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A Phenomenological Study on Vietnamese Immigrant Mothers Married to Koreans' Parenting Experience in Preventing Infant Accidents and Injuries

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Purpose: This study aims to analyze the essence of infant parenting experiences of Vietnamese immigrant mothers married to Koreans'.
Methods: The study participants are mothers who came to Korea from Vietnam as marriage immigrants, and have an experience of parenting infants in less than one year or are currently parenting infants. Data collection was carried out by interviews, and Colaizzi's phenomenological method was used for analysis.
Results: Total 17 meaning units, 8 themes and 3 theme clusters were identified. The three theme clusters are as follows: 1) A strange land, journey to 'mother', 2) A moment of carelessness, an unexpected accident, 3) The first step to safe parenting.
Conclusion: Vietnamese immigrant mothers have experienced of a sudden transition to motherhood in Korea, and have raised their infants in a bicultural environment. While raising their infants, they have encountered unexpected accidents due to differences in parenting culture and lifestyle. Nevertheless, Vietnamese immigrant mothers have made efforts to care for their infants safely and have shared parenting responsibility with their husbands. They also recognized the need for infant safety education based on community support. Therefore, in the future, infant safety education programs that consider cultural differences will be necessary.

Keywords: Infant; Parenting; Safety; Vietnam; Mother

Introduction

Background

One of the major issues in child health management is child deaths from accidents, and safety accidents are known to be a leading cause of death for children. In particular, safety accidents among children under the age of 3 are reported to account for 49.8% of the total child safety accidents. The percentage of accidents are decreasing in children aged 1 to 3 years, but increasing in those aged 0 to 1 year [1,2]. Safety accidents that happen to children under the age of 3 can cause physical and psychological damage to children, leading to difficulty in daily activities, and serious cases of injuries from safety accidents can even lead to death. In addition, they can cause emotional distress not only to the children but also to their parents, or cause financial difficulties due to loss of work and high medical expenses [2].

The main factors associated with accidents during infancy include developmental characteristics of children, characteristics of caregivers and families, and the child-rearing environment [3]. Due to the characteristics of child development, infants are curious about their environments and objects around them and try to explore them, but they lack the ability to control their bodies and recognize danger. For these reasons, safety accidents are always highly likely to occur during infancy and early childhood, and child mortality rate from safety accidents for this period is high [4]. Regarding the characteristics of the child-rearing envi-

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ronment, most safety accidents during infancy and early childhood occur at home (71.1%) [1], indicating that creating a safe child-rearing environment at home is important [5]. With respect to the characteristics of caregivers and families related to safety accidents during infancy and early childhood, the characteristics include factors such as parents' education level, economic status, awareness of safety accidents, and experience in safety accident prevention education. In particular, multicultural families in Korea have vulnerable conditions in terms of economic, sociodemographic, and ecological characteristics [6], which makes them vulnerable to the risk of safety accidents occurring during infancy and early childhood.

Among the married immigrant women of multicultural families in Korea, Vietnamese married immigrant women take up 23.0%, accounting for the second largest proportion after Korean-Chinese married immigrant women [7]. With respect to child safety accidents, a previous study reported that among child safety accidents in Vietnamese multicultural families in Korea, accidents of children ages 1 to 3 took up 43.3%, and accidents of infants under 1 year of age accounted for a high proportion of 30.0% [8]. Regarding the locations of safety accidents in these families, the proportion of home was highest at 47.7%, and as for types of safety accidents, falls resulting from a slip accounted for 43.6% and collisions took up 18.0% [8]. As described above, Vietnamese multicultural families account for a high proportion of multicultural families residing in Korea, so education for prevention of infant safety accidents for Vietnamese immigrant mothers is very important in preventing child safety accidents.

In some previous studies on infant safety conducted with Korean parents in Korea, education on accident prevention, safety management, and first aid for infants was provided for parents, and this education on safe infant care was found to be effective in improving parents' safety knowledge and safety practice behaviors [9,10]. In previous studies on safe infant care conducted abroad, various types of safety accident prevention education, such as education for mothers of newborns regarding infants' accidents such as suffocation, falls, ingestion of foreign bodies, and burns [11], education for accident prevention through safety equipment [12], burn prevention education [13], and seat belt education [14], were conducted.

Although it has been reported that mothers from multicultural families in Korea showed the highest educational need for 'safety rules/accident prevention' for infants and toddlers [15], there are few studies that conducted education for prevention of infant safety accidents for mothers from multicultural families. Only one prior study investigated the experiences of child safety accidents and the needs for safety accident education among multicultural families and especially among Vietnamese immigrant mothers [8]. Although this previous study showed a high need for child safety and health management, it included school-age children as well, so it had limitations in identifying the need for education to prevent infant safety accidents. This shows that there is a high demand for child safety and health management, but since it includes school-age children, there are limitations in confirming the need for education to prevent safety accidents in infants. In Korea, infant safety education conducted was conducted not for Vietnamese immigrant mothers but for Korean mothers in Korea [16] or provided for child daycare teachers [17]. In addition, most of the previous researches on Vietnamese immigrant mothers were conducted on infant rearing [18,19]. As for prior studies abroad, studies on the prevention of falls, burns, poisoning, suffocation, and automobile accidents for parents of infants have been conducted [20], but there have been few studies on the prevention of safety accidents for multicultural groups.

