

Structural Models of Family Health Strengths of Women who have Migrated to Korea through Marriage⁺

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Abstract

Purpose: The purpose of this research is to build a theoretical structural model to explain the factors and routes affecting the family health strengths of married migrant women.

Methods: The research designed on a predictive structural model for the family health strengths of married migrant women based on Bronfenbrenner's ecological system theory and Mercer's motherhood theory. A survey was conducted from September 5, 2016 to October 25, 2016 through multicultural centers, support organizations, self-help religious meetings and snowball sampling of regional communities in three districts of D, G, and N in Seoul, securing a total of 213 participant data. The women who have migrated to Korea through marriage have minor children, and are living with their husbands and children.

Results: The variables that had statistically significant direct effects on family health strengths were marital communication ($\gamma=.58$, $t=10.59$) and mother-child interaction ($\gamma=.39$, $t=7.26$), and the explanatory power was 62.1%. Family health strengths were significantly associated with marital communication and mother-child interaction in direct effects, acculturative stress and parenting efficacy in indirect effects, acculturative stress, parenting efficacy, marital communication, and mother-child interaction in total effects ($p < .05$).

Conclusion: When developing nursing strategy programs and policies to maintain and increase the family health strengths of married migrant women who have husbands and children, plans to reduce acculturative stress and to increase the factors related to parenting efficacy, marital communication, and mother-child interaction will have to be focused on.

Keywords: Married migrant women, family strengths, acculturative stress, parenting efficacy, marital communication, mother-child interaction

INTRODUCTION

As of 2015, the number of international marriages accounts for about 7% of the total number of marriages, and multicultural families are increased by 4.3% compared to 2012 [1] and, on this account, marriage immigrants in Korean society have become major members who constitute new family relationships in multicultural families formed by international marriages. According to the statistical data since 2000, in the marriage with foreigners in Korean society, the marriages between foreign females and Korean males have been more common and, even now, the rate of the marriage between Korean male and a foreign female accounts for 69% [2].

The main causes of divorce in multicultural families have changed a lot due to the reasons such as the influx increase of married migrant women over time and the influence according to the changes in the approach of government policies. In fact, the results of the research of 2010 [3] showed that the main causes of divorce in multicultural families are the problems in marriage process, the violence based on the hatred against foreigners and violations against female rights, conflicts over the residence qualification, economic conflicts, difficulties in communication, differences in lifestyle, etc. but, as of 2015, 45.3% of the causes of divorce and separation in multicultural families were the differences in personality, followed by economic incompetence, affection issues such as extramarital affairs, conflicts with spouse's families, and drinking and gambling [4]. As of 2015, the causes of divorce in multicultural families are not so different from those of ordinary Korean families, and this suggests that the current is about the time when marriage immigrants are out of the cultural adaptation stage and that the care for and research on multicultural families as general families are necessary.

Family health strengths means that family members, who maintain an appropriate level of emotional attachment, functionally perform family processes and relationships such as emotions, love, boundaries, awareness, paradigms, rules, daily life, decision making, and resource management within the family and, on this account, all the family members are

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happy and perform well the functions appropriate to each family member's condition, life cycle, etc. by a system as a family [5]. In order to research the family health strengths of these married migrant women, the research on their individual characteristics based on the special position as married migrant women, and the research on the environments surrounding them should be conducted together. Concerning this, while researching on the family health strengths of married migrant women, this researcher concluded that the maternal role as a mother should be considered in order to identify the factors of children, which have not been studied in previous researches. Mercer [6] continued to use the concept of the ecological system theory by Bronfenbrenner [7] in relation to maternal role acquisition, and put mother, children, and spouse (or father) in the environmental center of the motherhood model. Based on this, this researcher intended to study the individual organic factors of married migrant women and the children factor related to spouse and maternal role in the frame of the microscopic system of family.

