Original Paper

A community-based social cohesion program for immigrant women married to Koreans

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Abstract. We conducted a demonstration project to help immigrant women married to Korean men adapt to the Korean community. Participants were 19 couples who agreed to participate in a community-based social cohesion program – the recreational program participation by the group was to enhance the social cohesion with family members and local residents. The program was developed with local community participation, using a partnership strategy, and included a village dance that could involve local residents. We held the program for 6 months, and a Community Health Practitioner provided case-management services. The main outcome variables were family stress and family strengths, which were assessed using the Family Systems Stressor-Strength Inventory (FS³1). The data were analyzed using descriptive statistics, and the Wilcoxon signed-rank test. The results revealed significant mean differences between pre- and post-intervention family stress for both immigrant women and their husbands. However, we found significant mean differences between pre- and post-intervention family strengths for the husbands only. The community-based social cohesion program affected family stress and family cohesion even with the limitation of limited methodological rigor (due to participant-specific conditions and community characteristics). Replication of this study with better methodological rigor and measurements of cultural competence are needed in the future.

Keywords: Immigration, Family stress, Family Strength, Social cohesion

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INTRODUCTION International, interethnic marriages have been increasing rapidly in South Korea since the 1990s and account for about 10.8% of all marriages that took place in 2009. The majority of marriage-based immigrants are women. The term of "marriage-based immigrant women" will be used in this article referring to the foreign women who arranged to immigrate to South Korea to marry their Korean husbands. Most marriage-based immigrant women experienced the stress that arises from having to adapt to a different culture and language (Noh, 2007). Communication problems due to a lack of fluency in Korean also cause stress in their everyday lives and become a reason for marital and/or family relationship conflicts (Ahn, 2006; Shin, 2005). Any continuation of such conflicts can lead to family dissolution, and, as a result, immigrant women's current divorce rate is rapidly increasing (Korea National Statistical Office, 2009). Moreover, immigrant women may be isolated from various social relationships, information, and resources due to communication problems

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(Kim et al, 2006), and this may bring difficulties in their children's education (Ahn, 2007). Furthermore, social prejudice and discrimination make social adaptation even more difficult for immigrant women. Therefore, Multicultural Family Support Centers and non-governmental organizations provide various programs, on such matters as language and culture, but extremely few well-organized, community-based social cohesion programs exist. This research was done to develop a community-based social cohesion program for multicultural families and to verify its effectiveness. The results are of profound significance as groundwork data for developing policies regarding multicultural families.

MATERIALS AND METHODS

Research design This study was a demonstration project to test the effectiveness of a community-based social cohesion program, with the purpose of aiding adaptation of multicultural families living in rural areas.

Study participants Study participants were all married immigrant women and their husbands, all together 19 couples, living in H township, a rural community located in the Eastern area of South Korea. In order to ethically protect the participants, the researchers received a signed written consent from each participant, translated into the participant's native language.

Intervention programs Our research team developed the intervention program, named "the H village dance," to aid these immigrant women's adaptation to the community. A total of 56 people participated in this program, on a weekly basis, for 2 hours per week, for 3 months. These people included community residents, as well as the immigrant women and their families, and ranged from young adults, in their 20s, to people in their 80s. The dance program comprised five movements, five tunes, and one formation and included a mix of a traditional work steps (Bori-steps) and Arirang songs of Gangwon province, which lasted 10 minutes. Costumes and props included the cultural characteristics of, not only Korea, but also Vietnam, China, Japan, and Thailand, to represent the meaning of multiculturalism. To implement the program, we utilized a partnership strategy existing between H township office and a Multicultural Family Support Center in W City, with the G community health post in H township as a base. Furthermore, to approach the immigrant women and their families in a natural way, we organized mentors, drawn from female community leaders. The research team led the program for 6 months, and a Community Health Practitioner (CHP) provided case-management services.

Research tools For use in family studies, Mische-Berkey & Hanson (1991) have developed the Family Systems Stressor-Strength Inventory (FS³I) tool, which measures three spheres: general stress, specific stress, and family strength. For the present study, we measured only the couples' general stress and family strength, because the focus of this study was identification of stressful situations which can occur in general, daily life and strengths for maintaining healthy family functioning. The inventory was administrated to the participants prior to the start of the program and immediately after the program was ended. Regarding the immigrant women, we requested the assistance of a group of professional translators competent to translate in 6 languages, namely: Vietnamese, Chinese, Japanese, Thai, Filipino, and Uzbek.

The general stress category was comprised of 25 questions, and each question measured the stress level on a 5-point scale. Cronbach's α in this category was .894 for the immigrant women and .898 for their husbands. Measurement of Family strength was comprised of 16 questions, and each of these questions also had a 5-point scale. Cronbach's α in this category was .903 for the immigrant women, and .937 for their husbands.