According to the Culture Care Theory suggested by Leininger [21], nursing is a profession that involves directly meeting the recipients of nursing care with diverse cultural backgrounds, so nurses should understand their cultural environment and performing universal nursing care practices across cultural boundaries. In other words, nurses need to be equipped with cultural nursing competency to understand the values, beliefs, and practices of the recipients of nursing services with various cultural backgrounds. In this context, in order to conduct infant safety accident prevention education for Vietnamese mothers who came to Korea through marriage immigration, it is necessary to understand Vietnamese mothers' parenting experiences related to infant safety accidents.

To this end, a qualitative research approach is needed to provide a deeper understanding of the infant rearing experiences of Vietnamese immigrant mothers in Korea. Although there have been studies on the needs for safety accident prevention education among Vietnamese immigrant mothers, previous studies did not reflect the cultural characteristics of the participants, and had limitations in providing an in-depth understanding of the characteristics of infant safety accident experiences. Therefore, this study aimed to understand the essential nature of parenting experiences to prevent infant safety accidents and injuries among Vietnamese immigrant mothers who recently raised infants in order to provide basic data that can be utilized for the development of education programs for the prevention of infant safety accidents and injuries for Vietnamese immigrant mothers.

Aims

This study aimed to deeply understand and analyze the essential nature of parenting experiences in preventing safety accidents and injuries among Vietnamese immigrant mothers with the experience of raising an infant within the past year. The research question for this study is as follows: "What are the parenting experiences of Vietnamese immigrant mothers in preventing infant safety accidents and injuries?"

Methods

Study design

This study is a qualitative study that applied Colaizzi's phenomenological method [22] to conduct an in-depth analysis of the essential nature of infant safety care experiences of Vietnamese mothers living in Korea. In order to conduct this study, the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were reviewed, and the procedures and results of this study were described according to the criteria [23].

Participants

The participants in this study were mothers who came from Vietnam for the purpose of marriage immigration. They were selected as participants since they were judged to clearly understand the research topic and be able to provide and explain information related to the research topic since they had relevant experience. The specific inclusion criteria were as follows: 1) mothers who have the experience of having raised an infant within the past year or are currently raising an infant; 2) mothers who have clearly understood the purpose of the study and voluntarily agreed to participate in the study.

Data collection

Data collection was carried out through in-depth interviews with the participants from March to May 2024. In order to recruit Vietnamese immigrant mothers with the recent experience of raising an infant, a recruitment notice was posted at the Multicultural Family Support Center in C City through the person in charge of the center. Afterwards, participants were recruited sequentially by the snowball sampling method. In other words, participants were recruited by a sequential recruitment process in which a participant recommended another potential participant who wanted to participate in the study among her acquaintances to the researcher. Since all the research participants were Vietnamese immigrant mothers and had limitations in communicating in Korea, data collection processes including interviews were conducted with the help of a Vietnamese interpreter, since Vietnamese was the native language of the participants. Thus, the researcher began the research by explaining the purpose and intent of the study to the Vietnamese interpreter through a preliminary meeting.

First, before conducting research, the corresponding author explained the purpose and research method of the study to the potential research participants, and those who voluntarily agreed to participate in the study were selected as participants. The participants were allowed to choose the location and time for the interviews for data collection. Most of the participants wanted to conduct the interview in the counseling room of the multicultural family support center, while some wanted to conduct the interview at home. Therefore, the interview location was chosen according to the participants' preference. Most interviews were conducted by the face-to-face, one-on-one interview method, and in some cases, phone interviews were additionally conducted to obtain more accurate information.

Before starting main interviews with individual participants, the researcher first had a casual conversation or small talk with an individual participant to build rapport with the participant, and then moved on to an in-depth interview on the research topic using semi-structured open-ended questions. The researcher began an in-depth interview by asking the participant a general, comprehensive question, such as "Please tell me about your parenting experience about preventing the accidents and injuries of your child after you immigrated to Korea." Then, the researcher continued to conduct the interview with additional questions. The examples of the additional questions were as follows: "How did differences in parenting styles between Vietnam and Korea affect your preventing your child's safety accidents?", "After you got married in Korea, what challenges and experiences did you go through in protecting your child safely?", "What strategies or methods did you use to prevent your child's safety accidents during infancy, and what feelings did you experience during the process?", "What factors in Korean society helped or supported you in raising your children safely?", "Please explain how the cultural differences you experienced in Korea affected your child-rearing methods and safety accident prevention." During these interviews, when communication between the researcher and the participant was not smooth, an interpreter participated in the interview process and accurately interpreted what the participant said into Korean for the researcher. To conduct interviews with an interpreter present, the researcher informed the participants in advance that an interpreter might participate in the interviews to offer help for effective communication, and

consent regarding the interpreter's participation in the interview process was obtained from the participants before conducting interviews.