The selection of related variables of the individual organic factors of married migrant women and the factor of the microscopic system related to spouse and children was based on the examination of previous researches. Since 2010, when the families of married migrant women appears to have begun to enter into the settlement stage, in the research on family health strengths of married migrant women, the research on variables related to self-esteem, social support, depression, etc., [8] the research on variables related to culture adaptation and the stress according to it [8][9][10] Park, 2013), the research on variables related to family relationships, couple relationship, and marital satisfaction [8][9][10] etc., have been conducted and, based on this, the variables of the individual organic factors and the factor of the microscopic system related to spouse were selected.

However, while the family health strengths have been researched, only some researches included just the number of children as demographic characteristics, but most researches have focused on individual and couple factors, and no researches on the factor of children, who are important members of families, have been conducted. However, since the typical difficulties of married migrant women currently are in the order of language problems, loneliness, economic difficulties, and child care [4], it was considered that there is a necessity to analyze the direct and indirect effects again including the factor of children as family members, and this research was conducted by selecting additionally the variables related to children.

Like this, this research intends to study on the family health strengths with the extended concept including the children factor, while understanding the family health strengths of married migrant women in the relationship between the individual and the family. For this purpose, this research intends to provide a theoretical frame and basic data to develop nursing

strategy programs and policies for the enhancement of the family health strengths of married migrant women, by building and verifying a model of the family health strengths of married migrant women and identifying the direct and indirect effects on factors affecting this.

Conceptual Frame and Hypothetical Model

This research intended to study the individual organic factors of married migrant women and the spouse and children factors as the family factors within the microscopic system, which can affect the family health strengths of married migrant women, on the basis of the motherhood theory by Mercer (2004)[6], which is based on the ecological system theory by Bronfenbrenner [7] (Fig.1).

The hypothetical model of this study consists of four exogenous variables and four endogenous variables. The factors affecting the family health strengths, which are endogenous variables, in the relationships between the variables which were built on the basis of the previous research results were marital communication, marital satisfaction, mother-child interaction, and self-esteem, resilience, parenting efficacy, and acculturative stress, which are exogenous variables. Exogenous variables were included because they were considered to affect indirectly the family health strengths of married migrant women with marital communication, marital satisfaction, and mother-child interaction as parameters.

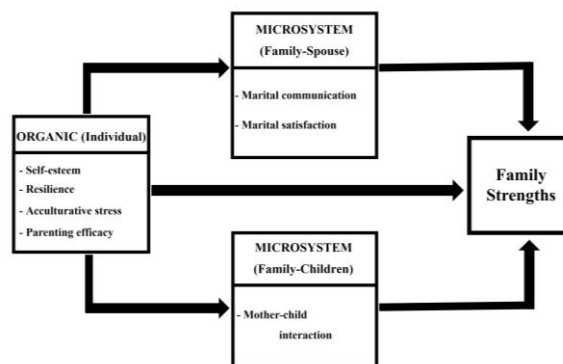


Figure 1: Conceptual frame work of hypothetical model.

METHODS

Participants

The subjects of this research are married migrant women who have migrated to Korea through marriage, have minor children, and are living with their children and husbands and who understood the purpose of this research and agreed on the questionnaire. According to the suggestion of Roh (2016)[11], who recommended more than 200 samples as an appropriate

sample number for the structural model, 235 questionnaires were distributed considering the dropout rate including insincere responses, and a total of 213 samples were analyzed except for those of 9 respondents who wanted to stop participating in the research and 13 respondents whose responses were impossible to be analyzed because they were insincere.

Ethical Consideration and Measurements

Prior to the research, the Institutional Review Board (IRB) of K University, to which this researcher belongs, examined in order to protect the subjects of the research and approved, and the data were collected (IRB No: KNU_IRB_2016-43).

In order to collect the data for this research, subjects were collected through multicultural centers, support groups, religious self-help groups, and snowball samplings in 3 districts of D, G, and N, which are located in Seoul, from September 5, 2016 to October 25, 2016.

INSTRUMENTS

Self-esteem

In order to measure self-esteem, the Self-esteem Scale which was developed by Rosenberg [12] and translated by Jon [13] was used, which had been also used for married migrant women by Suh & Kim [14]. The Cronbach- α for reliability was .80 from 9 question items in case of the research of Suh & Kim, which removed 1 question item, and .78 from 8 question items in case of this research, which removed 2 question items that have problems in reliability.