Data collection Two Community Health Practitioners (CHPs) collected the data as they proceeded with home visits and direct interviews. Multicultural families are usually quite reluctant to reveal themselves to the neighbors, but the two CHPs who cared for the residents' health already had intimate connections with the local residents, so neither the immigrant women nor their husbands expressed any resistance to the visits. This could have given the family members a sense of trust and

stability. Moreover, using tools in the immigrant women's native languages helped them feel at ease with the study.

Data Analysis Data were analyzed using descriptive statistics, and the Wilcoxon Signed-Rank Test.

RESULTS

General demographic characteristics The average age of the marriage-based immigrant women (hereafter "wives") was 29, whereas the average age of their husbands was 40. Regarding education, the largest category, for both the husbands and the wives, was that of high-school graduates. Among the wives, four had educations above the college level (21.1%). The largest group of wives came from Vietnam (n=7, 36.8%), followed by the groups from China, Japan, and Uzbekistan (n=3, 15.8% each), from Thailand (n=2, 10.5%), and from the Philippines (n=1, 5.3%). With regard to residency, the greatest number of the wives had lived in Korea more than 4 years (36.8%), followed by those who had lived in Korea 13-24 months (31.6%), 25-36 months (15.8%), 37-48 months (10.5%), and less than 1 year (5.3%). For family types, 9 were nuclear families (47.3%) and 10 were extended families (52.7%), and the average number of members per family was 4. Most families were economically middle class (72.7%) or relatively rich (18.2%), while 1 family (9.1%) was poor, entitled to the government's livelihood subsidy.

Changes in family stress and family strength

Family Stress The wives' mean family stress score was 1.5 points, and, after intervention, it dropped to 1.2 points, showing a meaningful difference (z=2.14, p=.033). The husbands' mean score was 1.6 points, and, after intervention, it dropped greatly, to 0.9 points, showing a significant difference (z=2.81, p=.005).

Family Strength Before the intervention, the wives' mean family strength score was 2.7 points, and, after intervention, it increased to 3.2 points, showing an increase in family strength that is recognizable but not statistically significant (z=1.87, p=.061). The husbands' mean score was 3.0 points, and, after intervention, it increased to 3.7 points, showing a statistically meaningful difference (z=2.67, p=.008).

DISCUSSION The aim of this study was to test the effectiveness of a community-based social cohesion program on perceptions of changes in family stress and family strength for intercultural married couples. In this study a family cohesion program was developed that included the characteristic of being based in the G community health post, located in the H township area. By doing this, we resolved the issues of participant accessibility and participants' resistance to exposing their lives to outsiders, due to the possibility of family dissolution. Participants experienced lowered resistance because they could overcome their anxiety via an already-established sense of trust and stability regarding the CHPs.

Another program characteristic was helping immigrant women increase their connectedness to their families in a more natural way, which became possible because those women could have mutual relationships with community residents, through the H village dance program. The village dance participants decided what dresses and accessories they needed and created those needed items together, voluntarily. This was not a forced process pushing the immigrant woman to adapt to Korean society or asking their husbands to one-sidedly accept and understand these women. Instead, both the immigrant women and their families worked together, on commonly desired goals, in a reciprocal process. As a result, they spontaneously changed their ways of thinking and acceptance of different cultures.

In terms of the program's effects, the couples recognized that family stress had decreased significantly (wives' z=2.14, p=.033; husbands' z=2.81, p=.005). The family strength level increased for both wives and husbands, but this increase was only significant for the husbands (wives' z=1.87, p=.061; husbands' z=2.67, p=.008). This means the couples had lower family stress levels and a higher quality of marital relationships after the program because they came to better understand each other. This

supports the need for family intervention programs to assist couples in improving their abilities to cope with stresses (Aroian *et al*, 1996; Rivera, 2007) and in raising the resilience that helps families cope with stresses via positive family interactions (Ahn, 2006). We assume the immigrant women in this study experienced less stress and became empowered because they participated in the activities with their husbands' strong support, which was possible because we approached the husbands first, to help them to understand and support these immigrant women's adaptation-associated difficulties associated with adaptation. Although the family strength change for the immigrant women was not significant, the change itself was significant considering that they were in the process of acculturation. We found it is easier for immigrant women and their families to have more opportunities for positive relationships when they were exposed to the outside world, because interrelationships among residents in rural communities tend to be cohesive and open-minded. Accordingly, multicultural families should have a community-based cohesion program.

This study has some limitations. Due to the community characteristics, setting up a control group was impossible, and the number of participants was insufficient. Control of external variables, such as history, maturation, and effect diffusion, was also impossible. Based on the above results, replications of this study with better methodological rigor and measurements of cultural competence are needed in the future. Also, follow-up assessment is desirable to evaluate long-term effects for the participants who have received the social cohesion program.

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