The interviews for data collection were conducted 1 to 3 times per participant, and in some cases, interviews were carried out over the phone depending on the participant's situation. The individual in-depth interviews took 20 to 60 minutes per participant. The interviews were recorded with the participants' consent, and the researcher conducted the interviews while briefly recording the content of the interviews. After the completion of the interviews, the researcher transcribed the recordings of interviews, and data collection was completed when theoretical saturation was reached. Theoretical saturation refers to the point where no additional new information or themes about the research topic emerge from the collected data. After confirming that theoretical saturation was reached, the researcher finally selected a total of 10 people as the research participants and analyzed the data. The number of participants in this study met the appropriate sample size for the phenomenological research method suggested by Crewswell [24].

Data analysis

To analyzed the research data, the seven-step phenomenological descriptive method suggested by Colaizzi [22] was used to identify essential themes in Vietnamese immigrant mothers' experiences of safe infant rearing. Colaizzi's method of data analysis [22] was influenced by Husserl's transcendental phenomenology, and thus focuses on the process of suspending judgment or the process of bracketing to capture as much of the researcher's experience as possible [25]. Thus, in this study, the technique of phenomenological reduction was applied to reveal the individual experiences of Vietnamese immigrant mothers in Korea regarding their experiences of looking after their infant safely. The specific analysis processes of this study are as follows:

In Step 1, the recorded interviews were listened to repeatedly, and the participants' statements were transcribed verbatim to identify the overall meaning. In Step 2, meaningful statements were derived by underlining the contents and phenomena that were emphasized or repeatedly appeared in the subjects' statements, and judged to be highly related to the participants. In Step 3, the meanings of the derived meaningful statements were reconstructed in the researcher's language by making general and abstract statements from the derived meaningful statements. In Step 4, the general and abstract statements were categorized by analyzing them into themes and theme clusters. In Step 5, the themes and theme clusters were comprehensively described. In Step 6, the essential structure of the participants' experiences was described focusing on the common elements of the comprehensively described phenomenon. In Step 7, validation of findings was carried out by presenting the analysis results to three participants to confirm whether the analysis results matched their experiences.

Ensuring the reliability and validity of research

To verify the quality of this study and increase the reliability and validity of this research, the rigorous evaluation criteria for qualitative research suggested by Lincoln and Guba [26] were applied. In order to ensure credibility, the researcher in this study transcribed the content of interviews relatively quickly, listened to the recorded data repeatedly and compared it with the transcripts. In addition, additional interviews were conducted regarding the parts of the transcript about which the research had some questions or the parts difficult to understand. Regarding transferability, mothers who had the recent experience of caring for an infant or were currently caring for an infant were selected as research participants, and data were collected until data saturation was reached or until the statements of the research participants were repeated and no new data were produced. To ensure dependability, the researcher checked whether consistent research results were continuously obtained when the research participants were repeatedly asked similar questions in a similar context related to the research topic. To verify the dependability of this research, the results of the research process were reviewed and evaluated by two nursing professors with experience in qualitative research. With respect to ensuring confirmability, the researcher interviewed the participants who had no conflict of interest, and recorded and reviewed any bias or preconceptions the researcher had about multicultural experiences. In addition, while the research was being conducted, the researcher tried to exclude the researcher's subjective views or understanding as much as possible through a process of suspending judgment.

Ethical considerations

Before starting this study, the researcher explained to the participants that the collected data would not be used for any purpose other than the research, and also informed them of benefits or disadvantages arising from the study and the possibility of withdrawal from the study at any time depending upon the participant's intention. The participants were also informed that all interview data would be treated anonymously and destroyed after the completion of research. In order to facilitate the voluntary participation of research participants, the researcher explained the content of the informed consent form to the participants

with the help of an interpreter. The informed consent form was written in Vietnamese and checked by a native Vietnamese speaker in advance. After the participant completed the informed consent form, the researcher and the participant each kept a copy of the written informed consent form. In addition, this study was conducted after receiving approval from the Institutional Review Board of Chungcheong University (IRB No.: A-2nd-01-2023-001).

Results

The participants of this study were 10 Vietnamese married immigrant mothers in total, and their general characteristics are as follows (Table 1). As to age, the participants consisted of 4 women in their 20s (40.0%) and 6 women in their 30s (60.0%). Regarding education level, 5 mothers (50.0%) had the education level of college or higher. In addition, the participants consisted of 4 primiparous mothers (40.0%) and 6 multiparous mothers (60.0%), and they included 4 mothers (40.0%) who were currently raising an infant at the time of the interviews. The ages of their spouses were as follows: 1 man in his 20s (10.0%), 1 man in his 30s (10.0%), 3 men in his 40s (30.0%), and 5 men in their 50s (50.0%). Eight mothers (80.0%) gave birth within one year after settling down in Korea, and all mothers experienced safety accidents of their infants or risks of safety accidents of their infants.