Resilience

The instrument used to measure resilience was the scale that had been used by Park [15], which was translated based on the scale that was developed and validated as the self-report type resilience scale by Klohnen [16], who selected 29 items, which were highly correlated with the resilience question items of the California Personality Inventory (CPI), from the scale which had been conceptualized and devised by Block [17]. Cronbach- α for reliability was .89 in the research of Park and .92 in this research.

Acculturative stress

In order to measure acculturative stress, the instrument which had been used by Hong [18], who modified and supplemented the Acculturative Stress Scale for International Student that was developed by Sandhu & Asrabadi [19], was used. Cronbach- α for reliability was .93 in the research of Hong and .98 in this research.

Parenting efficacy

In order to measure the parenting efficacy, the Parenting Sense of Competence by Gibaud-Wallston & Wandersmann [20], which is the instrument also used by Lee [21], was used. Cronbach- α for reliability was .88 in the research of Lee and .90 in this research.

Marital satisfaction

In order to measure marital satisfaction, the instrument was used, which Choi [22] had applied to married migrant women and secured reliability after he abbreviated Korean marital satisfaction (K-MSI), into which Kwon & Choi [23] translated and standardized 'Marital Satisfaction Inventory' developed by Snyder [24], to 10 question items. Cronbach- α for reliability was .89 in the research of Choi [22] and .90 from 9 question items in this research, which removed 1 question item that has problem in reliability.

Marital communication

In order to measure marital communication, the instrument, for which Kim [25] modified and supplemented the Marital Communication Inventory (MCI) Scale by Bienvenu [26], was used. Cronbach- α for reliability was .85 in the research of Kim and .84 in this research.

Mother-child interaction

In order to measure mother-child interaction, the instrument developed by Park & Bang [27] for preschool children was used, and this researcher modified some of it and used in order to make it applicable to school-age children. Cronbach- α for reliability was .96 in the original scale and .95 in this research.

Family health strengths

In order to measure the family health strengths in this research, the instrument used by Kim & Kim [8] based on the 'family health levels' developed by Eo & Yoo [28]. Cronbach- α for reliability was .93 in the research of Kim and Kim and .97 from the final 20 question items which were used in the analysis in this research, which removed 2 question items that have problems in reliability.

DATA ANALYSIS

This research conducted analyses using SPSS Ver. 21.0 and AMOS Ver. 21.0 programs as the analysis methods for the research issues and the hypothesis verification.

1) The technical statistics and frequency analysis were used to

analyze the basics and to identify the degree of family health strengths according to the general characteristics of the research subjects.

2) Cronbach- α values were obtained by reliability analysis in order to identify the internal consistency of the questionnaire instruments, and the correlation and multi-collinearity between the research variables were analyzed by Pearson correlation coefficient.

3) Mean, deviation, skewness, and kurtosis were obtained for the verification on the normality of the samples.

4) Verification on the structural model was conducted using AMOS version 21.0 in order to verify the fitness of the structural model. In order to evaluate the fitness of this research model, χ^2 , χ^2/df , Goodness of Fit Index(GFI), Root Mean Square Residual(RMR), and Root mean squared error of approximation(RMSEA) as Absolute fit index, Normed Fit Index(NFI), Incremental Fit Index(IFI), Comparative Normed of Fit Index(CFI), and Non-Normed Fit Index(NNFI) as Incremental fit index, Parsimonious Normed Fit Index(PNFI) and Akaike Information Criterion(AIC) as Parsimonious fit index were used.

5) Bootstrapping was used to verify the statistical significance of the total effect and the indirect effect of the research model.

