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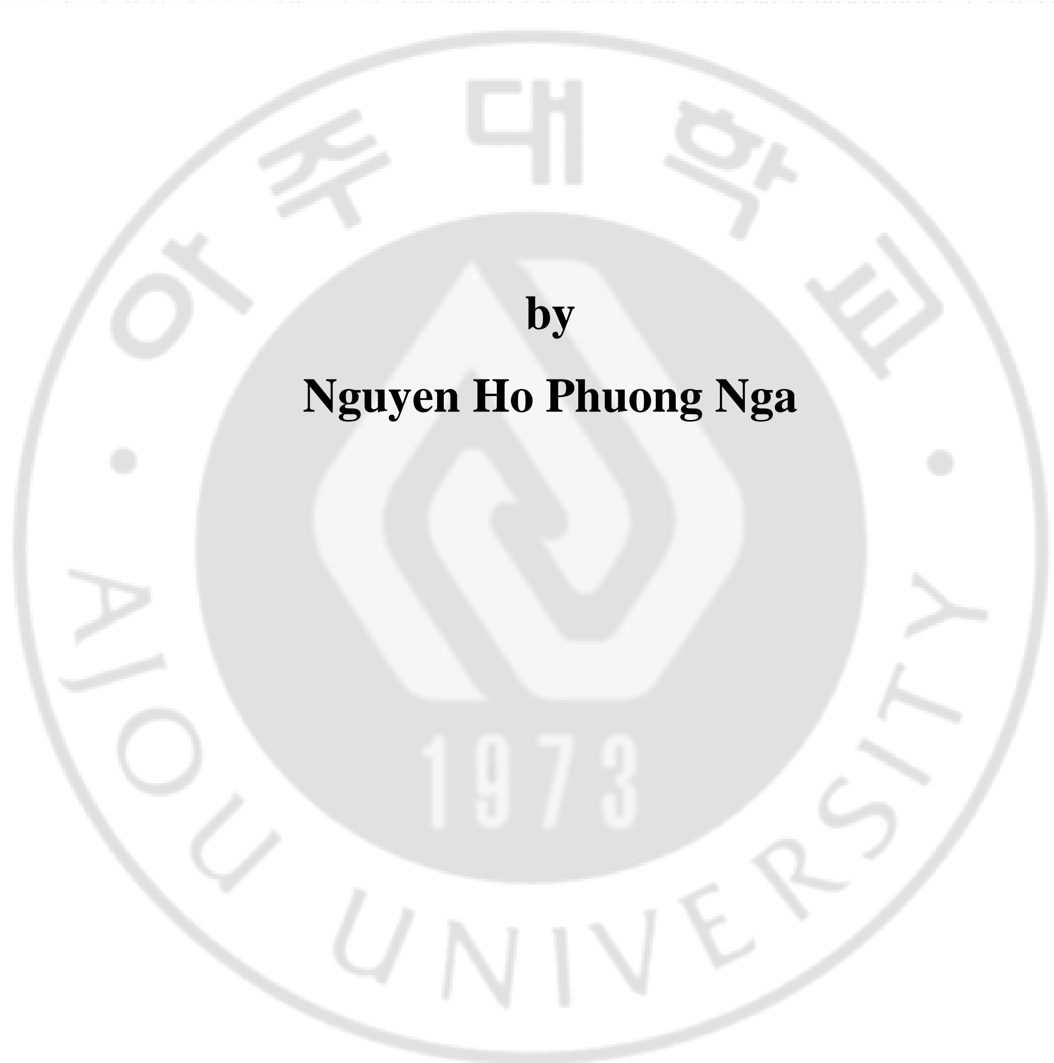
# Relationship between Knowledge and Attitude toward Sexuality among Vietnamese Immigrant Women in South Korea




by

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**Major in Nursing**

**Department of Nursing Science**

**The Graduate school, Ajou University**

# Relationship between Knowledge and Attitude toward Sexuality among Vietnamese Immigrant Women in South Korea

by

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A Thesis Submitted to The Graduate School of
Ajou University in Partial Fulfillment of
The Requirements for
The Degree of Master of Science in Nursing