Through the analysis of the safe infant parenting processes of Vietnamese immigrant mothers in Korea through in-depth interviews, a total of 17 meaning units, 8 themes, and 3 theme clusters of the participants' parenting experiences were derived (Table 2).

Theme cluster 1. A strange land, journey to 'mother'

Theme cluster 1 included the following three themes: 'A sudden transition to motherhood', 'Becoming a mother in a bicultural environment', and 'Mother's way of learning and adapting on her own.'

Theme 1-1. A sudden transition to motherhood

This theme included the following two meaning units or subthemes: 'going through pregnancy, delivery and parenting soon after settling in Korea' and 'lack of opportunity in prenatal education.' Vietnamese immigrant mothers who participated in the study experienced the processes of immigration, settlement in Korea, and childrearing without enough time for preparation or adjustment, and also experienced low accessibility to prenatal education in the local community rather than at medical institutions.

"I got married in Vietnam and got pregnant right after coming to Korea. At first, I was so busy and confused. In Korea, people raise their children treating them like a prince. In the case of my relatives raising their children in Vietnam, I think they just raise them." (M6).

"Before giving birth, I didn't know how to prepare for childbirth, and it was a very troublesome problem causing a headache. I didn't know what to do. At first, I received gifts from the multicultural family support center and the public health center. They gave me Korean newborn clothing called 'baenaet jeogori', and that was the first time I saw it. So, there's a group chat room called 'Mommeter' of the multicultural family support center. I uploaded a picture right away, asked how other Vietnamese mothers prepared, and did as they suggested." (M4).

Theme 1-2. Becoming a mother in a bicultural environment

This theme included the following three meaning units: 'cultural difference in safety perception', 'going through danger of infant safety due to the difference in parenting style caused by different

Table 1. Demographic Characteristics of the Participants

No.	Age (year)	Educational background†	Number Of children	First visited in Korea (year)	First Childbirth (year)	Targeted Infant's Age(month) and sex	Husband Age (year)	Experience of infant's accidents or risk accidents
M1	37	M	4	2009	2009	15, Male	38	Yes
M2	28	C	3	2018	2019	11, Male	53	Yes
M3	27	H	2	2018	2018	6, Male	44	Yes
M4	37	C	1	2021	2022	15, Female	49	Yes
M5	32	H	4	2012	2012	12, Female	51	Yes
M6	35	C	1	2022	2023	5, Female	50	Yes
M7	28	C	1	2020	2023	4, Female	28	Yes
M8	30	H	2	2018	2019	18, Male	53	Yes
M9	23	H	1	2019	2022	24, Male	43	Yes
M10	30	C	2	2019	2020	4, Female	58	Yes

M=Middle school graduate; H=High school graduate, C=College or University graduate.

Table 2. Vietnamese mothers' parenting experience of preventing infant accidents and injuries

Theme clusters	Themes	Meaning units
A strange land, journey to 'mother'	A sudden transition to motherhood	-going through pregnancy, delivery and parenting soon after settling in Korea
		-lack of opportunity in prenatal education
	Becoming a mother in a bicultural environment	-cultural difference in safety perception
		-going through danger of infant safety due to the difference in parenting style caused by different environment
		-going through danger of infant safety due to the difference in medical treatment system
	Mother's way of learning and adapting on her own	-difficulty in asking questions about childbirth and childcare because their parents are at a physically long distance
		-searching for information on childbirth and childcare in Vietnamese
A moment of carelessness, an unexpected accident	Exposure to unexpected accidents	-going through infant accidents at home
		-being exposed to infant safety accident-related risks
	The burden of coping with accidents	-absence of education on coping methods for accidents
		-fear of using medical centers due to poor communication
The first step to safe parenting	The exertion of maternal instinct and wisdom	-effort to educate the babies on danger perception through the communication with infant
		-mothers performing the role of secure base
		-creating a safe parenting environment
	Share responsibility	-requiring the spouses' safe childcare after going through infant accidents and being exposed to related risks
	The need for support-based education	-absence of safety care education provided by the community
		-need of family-participatory education on safety accident prevention

environment', and 'going through danger of infant safety due to the difference in medical treatment system.' It was found that Vietnamese immigrant mothers in Korea showed a low level of awareness of creating a safe child-rearing environment due to a relatively low of safety awareness among mothers in Vietnam. In addition, differences in the child-rearing environment such as language and the climate, as well as differences in medical systems were found to indirectly or directly affect infant safety accidents.

"In Korea, they cherish and look after babies very carefully. I took care of my cousins in Vietnam. My family explained how to look after them to me verbally, so I looked after the babies as I was told. In Vietnam, they are not very careful about the safety of babies." (M1).