RESULTS

General Characteristics of the Study Participants

The average age of the research subjects was 37.12(\pm 5.87) years, and the age groups were in the order of 31-40 year olds, who were most with 57.7%, 41 or more year olds, and 30 or less year olds. The average age of the husbands was

46.48(\pm 6.32), and the age groups were in the order of 41-50 year olds, who were most with 57.7%, 51 or more year olds, and 40 or less year olds. Concerning the birth country, Chinese except for ethnic Koreans were most with 60.1%, followed by ethnic Koreans, Vietnamese, Japanese, Filipinos, and others. In education level, high school graduates were the most with 44.6%, followed by middle school or lower, and university or higher. 46.0% of the subjects had no religion, followed by Buddhism, Christianity, Catholicism, and others.

In occupation, full-time housewives were most with 51.2%, followed by full-timers and part-timers, and, in their husbands' occupations, manufacturing and service jobs were most with 80.3%, followed by office workers, research workers, and the unemployed. In marriage route, the introductions through institutions and organizations were most with 39.4%, followed by introductions by family members and friends, and love marriages. In marriage period, 6-10 years were most with 58.7%, followed by 11 years or more and 5 years or less. In family type, nuclear families living only with spouses and children were most with 79.3%. The average number of children was 1.49(\pm 0.59), and those who have only 1 child were most with 55.9%, followed by 2 children and 3 or more children. The average age of children was 7.59(\pm 3.69) years, and 62.4% of the subjects had children of preschool ages. In monthly income, KRW 1 million to less than 2 million were most with 38.0%, followed by KRW 2 million to less than 3 million, KRW 3 million to less than 4 million, KRW 4 million or more, and less than KRW 1 million. In the ability to communicate in Korean, those who answered that Korean language felt natural were most with 45.1%, followed by those who could communicate only in short sentences and those who could tell only with simple words in Table 1.

Table 1: Family Strength according to General Characteristics

(N=213)

Variable	Category	M (SD)	n(%)
Age (years)	\leq 30	3.88(0.55)	30(14.1)
	31-40	3.59(0.63)	123(57.7)
	\geq 41	3.66(0.64)	60(28.2)
Age of husband (years)	\leq 40	3.77(0.58)	40(18.8)
	41-50	3.68(0.62)	123(57.7)
	\geq 51	3.47(0.65)	50(23.5)
Country of birth	China (Korean Chinese)	3.61(0.70)	40(18.8)
	China	3.60(0.63)	128(60.1)
	Viet Nam	3.87(0.59)	23(10.8)
	Philippines	3.38(0.48)	6(2.8)
	Japan	3.83(0.27)	10(4.7)
	Etc.	4.10(0.45)	6(2.8)
Education level	\leq Middle school	3.55(0.48)	62(29.1)
	High school	3.65(0.67)	95(44.6)
	\geq College graduate	3.77(0.69)	56(26.3)
Religion	Protestantism & Roman catholicism	3.63(0.64)	48(22.5)
	Buddhism	3.49(0.67)	54(25.4)
	Etc.	3.81(0.40)	13(6.1)
	Irreligion	3.73(0.61)	98(46.0)

Vocation Type	Homemaker Full time job Part time job	3.70(0.62) 3.52(0.66) 3.69(0.59)	109(51.2) 53(24.9) 51(23.9)
Husband's vocation	None Blue-collar worker White-collar worker	3.61(0.59) 3.59(0.61) 3.99(0.62)	8(3.8) 171(80.3) 34(16.0)
Route of marriage	Introduced by friend etc. Agency Love marriage	3.62(0.64) 3.53(0.60) 3.87(0.60)	74(34.7) 84(39.4) 55(25.8)
Marriage period (years)	≤ 5 6-10 ≥ 11	3.67(0.57) 3.63(0.64) 3.68(0.63)	33(15.5) 125(58.7) 55(25.8)
Family type	Nuclear Extended	3.67(0.62) 3.57(0.64)	169(79.3) 44(20.7)
Number of children	1 2 3 or more	3.55(0.64) 3.80(0.60) 3.58(0.42)	119(55.9) 84(39.4) 10(4.7)
Presence of school-aged children	Have a preschooler Only school age	3.69(0.60) 3.59(0.66)	133(62.4) 80(37.6)
Monthly income (10,000 KRW)	< 100 100 - < 200 200 - < 300 300 - < 400 ≥ 400	3.55(0.62) 3.43(0.64) 3.80(0.45) 3.80(0.74) 3.85(0.65)	10(4.7) 81(38.0) 69(32.4) 36(16.9) 17(8.0)
Korean language skill	Less than simple words Paragraph Natural	3.33(0.43) 3.60(0.64) 3.78(0.63)	26(12.2) 91(42.7) 96(45.1)

