

Original research article

Ethnic Korean women's perceptions about birth control

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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.

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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

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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

abortions. All the women had completed high school and the average amount of education was 16.2 years.

3.2. Experience with contraception

The methods of contraception most frequently used in the past were condoms (33), rhythm method (23) and withdrawal method (31), often in combination. Of the 23 women who had used rhythm, 16 were counting correctly (i.e., they thought they were most fertile 14 days before the start of their next period), three were counting incorrectly and four said they did not know how to do the counting because their partner did it. Of the 40 women, only 11 had ever used oral contraceptives in the past (seven for contraception and four for regulating menstruation or dermatological problems), six had used an IUD and no one had used spermicides, patches (Evra) or injectable contraceptives (DepoProvera). Currently, two had had tubal sterilization procedures and three had partners who had had vasectomies. Only three were using oral contraceptives and four had IUDs. Nine women were over 45 years of age and two of these were over 50 years of age (this was actually a protocol violation as our intent had been to include only women 15–50 years old; we decided to leave these interviews in as they gave similar responses compared to the younger women). Some women continued to use condoms (9), rhythm (9) and withdrawal (14), usually in combination. Eleven women were not using any method of birth control at the time of the interview for reasons that included no longer being sexually active, menopause, pregnancy or current plans to conceive.

The most common theme we discovered was that these women were more comfortable discussing contraception with their husbands than with anyone else and that they were satisfied to leave the responsibility of contraception to their husbands. Since most of the women were using methods of contraception under male control, such as condoms, rhythm and withdrawal, this is very important. Thirty-two of the 40 women expressed some level of this comfort.

(7) “We never had any serious talks or problems or anything like that. It’s mostly...he was the more knowledgeable and he led me and it was comfortable not to think about it (laughing)” “(in the) beginning of our marriage, my husband, he knew more about it [contraception] than I did. He’s the one who counted the days...”

(18) “It’s most comfortable to talk to my husband,” “it’s the responsibility of men!!! They are the ones who have to control it. I mean, it’s tough enough getting pregnant and giving birth, so why should women have to worry about these things?”

(34) “Well, my husband knew my cycle well and he counted. I just followed whatever he did” “the reason why I don’t really care or pay attention to these things, (is) because I am very content and comfortable with the way things are right now”

(37) “Korean women are just so used to guys taking care of them, so they don’t have to worry. They actually think this is great.”

The second most common theme was a deep distrust of hormonal contraception. Thirty of the 40 women expressed this. Only five women talked about personal problems they had had with birth control pills.

(28) “. . . I got so dizzy that I never tried again. . .” “I felt nauseated. . . after taking just ‘one’ pill”

Twenty-six women talked about problems they had heard about from someone else. Some of these were side effects that have been reported in studies [14,15], such as:

(29) “Well, I never used them. . . my mom used (pills) before and had side effects, like weight gain. I don’t like taking pills period, so, I don’t like that.”

(33) “Actually, I was afraid to use birth control pills, because lots of my friends told me that there’s some kind of side effect. Some of them say they are getting fat and some of them, I don’t know if it’s true, what they are saying is, that after they use it, they are eating a lot, you know, sometimes they are depressive, so I was afraid. . .”

Other concerns were not about “real” (as in reported in the literature) side effects, but rather, apparently, unfounded fears.

(16) “Because of them (the pills), later on there may be difficulty in getting pregnant. . .” “I have friends who can no longer get pregnant because of them.”

(20) “Koreans believe that if you take birth control pills, it’s more likely to give birth to children with birth defects.” When Koreans ask each other about what they think of BCPs, they say, “Oh, you will have children with birth defects,” “you won’t get pregnant”

(28) “Well, they (pills) cause breast cancer. . . there’s just so much saying. . .”

There were many general negative statements about hormones and pills:

(5) “I thought that taking pills is not good for me because it controls hormones.”

(6) “I think it’s a bad thing. I don’t want to take any medication. I just want to live naturally. Well, I thought about contraceptive pills as not good for health”

As well as the negative statements about hormones, there were also nine women, including the one above, who made positive statements about using natural methods.

(31) “I would much rather rely on natural methods, that’s what I personally prefer” “first of all, I think the best method for me is the calendar method.”

Although 33 women had used condoms, 17 expressed their dislike for them.