"One day, my baby cried a lot. I tried to soothe my baby, but it wouldn't stop crying, so I asked my friends around me. They told me to use a hammock. In Vietnam, many babies sleep in a hammock." (M2).

"In Vietnam, it's usually warm or hot. Korea has winters so it's cold. So, I use an electric blanket in the living room in the winter. I left the electric blanket on the high setting. When I went to change my baby's diaper, I found that the lower parts of its thighs were slightly red." (M10).

"When my baby was 11 months old, I went to a female acquaintance' restaurant to work there, and my job was gluing decorations with silicone. I was working beside my baby, and other women working at the restaurant were also there, and we were just talking. Then, all of a sudden, my baby touched something hot. So, my baby had some minor burn, so I went to the pharmacy next to the restaurant right away. I bought some ointment for burns and put a thin layer of the ointment on the burn. But, an older female friend next to me told me to put toothpaste on it. She said that people used the method in Vietnam." (M5).

Theme 1-3. Mother's way of learning and adapting on her own

This theme included two meaning units: 'difficulty in asking questions about childbirth and childcare because their parents are at a physically long distance' and 'searching for information on childbirth and childcare in Vietnamese.' Vietnamese immigrant mothers found it difficult to easily obtain information on infant rearing due to the physical distance from their parents in Vietnam. In addition, since they were not yet proficient in Korean, they mainly obtained information on childbirth and infant rearing from Vietnamese-based websites, social network services, and online video sharing platforms, and they also got related information from senior Vietnamese immigrant mothers around

them in Korea.

"I got pregnant soon after coming to Korea and gave birth. Since my Korean skills were very poor, I searched for information on infant rearing on the Internet mainly using Vietnamese. And people around me also gave me information on raising a baby. I think I had many difficulties while raising my baby after I gave birth for the first time. My mother was far away and my relatives were in Vietnam, so it was difficult for me to ask them." (M5).

"I looked up information on what foods pregnant women shouldn't eat. I found that there are differences in the foods pregnant women can eat between Korea and Vietnam. And when I got closer to the time of giving birth, I watched videos about giving birth in both Korean and Vietnamese. Since I was going to give birth in Korea anyway, I watched the videos in Korean too. When I was getting treatment at the OB/GYN clinic, the doctor told me about things to prepare before giving birth. But I think I looked up information on very various things." (M4).

Theme cluster 2. A moment of carelessness, an unexpected accident

Theme cluster 2 included the following two themes: 'Exposure to unexpected accidents' and 'The burden of coping with accidents.'

Theme 2-1. Exposure to unexpected accidents

This theme included the following two meaning units: 'going through infant accidents at home' and 'being exposed to infant safety accident-related risks.' Vietnamese immigrant mothers experienced safety accidents such as their infants' sudden falls and swallowing a foreign object while caring for their infants at home, and were also exposed to the risk of infant safety accidents such as burns.

"I used a high bed in Vietnam. I also used a high bed after giving birth in Korea. I left the baby alone and went outside for a while. The baby tried to roll over and fell off the bed. Afterwards, I found the baby's nose swollen. I was so shocked at that time. I felt guilty every time I saw the baby's nose." (M7).

"I was in the kitchen with my baby and I put the rice cooker down on the floor. As you know, when the rice is almost cooked, water (steam) rises up from the rice cooker hole. Then, my baby touched the water (steam) out of curiosity. My baby started to cry so loud. I was also really shocked." (M9).

"I was watching my baby sitting next to him. Then, I suddenly found my baby had a small toy in its mouth. I didn't even see the baby put it into its mouth. (Phew) I was scared and worried." (M3).

Theme 2-2. The burden of coping with accidents

This theme included the following meaning units: 'absence of education on coping methods for accidents' and 'fear of using medical centers due to poor communication.' Vietnamese immigrant mothers sometimes took care of their infants' minor injuries at home after their infants actually experienced accidents, and some mothers even visited medical institutions for the treatment of their child. When visiting medical institutions, they were accompanied by their husbands. This finding showed that Vietnamese immigrant mothers were somewhat afraid to use medical institutions with their child on their own.

"Usually, I am beside my baby, but that day, I asked my husband to watch the baby and went into the bathroom to take a shower. The baby was playing its sister in the living room. But, suddenly, I heard a strange sound from the living room, so I went out of the bathroom quickly and found that a piece of candy was stuck in my baby's throat. Its face turned blue and sweaty. So, I hit my baby on the back. Then, the candy piece got out of its throat. Then, I called 119. I also searched for and checked first aid for babies on TikTok. At that time, I was so shocked and confused. So, I was so upset that I cried. I was so shocked that I broke out in a cold sweat." (M1).

"My baby chewed a colored pencil once. I was so worried that I took my baby to the hospital. I was afraid to go alone because my Korean skills were not yet good enough, so I called my husband right away and went with him. Fortunately, they said my baby was okay. I was worried (before hearing that my baby was okay)." (M8).