Descriptive Statistics of Variable

In this research, the average score of self-esteem, which is an exogenous variable, was 3.76 ± 0.50 points on the 5-point scale, the average score of resilience was 3.49 ± 0.48 points on the 5-point scale, the average score of acculturative stress was 2.68 ± 0.76 points on the 5-point scale, and the average score of parenting efficacy was 3.65 ± 0.50 points on the 5-point scale. The average score of marital satisfaction, which is an endogenous variable, was 3.40 ± 0.68 points on the 5-point

scale, the average score of marital communication was 3.56 ± 0.63 points on the 5-point scale, the average score of mother-child interaction was 3.74 ± 0.50 points on the 5-point scale, and the average score of family health strengths was 3.65 ± 0.63 on the 5-point scale. Since the absolute values of the skewness and kurtosis of all the measured variables included in this research model were not more than 2 and 7 respectively, the normality was maintained in Table 2.

Table 2: Descriptive Statistics of Variable (N=213)

Variable	M±SD	Skewness	Kurtosis
Exogenous variables			
Self-esteem	3.76 ± .50	.10	-.03
Resilience	3.49 ± .48	.3	.16
Acculturative stress	2.68 ± .76	.48	.20
Parenting efficacy	3.65 ± .50	-.27	.58
Endogenous variables			
Marital satisfaction	3.40 ± .68	-.07	.37
Marital communication	3.56 ± .63	-.3	.96
Mother-child Interaction	3.74 ± .50	-.25	.13
Family strength	3.65 ± .63	-.25	.42

Correlations between Variables

The family health strengths of married migrant women showed positive correlations with self-esteem ($r=.41, p<.001$), resilience ($r=.42, p<.001$), parenting efficacy ($r=.35, p<.001$), marital communication ($r=.65, p<.001$), marital satisfaction ($r=.68, p<.001$), and mother-child interaction ($r=.55, p<.001$), and showed a negative correlation

with acculturative stress ($r=-.39, p<.001$). In this research, the variables which showed the highest correlation were the family health strengths and marital satisfaction and, since their correlation coefficient was .68 and the correlation between the measured variables was less than .80, it was judged that there was no problem in multi-collinearity in Table. 3.

2) Route Coefficient and Effect Analysis in Modified Model

Table 5 shows the estimates, standard errors, t values, the square of multiple correlations (SMC), and total effects on the endogenous variable explanatory power of the modified model.

The variables that had statistically significant direct effects on marital communication were resilience ($\gamma=.34$, $t=3.51$) and acculturative stress ($\gamma=-.31$, $t=-3.52$), and the explanatory power was 39.1%. The variables that had statistically significant direct effects on marital satisfaction were parenting efficacy ($\gamma=-.18$, $t=-3.26$) and marital communication ($\gamma=.93$, $t=10.45$), and the explanatory power was 87.7%. The variables that had statistically significant direct effects on mother-child interaction were acculturative stress ($\gamma=-.38$, $t=-4.34$) and parenting efficacy ($\gamma=.69$, $t=7.71$), and the explanatory power was 64.7%. The variables that had statistically significant direct effects on family health strengths were marital communication ($\gamma=.58$, $t=10.59$) and mother-child interaction ($\gamma=.39$, $t=7.26$), and the explanatory power was about 62.1%.

In the direct, indirect, and total effects of predictive variables in the research on endogenous variables, as the indirect effects on the factors related to marital communication did not exist, total effects were explained only by direct effects, and the resilience and acculturative stress had significant effects ($p < .05$). In marital satisfaction, self-esteem, parenting efficacy,

and marital communication in direct effects, resilience and acculturative stress in indirect effects, and self-esteem, acculturative stress, and marital communication in total effects were significant ($p < .05$). In mother-child interaction, as there did not exist any indirect effect, the total effects were explained only by direct effects, and acculturative stress and parenting efficacy were significant ($p < .05$). In family health strengths, marital communication and mother-child interaction in direct effects, acculturative stress and parenting efficacy in indirect effects, and acculturative stress, parenting efficacy, marital communication, and mother-child interaction in total effects were significant ($p < .05$).