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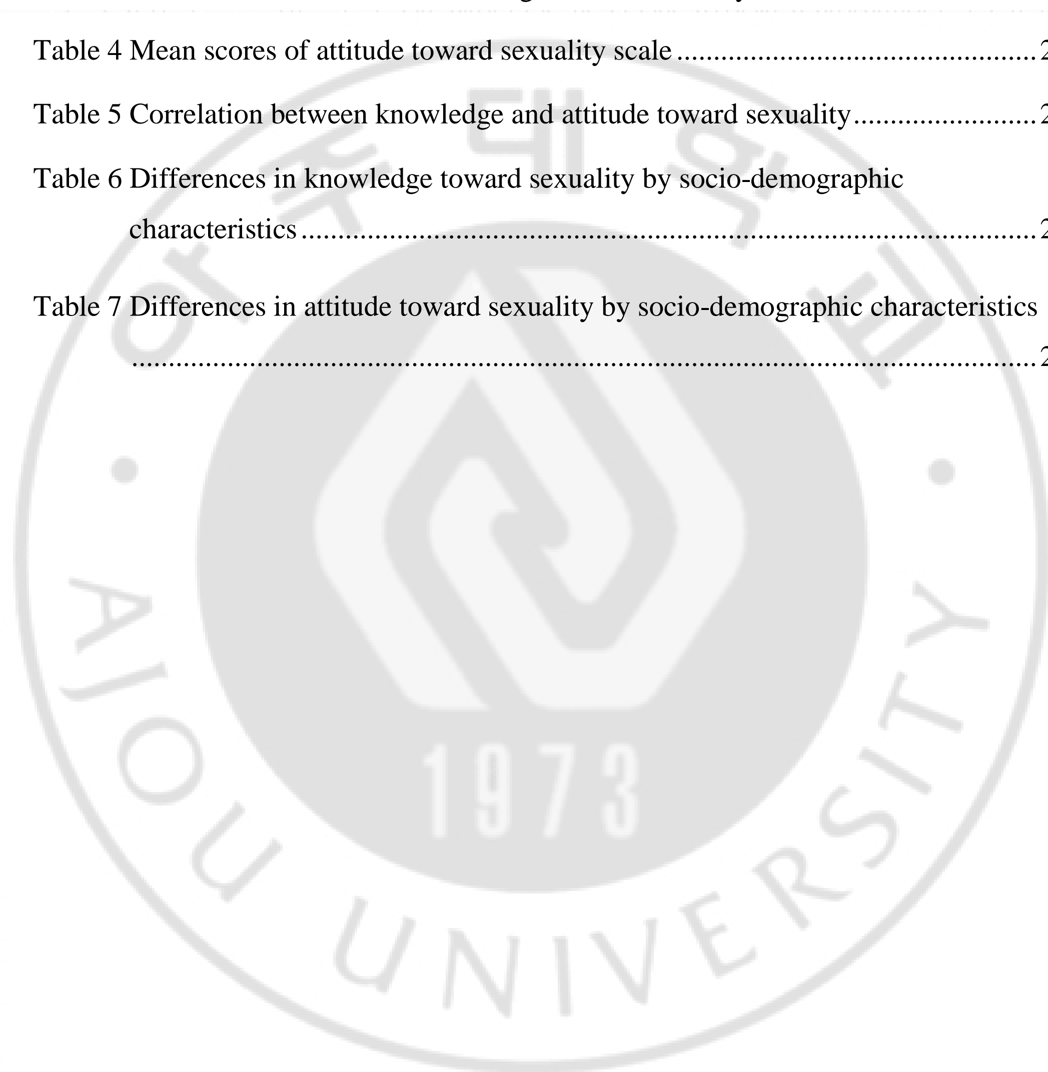

# Relationship between Knowledge and Attitude toward Sexuality among Vietnamese Immigrant Women in South Korea

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## Abstract

Sexuality is one of the vital factors which strongly affect the individual well-being and quality of life. The aim of this study was to assess the relationship between knowledge and attitude toward sexuality of Vietnamese immigrant women in Korea. A cross-sectional survey using a sample of 135 Vietnamese immigrant women was conducted in Gyeonggi province, South Korea. A self-reported questionnaire concerning knowledge and attitude toward sexuality was used for data collection. Statistical package for the social sciences (SPSS) version 17 was used for the data analysis of the study. The result demonstrated a level of knowledge toward sexuality with a mean score of $13.21 \pm 5.22$ and attitude toward sexuality with a mean score of $42.42 \pm 6.43$ among subjects. A positive relation between knowledge and attitude toward sexuality was also found in this study ($r = 0.19$, $p = .032$). There were significant differences in level of knowledge toward sexuality relating to education ($F$ (3, 131) = 9.55, $p < .001$) and family income ($F$ (2, 132) = 4.20, $p = .017$). Moreover, a significant difference in attitude toward sexuality was noted on living period in Korea ($F$ (2, 132) = 4.95, $p = .008$). In conclusion, this study indicated the need for sexual education program to improve the knowledge about sexuality as well as to create the more positive attitude toward sexuality among Vietnamese immigrant women in South Korea.

## Chapter 1. Introduction

Sexuality is one of the vital factors which strongly affect the individual well-being and quality of life. Positive sexual experiences bring life satisfaction and promote health (Edwards & Coleman, 2004); on the other hand, negative sexual experiences cause physical and psychological problems (Pico-Alfonso, Garcia-Linares, Celda-Navarro, Blasco-Ros, Echeburua & Martinez, 2006). Although the vital role of sexuality functions in a human being life, it is currently still not being noticed or even being ignored in some ways by the policymakers, health care providers and people themselves. It is important to note that, across the globe, several unexpected outcomes such as unplanned pregnancy, abortion, unsafe sexual behaviours causing sexually transmitted diseases (STDs)/ human immunodeficiency virus (HIV) acquirement, etc. have been happening because of limited or incorrect knowledge of sexual issues and/ or negative attitude toward sexuality.

Even though the effort to provide widely sexual education programs and interventions in schools, colleges, universities and communities widely in the world, a large number of people still have inadequate knowledge and attitude toward human sexuality causing huge social problems. According to World Health Organization (WHO), about 200,000 women died annually as a direct consequence of termination of pregnancies (Moos, 2003). Psychological, physical, social effects and economical cost as well as serious complications are problems which women have suffered because of unplanned pregnancy and induced abortion. In addition, half of the world's people who are living with HIV are female, it was estimated 15.7 million (WHO, December, 2008). Throughout the world there are 340 million new cases of curable sexually transmitted infections (STIs) annually which are causes of infertility in women leading to ectopic pregnancy, cervical cancer, death, and also increase the risk of acquiring HIV (WHO, 2007).