Theme cluster 3. The first step to safe parenting

Theme cluster 3 included the following themes: 'the exertion of maternal instinct and wisdom', 'Sharing responsibilities', and 'The need for support-based education.'

Theme 3-1. The exertion of maternal instinct and wisdom

The theme included the following meaning units: 'effort to educate the babies on danger perception through the communication with infant', 'mothers performing the role of secure base' and 'creating a safe parenting environment.' Most of the infants were raised through Vietnamese immigrant mothers' care and protection, and Vietnamese mothers tried to raise their infants safely through verbal and nonverbal communication with their children. Due to the environmental situation of living in Korea, Vietnamese immigrant mothers tried to raise their children safely by communicating with their babies bilingually or using only Korean. However, a small number of Vietnamese immigrant mothers did not try to communicate with or give verbal explanations to their infants in some cases under the assumption that their in-

fants would not understand what they were saying. Nevertheless, since the infants spent most of their time with their mothers, Vietnamese mothers played the role of a secure base for the infants and attempted to create a safe parenting environment.

"I let the baby touch the baby bottle so that the baby could feel whether it was hot or cold. I heard from another friend that if you speak bilingually now, your baby may not be able to speak the languages later. I felt worried to hear that, so I talk to my baby in Korean most of the time." (M3).

"After my baby's movements started to increase, my baby puts things like a coin, toy, and magnet into its mouth. My baby doesn't swallow them, but I often find my baby has such things in its mouth. If you look at the door there, you can see a magnet attached to it. My baby once put the magnet into its mouth. While my baby was playing, I found a magnet in its mouth. I told my baby, "It's dangerous." And I removed the magnet attached to the door and put it out of my baby's reach." (M9).

"I never leave my baby alone after it fell off the bed. I always try to keep an eye on my baby. And I took my baby to the bathroom with me, and hot water came out of the faucet (shower head), so my baby almost got burned from hot water. I tried to wash my baby's bottom, but hot water just came out. So, now, I always touch water first before washing my baby." (M7).

Theme 3-2 Share responsibility

This theme included the meaning unit of 'requiring the spouses' safe childcare after going through infant accidents and being exposed to related risks.' In particular, Vietnamese immigrant mothers who have experienced infant safety accidents or been exposed to risks wanted to strengthen safe parenting, and expressed the opinion that safe parenting requires their spouses to also participate in safe parenting of their infants.

"Since there are my baby' siblings at home, there are a lot of toys here and there. Since there are a lot of toys, my baby puts the toys in its mouth. Yesterday, I didn't put the toy away, so my baby put it into its mouth. But my husband didn't see the baby doing that. But when I looked inside my baby's mouth, the toy got out of its mouth. Its size was somewhat large. My husband was also startled. So, He has been trying to watch the baby a little more carefully since then." (M2).

"After the accident, my husband is also trying to look after the baby a little more carefully. Previously, when I asked him to look after the baby, he would just look at his phone. Now, he's trying to look after the baby well. If he doesn't, I complain to him." (M9).

Theme 3-3. The need for support-based education

This theme included the following meaning units: 'absence of safety care education provided by the community' and 'need of family-participatory education on safety accident prevention.' Most Vietnamese immigrant mothers obtained information about safe parenting from Vietnamese immigrant mothers around them, their spouses, their in-laws, and the Internet. Vietnamese mothers who had experienced infant safety accidents expressed the educational needs for safe infant parenting. They also expressed the importance of education that they can participate in together with their spouses.

"When I first bought the car seat, the instructions were all written in Korean. I couldn't understand them well, so I asked my older co-sister-in-law, and she told me how to use the car seat. So, I think it would be better if we can receive education together about things like how to use the car seat before we have the baby. And it would be good if I receive education together with my mother after I give birth to a baby." (M3).

"There is no safety education at the public health center or the multicultural family support center. At first, I didn't know much, so I searched a lot on the Internet. And it's important to visit homes and check if each home is a safe environment. However, some Vietnamese mothers don't like strangers to visit their house. So, for those mothers, it would be good to conduct education by artificially creating possible dangerous situations." (M4).

"My baby got a candy stuck in its throat. I was so shocked. That's why I think education on how to respond to dangerous situations is necessary. I've never received this kind of education before. My husband didn't know how to deal with it when the accident occurred. I think that if my husband and I receive safety education, we will be able to cope with dangerous situations for our baby well." (M1).

Discussion

This study attempted to investigate the essential nature of Vietnamese immigrant mothers' parenting experiences in preventing infant safety accidents and injuries. As a result, this study derived 3 theme clusters, 8 themes, and 17 meaning units through the qualitative analysis of Vietnamese immigrant mothers' parenting experiences.