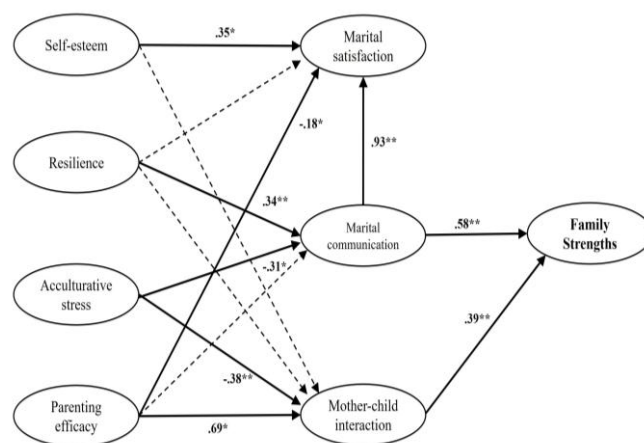


Figure. 2: Path Diagram for Final Model

Table 5: Standardized Estimates, C.R., SMC, Standardized Direct, Indirect, and Total Effects for the Final Model

Endogenous variables	Exogenous variables	Standardized estimate(γ)	C.R	SMC	Direct effect(p)	Indirect effect(p)	Total effect(p)
Marital communication	Resilience	.34	3.51	.391	.34(.004)		.34(.004)
	Acculturative stress	-.31	-3.52		-.31(.012)		-.31(.012)
	Parenting efficacy	.13	1.85		.13(.096)		.13(.096)
Marital satisfaction	Self-esteem	.35	1.64	.877	.35(.039)		.35(.039)
	Resilience	-.27	-1.46		-.27(.068)	.32(.004)	.05(.865)
	Acculturative stress					-.29(.013)	-.29(.013)
	Parenting efficacy	-.18	-3.26		-.18(.017)	.12(.096)	-.07(.494)
	Marital communication	.93	10.45		.93(.004)		.93(.004)
Mother-child interaction	Self-esteem	.40	1.51	.647	.40(.090)		.40(.090)
	Resilience	-.40	-1.64		-.40(.092)		-.40(.092)
	Acculturative stress	-.38	-4.34		-.38(.006)		-.38(.006)
	Parenting efficacy	.69	7.71		.69(.019)		.69(.019)
Family Strengths	Self-esteem			.621		.15(.090)	.15(.090)
	Resilience					.05(.836)	.05(.836)
	Acculturative stress					-.33(.004)	-.33(.004)
	Parenting efficacy					.34(.014)	.34(.014)
	Marital communication	.58	10.59		.58(.004)		.58(.004)
	Mother-child interaction	.39	7.26		.39(.004)		.39(.004)

DISCUSSION

This research intends to examine the relationships between the factors and parameters affecting the family health strengths of married migrant women and to discuss the significance.

The explanatory power on the family health strengths of married migrant women through this research was 62.1%, which is higher than that of the previous researches such as the research by Kim and Choi (2011)[9], which was 58.7%, and the research by Kim and Kim (2011)[8], which was 57%, which studied the family health strengths of married migrant women. This result means that the family-related variables of the microscopic system according to the motherhood theory by Mercer (2004)[6], which is based on the ecological system theory by Bronfenbrenner (1979)[7], explain the family health strengths of married migrant women relatively well.