A statistic from Korean National Statistic (2009) showed that in 2008 there were 8.300 Vietnamese women coming to South Korea through international marriage. According to Nguyen et al., (2006), sexual education in Vietnam within schools, colleges, universities and families are very basic, it could not provide clear knowledge on the sex-related sensitive topics. Most of these Vietnamese women are young, and

because of social norm, they are not taught much about sex-related issues by mother, or sisters. In some families, asking about family planning is taboo and some women never talked about it before getting married (Kuss, 2007; Nguyen et al., 2006). The discussions with female friends about sex-related issues are also rare because of being shy, or being afraid of negative social viewpoint toward pre-married sexual behaviors. They feel uneasy and are unwilling to talk about their sexual problems even with medical professionals, especially male medical professionals. As the result, when the Vietnamese women get married to Korean husbands and start a new life in Korea, they may have few experiences to face problems related to sexuality.

Moreover, many common barriers while living in Korea such as language, unfamiliar social system can cause difficulty in updating or increasing their sexual knowledge. An important factor should be mentioned is in Vietnam, the women are educated in family with conservative view which requires married women to obey husbands (Go, Quan, Chung, Zenilman, Hanh & Celentano, 2002). So when they get married to Korean husbands and with the dependence on husbands or husbands' family, especially the economic dependence, it is unavoidable that the Vietnamese married women have a lower position than their husbands and have to follow all the husband's instructions, even including decisions concerning when and how sexual activities will occur, without or with any contraception method and number of children. As the result, the sexual and reproductive health of the Vietnamese immigrant women can be threatened.

Several studies related to knowledge, attitude, behaviour or practice of sexuality in many target populations have been carried out, but few studies have a look at the immigrant women population, especially women who immigrate to a country through international marriage. Therefore, this study aims to examine the sexual knowledge and attitude of Vietnamese immigrant women who married to Korean men. The result of this study will contribute to develop a tailor-made education program to promote the sexual health and sex-related quality of life of Vietnamese immigrant women in South Korea.

The purpose of the study was to evaluate the relationship between knowledge and attitude toward sexuality among Vietnamese immigrant women in Korea. The specific aims of this study were:

1. To explore the level of knowledge and attitude toward sexuality among Vietnamese immigrant women in Korea.
2. To investigate the relationship between knowledge and attitude toward sexuality among Vietnamese immigrant women in Korea.
3. To examine the difference of knowledge and attitude toward sexuality based on socio-demographic characteristics among Vietnamese immigrant women in Korea.

## Variables Definition

### Knowledge toward sexuality.

#### *Conceptual definition.*

Knowledge toward sexuality is the information, understanding and skills about pregnancy, contraception, abortion and STDs/ AIDs, reproduction, anatomy and physiology of male and female, menstruation, sexual intercourse, masturbation that someone gain through education or experience (Oxford Advanced Learner's Dictionary-7th edition, 2005).

#### *Operational definition.*

Knowledge toward sexuality will be examined based on a 30-item questionnaire which was developed by Park (2001). All items are scored one point (+1) for a correct answer (0-no or not know, 1-yes). The high score means the high level of knowledge and on the contrary, the low score means limited knowledge or lack of knowledge on sexuality.

### Attitude toward sexuality.

#### *Conceptual definition.*

Attitude toward sexuality is the way that you behave toward self-esteem, unintended pregnancy, contraception, abortion, menstruation, masturbation, feeling of exciting, and STDs that shows how you think and feel (Oxford Advanced Learner's Dictionary-7th edition, 2005).

***Operational definition.***

Attitude toward sexuality will be examined based on a 15-item questionnaire with 5 Likert scales, which was developed by Park (2001). All items are scored from 5 points for strongly agree to 1 point for strongly disagree. The higher score means the more positive attitude and the lower score means the more negative attitude toward sexuality.

## Chapter 2. Background of the Study

### Knowledge toward Sexuality

Knowledge toward sexuality is very important because it is information which instructs people how to obtain a good sexual health. However, a study conducted in Pakistan by Khawaja, Tayyeb & Malik (2004) among 204 married women of reproductive age showed that only 68.1% of women have knowledge of contraception. The maximum awareness was the pill (68%) and followed by intrauterine contraception device and condom with about one third of the population. A similar result was found in a study in Turkish married women when less than two third of the participants had knowledge about family planning methods before getting married (Biri, Korucuoglu, Ilhan, Bingol, Yilmaz & Biri, 2007).

One of the unexpected outcomes affects the health of women seriously regarding contraception is unplanned pregnancy. Ip, Sin & Chan (2008) tried to explore the level of knowledge of contraception among Chinese women with unplanned pregnancy and found that considering the contraceptive knowledge scale, the sample could be regarded as having had an above medium level of knowledge in contraception. However, vast majority of respondents did not have clear understanding of the safety period and it was risky when over half of the respondents thought that they could engage in sexual intercourse without using any method of contraception during these safety periods. Knowledge in oral contraceptive pills was an area of concern as 24.8% of respondent thought that pills were meant to be taken before each intercourse rather than each day. Especially, there were not many, but few women reported a misconception that they would not be pregnant if they had sex for only one time.