It was found that Vietnamese immigrant mothers who came to Korea through marriage immigration experienced pregnancy, childbirth, and infant rearing without a period of cultural adaptation, and that differences in safety perception and culture between Vietnam and Korea also had a negative impact on the safety of their infants. In particular, Vietnamese mothers who immigrated to Korea through marriage were reported to experience a higher level of acculturative stress due to differences in the cli-

mate, appearance, and lifestyle culture between their native country and Korea, compared to Chinese or Japanese mothers [27,28], and they were also found to have relatively poorer Korean language skills and communication skills [27]. In addition, a previous study on infant safety in Vietnam found that guidelines related to creating a safe sleep environment did not affect the improvement of knowledge among mothers of infants [29]. Despite the presence of such safe sleep guidelines, most mothers raising infants in Vietnam were found to share their bed with their infant [30], and this study also found such cases in the experience of Vietnamese immigrant mothers living in Korea.

Vietnamese immigrant mothers who participated in this study perceived the lack of opportunities to receive prenatal education in Korea. In particular, most of the Vietnamese immigrant mothers who participated in the study experienced pregnancy, childbirth, and infant rearing within a short period of one year or less after coming to Korea to settle down in this country. In this situation, the participants felt the need for early education for prevention of infant safety accidents and injuries. However, prenatal childbirth education programs currently operated by the public health centers of local governments are mainly focused on the processes of pregnancy and childbirth [31]. Moreover, the operation of public postnatal care centers used after childbirth and the maternal and newborn health care support project [32] have also been focused on newborn care, so education for prevention of infant safety accidents is not sufficiently provided. In addition, although multicultural family support centers also provide support for pregnancy and childbirth, there is a lack of systematic education on infant safety [33]. Additionally, Vietnamese immigrant mothers have been reported to show a higher usage rate of services related to pregnancy and childbirth than Cambodian or Japanese immigrant mothers [33], and this finding is thought to reflect the service needs of Vietnamese immigrant mothers and thus show the necessity for providing infant safety accident prevention education that takes into account the cultural backgrounds of the target group.

This study revealed actual cases where Vietnamese immigrant mothers experienced the risk of infant safety accidents due to cultural differences in the parenting environment during the process of raising infants. A representative example of such cases was the use of a hammock. At less than 3 months of age, babies typically go through the period of 'purple crying', during which babies' crying is long-lasting, and resistant to soothing or settling [34], and a research participant reported that her Vietnamese family or Vietnamese immigrant mothers around her recommended using a hammock when her baby was 'purple crying.' However, in Australia, it is strongly recommended not to lay an infant in a hammock due to the risk of falls and suffocation [35]. In this study, another case of the infant safety accidents experienced by the participants was the baby's falling off a high object, and the case reported by Vietnamese mothers was similar to the type of accidents experienced by Korean mothers, such as falling off the bed or sofa [4,8]. However, the significance of this research is thought to lie not in simply having investigated the actual cases of fall accidents but in the fact that this study specifically identified the infant safety accidents and accident risks that Vietnamese immigrant mothers experienced in their daily lives due to differences in environmental factors such as the climate and culture between their native country and Korea.

Above all, it was found that Vietnamese immigrant mothers had difficulty finding appropriate coping methods after experiencing infant accidents at home, and especially expressed their fear of using medical institutions. Most of the study participants were accompanied by their husbands in most cases when they visited medical institutions, and this finding is thought to reflect the fact that Vietnamese immigrant mothers felt uncomfortable or worried about using medical institutions independently without the help of their spouse. Previous studies have also reported that mothers in multicultural families experience difficulties in using medical services due to poor Korean language skills, lack of understanding of medical terms, and complexity of the procedures of using medical institutions [36]. Vietnamese immigrant mothers raising infants were also found to experience such difficulties. In particular, considering the fact that factors such as length of residence in Korea and household income have been found to have an influence on their use of medical institutions among Vietnamese immigrant mothers [37], there is a need to provide Vietnamese immigrant mothers with education on the use of medical institutions from the time of pregnancy. To address these difficulties, it should be considered to provide practical, situation-based activity education [38] and scenario-based education in an accessible and easy-to-understand manner, rather than education that simply transfers knowledge.

According to a previous study, among Vietnamese immigrant mothers in Korea, their Korean husbands' level of involvement in infant rearing was significantly lower due to the age gaps between them and their spouses [27]. In this study, it was found that Korean husbands tended to look at their cell phones while taking care of their infants. This tendency is similar to the situation where infant safety accidents occur even when parents are present at home because parents are negligent in looking after their infants or fail to keep an eye on them [3]. In this study, especially

after they experienced infant accidents at home or exposure of their babies to such risks, Vietnamese immigrant mothers always tried to raise their infants safely staying near the infants in various situations, such as when they were cooking and when their infants were playing. Vietnamese mothers required that their Korean husbands should also perform these strengthened parenting behaviors, and the husband's performing safe parenting practices plays a vital role in both parents' caring for their infant safely together. In this regard, a previous study emphasized the importance of supervision in preventing infant safety accidents [39], and supervision can occur in various forms, such as 'being with the infant', 'observing or watching the infant', and 'educating or explaining safety behaviors to the infant' while continuously watching the infant [40]. Therefore, in education for prevention of infant safety accidents and injuries, it should be emphasized that supervision is an important factor not just for the mother but for both parents.