(11) “We don’t like condoms. The fact that there’s a barrier between two people, we both don’t like it. The feeling is completely different”

(16) “Well, of course honestly, using condoms can be uncomfortable, but we had to use it anyway because we had to use something”

When women were asked where they got their information about contraception and who they talked to about it, 12 women talked about how difficult it was to talk about such issues.

(3) “Cuz I grew up in Korean culture, it’s very unnatural to discuss this with any other people about it.”

(39) “As you know, Korea is fairly conservative and in that area, there is a lot of shame so education is an issue and second of all, communicating with sisters or mom about it is very shameful. Even myself, I never heard anything. I have two sisters and I never heard, and my mom just never talked about it.”

Four women talked about having difficulty getting information about contraception from doctors.

(34) “In Korea, unless you have major problems, you just don’t see a doctor for that kind of thing (talking about birth control)”

Eight women talked about how different it was for those who had grown up in Canada or lived here for years compared to ones who were recent immigrants.

(12) (18 years old, grew up in Canada) “Well, I could talk to the Koreans that were, like, born here. Or came here, like, a really long time ago. So, they have, like, the same ideas as me, like, pretty much the same knowledge. But, I think it’s, like, I wouldn’t feel comfortable talking to people that just came from Korea because their cultural thinking is so much different from ours.”

4. Discussion

Two major conclusions arise from the data that are particularly noteworthy for practitioners. Our participants’ husbands were the major source of information regarding contraceptive issues. Women seemed to be surprisingly comfortable with this situation. Even when the interviewer specifically pointed out that this approach gave husbands almost total control over contraception, women were generally satisfied with the state of affairs. Unfortunately, the husbands’ information was based on the same cultural background and this, coupled with a deep suspicion of the hormonal contraceptives, left few options. Thus, it seems evident that ways need to be found to ensure that both the women and their husbands have accurate information. The approach to accomplishing this will be different according to the type of practice, but an understanding of the crucial role husbands play in the dissemination of contraceptive information will help guide the development of effective interventions.

The second important finding was that our participants had difficulty accessing accurate information about contraception. They rarely had anyone they felt it was appropriate

to talk to within their immediate circles. As well, it is common practice for the whole family to see the physician together so that they do not have an opportunity to raise such issues on a visit to the office. Unless the family physician is aware of this problem and actively seeks opportunities to counsel women in private, they are unlikely to be able to make their needs known.

Our previous studies on Asian women’s attitudes to and experience with contraception were done in an abortion clinic with Chinese women whose contraception had failed [3,4]. In these studies, we found a similar suspicion of hormonal contraceptive methods and a similar reliance on male controlled methods of contraception. In the present study, only eight (20%) of the women had had abortions and there is a major difference in knowledge of and attitude towards condoms, rhythm and withdrawal. Most of the women presenting for abortion in the previous studies were not counting correctly (believed they were “safe” until 7 days after the period had ended). Most of them were not satisfied with the communication with their partners and with the male partner’s control over contraception. Most of the women in the present study counted “safe days” correctly and had had very few unwanted pregnancies. They were much more satisfied with the communication with their husbands and the male control of contraception.

This group of women used fewer hormonal contraceptives than the majority of Canadian women according to the Canadian Contraceptive Study that is a random sampling of Canadian women in the fertile age group [16]. Previous studies have shown that the effectiveness of hormonal methods of contraception in actual use is much lower than the rates published by studies sponsored by drug companies [15]. The discontinuation rates are also much higher [16]. It is important to remember this when we are counseling a group of women who have a cultural bias against hormonal methods. Further research is needed on actual differences in side effects between Asian and Caucasian women.

It is important to note that we do not intend to encourage here the stereotypic conclusion that all Korean women feel the same way about any of the contraceptive approaches discussed in this article. We recognize that each individual is a composite of all previous experiences and influences that will contribute to the contraceptive decision making.

It is important that health care workers counseling women about contraception understand more about how withdrawal and rhythm is used and how women feel about them. Health care providers often tell patients that these methods do not work. A couple that has used it successfully through 20 years of marriage is not likely to agree. We undertook this study to understand our Korean patients’ experiences with contraception as a prelude to understanding how best to offer them information and advice about contraception both in family practice and after abortions. Understanding them will improve a practitioner’s ability to

ask relevant questions and to offer relevant advice in different cultural groups.

Acknowledgments

We express our gratitude to Dr. Christine Earmme and her staff for their enthusiastic support of this study. Joyce Choi received support from The University of British Columbia Medical School as a summer research student.

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