Unintended pregnancy poses significant public health risks and one consequence of unwanted pregnancy is induced abortion (Sedgh, Bankole, Oye-Adeniran, Adewole, Singh & Hussain, 2006). In Nigeria, abortion is illegal except to save a woman's life; many procedures are conducted in unsafe conditions, as the result, substantial risks of maternal mobility and mortality are certainly unavoidable (Sudhinaraset M., 2008). According to Marshall, Gould & Roberb (1994), termination of pregnancy for any reasons causes high level of anxiety, distress and physical damage. Some studies have consistently indicated that large numbers of Nigerian

women experienced unwanted or mistimed pregnancies and birth (Sedgh, Bankole, Oye-Adeniran, Adewole, Singh & Hussain, 2006) leading to psychological effects. Researches on reasons for family planning non-use in Nigeria (Orji & Onwudiegwu, 2002; Oye-Adeniran, Adewole, Odeyemi, Ekanem & Umoh, 2005) have pointed the inaccurate knowledge of contraception of Nigerian women as these reasons were women's perceived lack of need for contraception, fear of side effects.

Even though some well-publicized efforts were undertaken to expand Nigerian people's knowledge of modern contraceptive methods, these campaigns, however appeared to have had limited success, especially in rural areas that have less access to these sources of information (Sedgh et al., 2006). A community-based survey of women of reproductive age who ever sought an abortion made by Sedgh et al. (2006) showed more than one fifth reported of using a modern and a traditional contraceptive method at the time the pregnancy was conceived. And the remaining of this population had not been practicing contraception when the pregnancy was conceived. Of those, nearly half indicated that they had not been aware of family planning options, some were afraid of side effects and other different reasons and another 16% were innocent as they did not think they would get pregnant.

In summary, majority of these studies were conducted in developing countries in Asia which were very similar to the situation of Vietnam. They have demonstrated the lack of knowledge of contraceptives and human physiology of married women.

A study was conducted in Canada (Gagnon, Merry, Bocking, Rosenberg & Oxman-Martinez, 2009) with 122 migrant participants in whom the majority of women were married or living with a partner. A knowledge gap was found when there was thirty one percent of female participants had never heard of HIV/ AIDS and half of them had never heard of STDs. In Hong Kong, a majority of HIV infection cases was caused by sexual transmission and according to Department of Health (2000) the prevalence rate of HIV pregnant women in a study in 1999 reached .055% (Ho & Loke, 2003). Because of that reason, Ho & Loke (2003) studied a research and found fairly good knowledge of HIV/ AIDS among Hong Kong pregnant women (mean score = 4.8/6). However, nearly half of the women misunderstood with a very basic knowledge as they believed 'mosquitoes are carriers of HIV' and the majority of them (78.5%)

thought 'HIV can be transmitted to the baby through casual kissing'. Women were less knowledgeable on specific mother-to-child HIV transmission (mean score = 3.6/6). Although most of them knew that HIV could be transmitted to the feotus by an infected mother during pregnancy and delivery, 84.3% did not know that there are 'means to reduce mother-to-child HIV transmission' and 58.1% did not know that 'HIV can be transmitted through breastfeeding'.

Even in developed countries where the information about HIV/ AIDS, STDs were normally provided widely in public, the lack of knowledge about sexuality were found among married women in Canada and Hong Kong.

Reproductive tract infections (RTIs) are also one of the most common health problems in women during reproductive age. According to World Health Organization, the global population with RTIs has reached 0.33 billion, most of whom are in the developing countries (Zhang et al., 2009). RTIs not only increase the risk of HIV transmission and acquisition (Xia, Liao, He, Choi & Mandel, 2004), but may develop into serious health problems such as pelvic inflammatory disease, ectopic pregnancy, infertility, fetal loss, and cervical cancer (Zhang et al., 2009). Factors which were found to be significantly associated with RTIs in women were personal hygiene habit, menstrual cycle, menstruation, abortion, frequency of sexual intercourse (Zhang et al., 2009) and having sex during menstruation (Xia et al., 2004). Most of factors involves in personal hygienic behaviours and familiar activities in life, so it indicated that women's knowledge of RTIs is insufficient and often inaccurate.

A Chinese study used sample of 53,652 married women in rural Anhui Province of China discovered high prevalence of RTIs: more than half had at least one RTI, one fifth had two RTIs and some (8.8%) had at least three RTIs (Zhang et al., 2009). Personal hygiene habits and RTIs knowledge are two of determinants of RTIs. In China, a cultural behaviour (using wooden bath to wash genitals and feet), however combined with the lack of knowledge (not separate the wooden baths for genitals and feet) among rural women has made it easy for RTI-causing bacteria invade the vagina. Despite the fact that a lot of effort have been made in poor rural areas in China to educate women about the importance of hygienic practices and to encourage women to

deliver in hospitals, rural women have limited access to information about RTIs and health education.

A large number of infected women and common causing factors which were reported by WHO and some researches indicated the lack of knowledge about RTIs among women.

**Attitude toward Sexuality**

It was out of expectation of the researches when they found 85% of Pakistani women in their study had positive attitude toward contraception (Khawaja et al., 2004). However, the remaining number of woman who had negative, do not know or neutral attitude toward contraception reached 15.5%. The study also mentioned the most common source of information which the Pakistani women in this group accessed to have concepts about contraception was television and family relatives. Suggestion given by relatives can have a negative impact on the contraceptive attitude as information given could be inaccurate causing misunderstanding or fear of side effects.