The results of this study showed that Vietnamese immigrant mothers felt the need for education for prevention of infant safety accidents. In this connection, previous studies also reported that mothers of multicultural families, including Vietnamese immigrant mothers, had educational needs regarding newborn safety management and emergency response methods for newborns, vaccination, methods for creating a safe home environment, methods for preventing suffocation and foreign body ingestion, and methods for prevention of burns, falls, and drowning [8,41]. The results of this study also showed the participants' needs for education for prevention of infant safety accidents. Thus, based on these research findings, education for prevention of infant safety accidents should be provided in a comprehensive manner by including education on how to create safe infant-rearing environment, emergency response methods for infants, vaccinations, and how to use car seats. In particular, infants go through an early developmental stage with a small amount of movement during the first three months after birth, and then undergo a developmental stage involving more active motions [5], so there is a need to consider an approach that takes into account the developmental stages of infants in the operation of education programs for infant safety accident prevention.

The role of community nurses is very important in operating such education programs for prevention of infant safety accidents and injuries. In a previous study, visits of nurses, who are professionals, were found to be more effective than those of semi-professionals [42]. Also, another previous study found that nurses contributed to reducing the occurrence of safety accidents through their home visits to families with infants [43]. In addition, a prior study reported that parenting support activities through mothers' groups helped to improve parenting efficacy through social support among mothers [44]. In light of the above findings of previous studies, it is thought that it would be more effective if both education in the form of group meetings and individual home-visit nursing education are utilized together when providing education for prevention of infant safety accidents and injuries. If infant safety accident prevention education include both group meetings and nurses' home-visits, Vietnamese immigrant mothers will be able to create a safe child-rearing environment by receiving individual education through home visits by nurses from the time of pregnancy. In addition, through group meetings, Vietnamese immigrant mothers will be able to gather together and build social support, thereby receiving support for safe parenting from their peers.

The results of this study showed that Vietnamese immigrant mothers felt guilty after experiencing their infant's safety accident. These negative emotions may have a negative impact on mother-infant interactions and formation of mother-infant attachment [45]. Nevertheless, Vietnamese immigrant mothers tried to actively communicate with their infants to protect them from dangerous environments. In the process, some adopted a bilingual approach by using both Vietnamese and Korean, while others used only Korean. These results show that there is continuous communication between Vietnamese immigrant mothers and their infants, and suggest that there is a need to reflect such positive mother-infant interactions in the operation of education for prevention of infant safety accidents in the future.

Taken together, the findings described above suggest that family participatory education for Vietnamese immigrant mothers based on mother-infant interactions should be implemented in the community to prevent infant safety accidents and injuries. To this end, it is necessary to provide infant safety education that takes into account differences in parenting culture between Vietnam and Korea.

Conclusions

This study attempted to explore the essential nature of parenting experiences in preventing infant safety accidents and injuries among Vietnamese immigrant mothers in Korea. Research results showed that since they suddenly became mothers in Korea, Vietnamese immigrant mothers had difficulty in obtaining information necessary for parenting because raising a baby in a bicultural environment was different from raising a child in Vietnam. In addition, it was found that while raising their infants, the par-

ticipants were exposed to unexpected accidents and thus felt concerned about responding to safety accidents. Nevertheless, Vietnamese immigrant mothers did their best to take care of their children safely, and wanted to share parental responsibilities with their husbands, and felt the need for support-based education. To address the needs of Vietnamese immigrant mothers for safe infant-rearing based on the research findings, it is necessary to provide education for prevention of infant safety accidents and injuries based on mother-infant interactions, and such education should reflect differences in parenting styles and the infant-rearing environment between Korea and Vietnam, consider supportive relationships, and include hands-on activities.

However, this study has limitations in that it was conducted without distinguishing between primiparous and multiparous mothers, and the period of residence in Korea and the time elapsed after the first childbirth were not set in this study. Nevertheless, this study has significance in that it explored Vietnamese immigrant mothers' parenting experiences in preventing infant safety accidents and injuries that reflected the characteristics of Vietnamese parenting culture. Based on the research findings, it is suggested to develop and apply infant safety education programs for Vietnamese immigrant mothers in the community by taking into account differences between Korean and Vietnamese cultures.

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Conflict of interest

No conflict of interest has been declared by all authors.

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Authors' contributions

Mi-Seon Kim contributed to conceptualization, data curation, formal analysis, methodology, writing - original draft, review & editing, investigation, resources, and validation. Mi Hye Kim contributed to conceptualization, data curation, formal analysis, methodology, visualization, writing - original draft, review & editing, validation, and software. Sunhwa Park contributed to conceptualization, data curation, formal analysis, funding acquisition, methodology, project administration, writing - review & editing, investigation, resources, supervision, and validation.

Data availability

Please contact the corresponding author for data availability.

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