Through the final model, the significant factors influencing the family health strengths of married migrant women were identified to be acculturative stress, parenting efficacy, marital communication, and mother-child interaction. The size of each influence was in the order of marital communication, mother-child interaction, parenting efficacy, and acculturative stress and, focusing on the main results of this research, the discussions are conducted as follows:

First, in relation to acculturative stress, this study showed that the acculturative stress, which is an exogenous variable, had indirect effects on family health strengths by having direct effects on marital communication and mother-child interaction, which are exogenous variables. The acculturative stress had only indirect effects without direct effects in this research can be understood through the research by Kim & Choi [9], in which the stress from family relationships that was investigated as a sub factor of stress was in the order of the relationship with children, the relationship with husband, and the relationship with the parents of husband, and the fact that the endogenous variables of this research consist of the relationship between husband and wife and the relationship with children. This means that acculturative stress may directly affect family health strengths but, in case of a family whose marriage entered into a stable period like the subjects in this research, the family health strengths are more likely to be shown and influenced by husband and children than by individual aspects of oneself.

Second, as a result of reviewing the effects of parenting efficacy and mother-child interaction related to children, the parenting efficacy as an exogenous variable had indirect effects on family health strengths through mother-child interaction, and the mother-child interaction as an endogenous variable had directly affected family health strengths. According to Lim & Lee [29], the satisfaction on mother's parental role is included in the variables affecting mother-child interaction but, precisely speaking, the parenting efficacy can be viewed as an emotion and the mother-child interaction can be viewed as a behavior since the mother-child

interaction is the interaction with children based on the perception on parental competence. The reason why parenting efficacy had indirect effects on family health strengths rather than direct effects in this research is considered because of the existence of the endogenous variable of mother-child interaction and the parenting efficacy is externally introduced through mother-child interaction. Married migrant women are experiencing their feelings of sorry for their children and, on the other hand, they are trying hard to educate their children like ordinary Korean mothers [30]. In addition, the mother-child interaction was affected by acculturative stress as an endogenous variable and, according to researches, maternal stress and parenting efficacy are negatively related [31], and the fetal attachment of married pregnant migrant women was relatively low compared to non-migrant women [32]. Considering this, in the long term, parenting efficacy and mother-child interaction should be increased from the beginning stage of pregnancy to improve the family health strengths of married migrant women. For this, it is considered that long-term programs and policies starting from the programs for couples' participation and parental education, which target married pregnant migrant women, are needed

Finally, it was shown that marital communication, as an endogenous variable, directly affects family health strengths. Through communication with each other, couples can feel friendly to spouses and understand each other, and communication is the most essential part of family health strengths. Kim [25] reported that married migrant women have poor communication with their spouses, but Suh & Kim [14] found that married migrant women positively evaluate the communication with their spouses, whose result is similar to the result of this research that married migrant women have higher-than-normal marital communication. In addition, the reason why the marital communication score in this research is high and marital communication is the key variable can be found in the facts that many of the subjects in this research are proficient in Korean and have had marriage periods of 6 years or more, which indicate the length of living in Korea.

The significance of this research is that, while examining the family health strengths of married migrant women, it comprehensively included the children factor, advancing from the existing researches focused on the individual factors and the couple factors. In the past, Eo & Yoo [28] reported that the most influential variables in family health strengths are personal characteristics such as self-esteem, but this research showed contrasted results. Viewing based on the results of this research, the family health strengths of married migrant women who have children and have entered into mature marriage life are seen to be influenced more by their marital relationships and the relationships with their children than by their individual characteristics and, viewing based on the ecological system theory by Bronfenbrenner [7], it can be said that the influence of the family variables in microscopic

system is greater than that of individual organic variables.

LIMITATIONS

As this research used the convenience expression method, which is non-probability sampling, and was conducted in some parts of Korea, it is necessary to be careful to generalize the results of this research to whole married migrant women.

CONCLUSION

When developing nursing strategy programs and policies to maintain and increase the family health strengths of married migrant women who have husbands and children, plans to reduce acculturative stress and to increase the factors related to parenting efficacy, marital communication, and mother-child interaction will have to be focused on. In particular, since marital communication and mother-child interaction are directly important factors, by focusing on programs and policies for couples and children rather than on individual variables of married migrant women in order to prevent dismantling of the families of married migrant women whose marriage life has entered into a stable period and to increase the health of the families,, the enhancement of the family health strengths of married migrant women will be able to be obtained.

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