Despite the lack of knowledge regarding STIs and HIV/ AIDS, migrant women in a study showed positive attitude to HIV/AIDS preventive strategies (Gagnon et al., 2009). However, these participants are South Asian women and they were growing up with the Asian culture in which men have more power within sexual relationship. So it could limit women's abilities to negotiate safe sex with their partners. There was only 44.2% felt that a woman could protect herself from getting a STI if her husband had a STI. As regards perception of HIV risk, a high rate of Hong Kong women had strong belief on no chance for HIV contraction (60.7%) (Ho et al., 2003). While on one hand this is good news in the sense that they believed they were 'immune' because of safe sexual practices or having one stable sexual partner, on the other hand no one can be sure about the faithfulness of their husband and other risks. It is of concern that only 36.6% perceived they had a risk of contracting HIV. Nevertheless, when HIV infection was suspected, about three quarters of the women would take HIV screening, together with their husband. Generally, these women aware that, as well as blood transfusion, sexual contact was a major risk behaviour for HIV/ AIDS and showed preference for HIV screening before getting marriage, pregnancy and delivery to ensure wealthy health for themselves and their children.

Nowadays sexual dysfunction is also mentioned as an unexpected outcome when it affects the marital quality of married women. The analysis of data from the “National Health and Social Life Survey” in the United State demonstrated that sexual dysfunction is more prevalent in women than in men (Biri et al., 2007). Biri et al. (2007) also found 25% of women in his study did not know what an orgasm was and that only 20% had an orgasm regularly. The researchers of this study at the beginning of the survey even had general assumption that no women would answer some questions concerning their sexual experiences because in Turkey many women feel uneasy and are unwilling to talk about their sexual problems even with medical professionals (Biri et al., 2007).

Another study in India made a survey in 149 married women, which has found two-thirds of women had female sexual dysfunction; however, no one sought professional help (Singh et al., 2009). The complex cultural expectations and taboos have influenced women’s perceptions to maintain silence when confront with their own sexual issues. With this kind of the attitude, it is very difficult for health care professionals to treat their sexual health problems when these problems still have not affected seriously their lives.

The attitude of women in these researches varied according to sexual aspects. However, their negative attitude is commonly due to socio-cultural context and/ or religious belief, or moral values, so the policy should focus on how to educate them and help them to recognize that religion and moral values always approve them to protect health.

**Relationship between Knowledge and Attitude toward Sexuality**

Lack of knowledge and inappropriate or negative attitude toward sexuality both or singly plays significant role to contribute to the sexual and reproductive health problems. There are some studies found the positive impact of knowledge toward attitude toward sexuality (Wang, Wang & Hsu, 2003; Zhang et al., 2009; Thompson, 2006). Zhang et al. (2009) discovered among Chinese samples, the women with higher education and higher scores of RTI-related knowledge were less likely to have RTIs and women with low level of education and little RTI knowledge who not only had

difficulty to find appropriate measure for themselves but also expressed the embarrassment attitude when acquired RTIs.

Data from a study in the United State also showed knowledge impacted positively on attitude toward the vagina, women who described themselves as being very or extremely knowledgeable about their vaginas have more opening attitude (Thompson, 2006). In the contrary, Wang made a comparison between two groups of samples and found that one group had higher contraceptive knowledge score than the others but the there was no significant difference in contraceptive attitude between the two groups. In the study of Ip et al. (2008), the level of contraceptive self-efficacy tended to be neutral even the sample had an above medium level of knowledge in contraception, which proved that the participants in this study may not have formed a firm belief about self control over sexual and contraception situations.

In Vietnam, according to Nguyen et al. (2006), sexual education within schools, colleges, universities and families are very basic, it could not provide clear knowledge on the sex-related sensitive topics. In her qualitative research, she examined knowledge of contraceptive and STDs among young Vietnamese people in Ho Chi Minh City. She found that all young people could name condoms and pills but they had many confusing beliefs and fears of side effects. Half of them believed taking pills causes diseases, side effects and reduces the chance of pregnancy later on. Kuss (1997) also found the similar beliefs on her married female population when they said that the pill causes a person to be 'dry inside', 'hot', 'hair to fall out', and birth defect. Moreover, some women had the perception that the intrauterine device makes a person feel sick or weak all the time and might get cancer if it is placed for longer than 3 years.

While numerous service and health intervention programs in Vietnam have been targeted at rural women, it still remains a distinct lack of basic information and understanding about concepts, attitudes and behaviours regarding sex and sexuality among this population. A study on married women population in a North rural area discovered the low level of basic knowledge regarding STI among the respondents (Lan, Lundborg, Mogren, Phuc & Chuc, 2009). Data showed 78% of women did not know any symptoms of STI and half of the respondents did not know any causes of STI. In addition, bad hygiene and having sex during menstruation or soon after delivery

were mentioned as causes of STI. In the rural context, social and economic factors limit the ability of people to access information, especially information about sexuality. Many women have limited literature capacity, because they finish their school at an early age and also culture norm deter them from seeking or acquiring knowledge of sexuality.

The Vietnamese women have attributed negative attitude toward sexuality to limited sexuality knowledge, social norms and culture beliefs. An important finding of a study in a North rural area in Vietnam was the attitude of neglecting the risks of unsafe sex when nearly half of respondents either did not know the necessary of partner's STDs treatment or claimed that it was not necessary (Lan et al., 2009). Moreover, in cultural context in Vietnam, talking or discussing about sex and sexuality is considered to be impolite, immoral, so Vietnamese women, especially young women feel shy, inconvenient when mention about it publicly. And the fact that certain close female friends are important sources (Kuss, 1997; Nguyen et al, 2006). As the result, they can receive incorrect information, misunderstanding knowledge which makes an impress and forms their negative attitude.

