate a more subtle understanding of the nuances of the women's experiences, prompts were used to encourage women to explore issues in more detail.

2.4. Data management and analysis

The tape-recorded interviews that were in Korean were translated by the same investigator into English and transcribed. Data collection and data analysis occurred concurrently. In this way, insights from earlier interviews informed and focused subsequent ones. Interviews were read by the investigators and notes made on the themes that seemed to be recurring in the women's accounts of their experiences. The investigators met to read the transcripts and discuss emerging themes. The process continued until no new themes were noted. Demographic information was entered into SPSS version 11.0 (Statistical Package for Social Scientists) and frequency statistics obtained.

The University of British Columbia's Behavioral Research Ethics Board granted ethical approval for this project (no. B04-0207).

3. Results

3.1. Description

Sixty-four women were eligible, 15 declined to be interviewed (5 because they were sexually inexperienced, 10 because they did not have time, none because they did not want to talk about the subject), eight agreed to phone interviews but could not be reached and one taped interview was accidentally lost, so there were 40 taped interviews, which were analyzed. Ten women (25%) said they could not speak English, but 34 (75%) preferred all or part of the interview in Korean. The average age of study subjects was 36.3 years with a range from 18 to 52 years. Most of them were married but four (10%) were single, one (2.5%) was living common-law and one (2.5%) was separated. Only one had been born in Canada, the rest had been born in Korea. Twenty-two (57.5%) had lived in Canada 5 years or less, nine (22.5%) between 5 and 10 years and eight (20%) more than 10 years. Eleven women (27.5%) had never been pregnant, 19 women (47.5%) had between one and three children, and eight women (20%) had had one or more

Download English Version:

<https://daneshyari.com/en/article/3916080>

Download Persian Version:

<https://daneshyari.com/article/3916080>

[Daneshyari.com](https://daneshyari.com)