As regards sex, some studies found negative attitude of Vietnamese women when majority of them believed that sex is men's right and that a wife should obey her husband and did not have the right to say no (Ha, 2008; Hien, 2008). In a qualitative study conducted on 25 married women in a Northern rural area in Vietnam, most of participants thought that sex is something they give to their husbands, it is not something they could ask for (Ha, 2008). They did not talk about sex with their husband even when something inconvenient happen during the intercourse because they feel shame and also it is considered to be impolite or lustful. Many women in Quang Tri province in another study had a strong belief that a real women or a good wife must satisfy the husband's desires, even when he is drunk (Hien, 2008). The less knowledge a woman has about sex before marriage, the purer and more virginal she is and the higher her moral standards are deemed to be is a negative thinking of many women as well as men in the study (Hien, 2008). With passive role, inappropriate attitude toward sexuality as well as lack of sexual knowledge and sexual right, it has contributed to

sexual coercion which not only prevents the Vietnamese women from obtaining pleasure but affect their sexual health.

Literature review found sexual education in Vietnam provides limited sexual knowledge. Beside, cultural constructions of shame and decency are barriers to people seeking and acquiring the necessary sexual knowledge and to discussing problems openly, as well as sharing experience about sexuality (Hien, 2008). Moreover, many barriers such as language, unfamiliar social system can cause difficulty in updating sexual knowledge. So when they come to Korea, they may not be well prepared official knowledge to face problems related to sexuality. All these factors may place the Vietnamese women themselves in a position of always obeying the husbands' order, even including decisions concerning when and how sexual activities will occur, with or without any contraception method and number of children. Consequently, the sexual and reproductive health of the Vietnamese immigrant women in Korea need more concern from health care providers.

Therefore, the purpose of this study is to provide an understanding about the knowledge and attitude toward sexuality of Vietnamese immigrant women in Korea.

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## Chapter 3. Research Methodology

### Study Design

The study used a cross-sectional descriptive survey to collect data from Vietnamese immigrant women in South Korea.

### Subjects

One hundred and thirty five Vietnamese immigrant women who met the inclusion criteria were recruited at the language schools, private houses and the Suwon Immigration Office located in Gyeonggi province. The inclusion criteria were (1) reproductive age (aged 18 to 49), (2) married to Korean husband and (3) currently living in South Korea.

### Instruments

The data were collected using a self-reported questionnaire that comprised 4 parts. Part 1 is the informed consent form, 2 options were given to the women to provide permission: verbal permission and signed permission because some Vietnamese women who have recently arrived in Korea may hesitate to sign forms that are unfamiliar to them. Part 2 consists of 13 questions seeking socio-demographic characteristics. Part 3 and part 4 were the Vietnamese version of Knowledge of sexuality scale and Attitude toward sexuality scale. These two scales were the Korean version initially, developed by Park (2001). They were firstly translated into Vietnamese version by a Vietnamese who has lived in Korea for 3 years and was aware of academic Korean language. Back translation of the Vietnamese version to Korean was conducted independently by another Vietnamese who was competent in both Korean and Vietnamese. The translated items were checked and assessed by an expert who was experienced in sexuality.

#### Knowledge toward sexuality.

The knowledge toward sexuality scale is a 30-item questionnaire, comprising 4 areas: sexual physiology, pregnancy, sexual transmitted disease and sexual psychology, aimed to measure the general knowledge toward sexuality (Park, 2001). All correct responses were given a score of 1 and incorrect or ‘do not know’ responses were given a score of 0. The higher score indicates the higher knowledge. The internal consistency

of these items for the Korean version established with Cronbach's alpha was .85 (Park, 2001). The reliability coefficient for the Vietnamese version in this study was .80.

**Attitude toward sexuality.**

The Korean version of the attitude toward sexuality scale is a 20-item questionnaire with 5 Likert scale (e.g., 1 = strongly agree, 5 = strongly disagree), comprising 4 areas: virginity, sexual behaviour, sexual physiology and abortion, aimed to identify women's perception of sexuality. This scale was developed by Park (2001) and the Cronbach's alpha coefficient for the Korean version is .64. In the current Vietnamese version of Attitude toward sexuality scale, 5 items of Park (2001)'s questionnaire were omitted, as they were not proper to the Vietnamese culture. The reliability coefficient for the Vietnamese version in this study is .68.

## Data Collection

Approval to conduct the study was obtained from the College of Nursing; the approval to collect data was obtained from the language schools and the Suwon Immigration Office. Data were collected from July 1st 2010 to August 3rd 2010. The Vietnamese women were invited to participate in the study; the researcher explained the nature and the purpose of the study to the participants, with confidentiality and anonymity being assured. The participants took about 20 minutes to complete the questionnaire. The participants were also instructed that they were free to decline to participate in the study at any time.

## Data Analysis

All data collected were analyzed using SPSS Win version 17.0. Descriptive statistics was used to describe the socio-demographic characteristics of the Vietnamese immigrant women, the level of knowledge and attitude toward sexuality. The Pearson's correlation analyses were performed to examine the relationship between knowledge and attitude toward sexuality of Vietnamese immigrant women. Independent t-test, analysis of variance (ANOVA) test and Scheffé test were performed to identify the difference in the level of knowledge and attitude toward sexuality according to socio-demographic characteristics.

# Chapter 4. Results

## Socio-demographic Characteristics

Table 1 shows the socio-demographics characteristics of 135 Vietnamese immigrant women in the study. Sixty nine (51.1%) subjects were aged between 19-24 years and 109 (80.8%) had received secondary education or above. Eighty four (62.2%) subjects' husbands aged over 41 years and 81(60%) were high school graduates. Nearly forty six percent (45.9%) of women had no religion, many women speak mostly Vietnamese (31.9%) and majority of women were housewives (84.4%). Concerning the living with, 80 (59.1%) women lived in a nuclear family with husband and children only. Among the Vietnamese immigrant women, 55 women have lived in Korea from 1 to 3 years, which accounted for 38.5%. Sixty six (48.9%) participants had no children. As regards the family income, 47 (34.8%) women did not know about income of their husbands.

Table 1

*Socio-demographic characteristics of subjects* (N = 135)

| Variables | Categories | Frequency (n) | Percentage (%) |
|---|---|---|---|
| Age | 19-24 | 69 | 51.1 |
| | 25-29 | 43 | 31.9 |
| | 30-34 | 17 | 12.6 |
| | 35-44 | 6 | 4.4 |
| Education | Elementary school | 15 | 11.1 |
| | Middle school | 56 | 41.5 |
| | High school | 53 | 39.3 |
| | College/University | 11 | 8.1 |
| Husband age (year) | 31-40 | 51 | 37.8 |
| | 41-46 | 61 | 45.2 |
| | 47-64 | 23 | 17.0 |
| Husband education | Elementary and Middle school | 21 | 15.6 |
| | High school | 81 | 60.0 |
| | Under- and graduate school | 33 | 24.4 |
| Religion | Yes | 73 | 54.1 |
| | No | 62 | 45.9 |
| Language | Vietnamese only | 43 | 31.9 |
| | Vietnamese and Korean | 35 | 25.9 |
| | Korean only | 57 | 42.2 |
| Job | Yes | 21 | 15.6 |
| | No | 114 | 84.4 |
| Living with | Husband only | 38 | 28.1 |
| | Husband and children | 42 | 31.1 |
| | Husband, children and parents in law | 22 | 16.3 |
| | Others | 33 | 24.4 |
| Living period in Korea (month) | Below 12 | 48 | 35.6 |
| | 13 to 36 | 52 | 38.5 |
| | Over 37 | 35 | 25.9 |
| Number of children | 0 | 66 | 48.9 |
| | 1 | 54 | 40.0 |
| | 2 or more | 15 | 11.1 |
| Family income (won) | Less 2 million | 40 | 29.6 |
| | Over 2 million | 48 | 35.6 |
| | Not know | 47 | 34.8 |
| Sources of information for sexual knowledge* | Vietnamese relatives | 57/ 135 | 27.3 |
| | Media | 55/ 135 | 26.3 |
| | Friends | 49/ 135 | 23.4 |
| | Education programs | 33/ 135 | 15.8 |
| | Korean relatives | 15/ 135 | 7.2 |

*Note.* *Double answer

**Knowledge and Attitude toward Sexuality**

As shown in table 2, the mean score for the total level of knowledge toward sexuality scale of subjects was 13.21 ± 5.22. The highest score was 23 and the lowest score was 0. And the mean score for the attitude toward sexuality was 42.42 ± 6.43. The highest score was 62 and the lowest score was 26.

Table 2

*Descriptive statistic of level of knowledge and attitude toward sexuality* (N = 135)

| Variables | Mean ± SD | Max | Min | Reference range |
|---|---|---|---|---|
| Knowledge | 13.21 ± 5.22 | 23.00 | 0.0 | 0 – 30 |
| Attitude | 42.42 ± 6.43 | 62.00 | 26.00 | 15 – 75 |

Table 3 shows descriptive statistics for each item in the knowledge toward sexuality. Subjects had comparatively highest score in the item ‘Condom usage is one of the method to prevent STDs’ with the mean score was 0.86 ± 0.35. However, the participants had low score in knowledge about the item ‘The ones who perform sexual extortion often have sex desire higher than other people ‘(mean = .06 ± 0.24). About the male physiology with the item ‘The penis can only be hard and stands up when the man reach puberty’ and the coitus with the item ‘During coitus, if the man ejaculates outside the vagina, the women cannot be pregnant’, the female participants also had same low mean score (0.16 ± 0.36).

Table 3

*Descriptive statistic of items of knowledge toward sexuality scale (N = 135)*

| Items | Mean ± SD |
|---|---|
| 1. If a person perform masturbations much, when getting married he/ she will not have normal coitus. | 0.21 ± 0.41 |
| 2. Masturbation with dirty hands causes ways for body-penetrating of bacteria. | 0.63 ± 0.49 |
| 3. It is possible to get pregnant during menstruation. | 0.45 ± 0.50 |
| 4. After the first menstruation, there is not any menstruation in a period of time or the menstrual circle is in disorder in some situations. | 0.68 ± 0.47 |
| 5. During menstruation, the possibility for bacteria's existence is little. | 0.25 ± 0.44 |
| 6. The natural contraception is not having sexual intercourse in the period of $12^{th}$ to $19^{th}$ days accounted from menstruation completely finishes. | 0.49 ± 0.50 |
| 7. The long-term contraception is female and male sterilization. | 0.49 ± 0.50 |
| 8. Even using oral contraception method, the fertilization is possible. | 0.52 ± 0.50 |
| 9. Condom usage is one of the method to prevent STDs. | 0.86 ± 0.35 |
| 10. The ovum can live 5 days after ovulation. | 0.26 ± 0.44 |
| 11. A healthy woman will have an ovum moving to fallopian tube once a month. | 0.40 ± 0.49 |
| 12. Sperms can live in uterus for 48 hours | 0.37 ± 0.49 |
| 13. All women will bleed at the first sexual intercourse | 0.24 ± 0.43 |
| 14. During coitus, if the man ejaculates outside the vagina, the women cannot be pregnant. | 0.16 ± 0.36 |
| 15. Cleaning the vagina after sexual intercourse can prevent pregnancy. | 0.39 ± 0.49 |
| 16. It is possible to get pregnant during the period of breast feeding. | 0.78 ± 0.41 |
| 17. During pregnancy, if the woman acquires the STDs, the foetus can be either harmful or deformed | 0.79 ± 0.41 |
| 18. When the gonorrhoea become serious, it is possible for infertility in both male and female. | 0.70 ± 0.46 |
| 19. AIDS only transmits through sexual intercourse. | 0.61 ± 0.49 |
| 20. Even without AIDS, sexual intercourse through anus can be the origin lead to AIDS acquirement. | 0.40 ± 0.49 |
| 21. The artificial abortion is the way of removing foetus which is growing and amniotic fluid from the mother's body. | 0.59 ± 0.50 |
| 22. Miscarriage will not happen when the age of foetus is over 7 months. | 0.36 ± 0.48 |
| 23. The pennies can only be hard and stands up when the man reach puberty. | 0.16 ± 0.36 |
| 24. The women can only feel orgasm through vagina. | 0.19 ± 0.40 |
| 25. Only if the penis has a more-than-5cm erection the man can have sexual intercourse normally. | 0.31 ± 0.47 |
| 26. Brain had function which can control the sex desire. | 0.57 ± 0.50 |
| 27. The cycle of sexual activity in male and female are different. | 0.61 ± 0.49 |
| 28. All men have to experience the circumcision. | 0.27 ± 0.44 |
| 29. Person who performs sexual extortion often has sex desire higher than other people. | 0.06 ± 0.24 |
| 30. Women can feel orgasm even when they are raped. | 0.43 ± 0.50 |

Table 4 showed mean score of each item of the attitude toward sexuality scale. The highest score (4.00 ± 0.95) was for the item ‘Sexual intercourse is a dirty thing which should not be come closely’. And the women had high score toward sexual desire as the mean score of the item ‘Men is allowed to masturbate, women is not’ was 3.52 ± 0.95. Vietnamese immigrant women’ attitude toward ‘If there is a pre-married pregnancy, man also has responsibility’ was scored the lowest (1.87 ± 0.85).

Table 4

*Descriptive statistic of items of attitude toward sexuality scale* (N = 135)

| Items | Mean ± SD |
|---|---|
| 1. Woman has to wait until man expresses his concern about her. | 2.53 ± 0.98 |
| 2. Before married, it is necessary to keep purity in both physical and mind. | 2.07 ± 0.84 |
| 3. If it is a true love, pre-married sexual intercourse can be happened. | 2.95 ± 1.07 |
| 4. Sexual intercourse can be happened even though there is no love. | 2.31 ± 1.08 |
| 5. If sexual intercourse has happened, the marriage must be performed. | 2.85 ± 1.09 |
| 6. If there is a pre-married pregnancy, man also has responsibility. | 1.87 ± 0.85 |
| 7. If there is an unintended pregnancy before married, abortion is possible. | 2.41 ± 0.99 |
| 8. There is an uncomfortable feeling once hiding the menstruation or nocturnal emissions to others. | 3.56 ± 1.07 |
| 9. It is more convenient when woman uses contraception methods compared to man uses. | 2.99 ± 1.10 |
| 10. If the unintended pregnancy happens after marriage, abortion is possible. | 2.93 ± 1.00 |
| 11. It is possible to restrain from sex desire and must do it | 2.61 ± 1.00 |
| 12. A woman needs the pure in both mind and physical before marriage. | 2.31 ± 1.00 |
| 13. Men is allowed to masturbate, women is not. | 3.52 ± 0.95 |
| 14. The feeling of exciting when watching TV or reading magazines which have sexy pictures is normal in male and female. | 3.52 ± 0.98 |
| 15. Sexual intercourse is a dirty thing which should not be come closely. | 4.00 ± 0.95 |

**Relationship between Knowledge and Attitude toward Sexuality**

Table 5 showed the relationship between knowledge and attitude toward sexuality. The knowledge toward sexuality was significantly related to the attitude toward sexuality (r = .185, p = .032).

Table 5

*Correlation between knowledge and attitude toward sexuality* (N = 135)

| Variable | Knowledge | |
|---|---|---|
| | *r* | *p* |
| Attitude | .185 | .032 |

**Differences of Knowledge and Attitude toward Sexuality by Socio-Demographic Characteristics**

In regard of the relationships between knowledge toward sexuality and socio-demographic variables, the knowledge toward sexuality was significantly related to educational level ($F = 9.55$, $p < .001$). Scheffé test was performed and the result showed women who had higher educational level had more knowledge toward sexuality compared to other subjects. Moreover, a significant difference in knowledge toward sexuality also found based on family income ($F = 4.20$, $p = .017$). The Scheffé test demonstrated women who did not know the income of husband or family had lower level of knowledge toward sexuality (11.94 ± 4.46) than women who reported the family income was over 2 million won (14.88 ± 4.94). (Table 6)

Table 6

*Differences of knowledge toward sexuality by socio-demographic characteristics (N = 135)*

| Variables | Categories | Knowledge | | | |
|---|---|---|---|---|---|
| | | Mean ± SD | *F/ t* | *p* | Scheffé |
| Age | 19-24 | 12.45 ± 5.19 | 1.04 | 0.380 | |
| | 25-29 | 13.91 ± 4.91 | | | |
| | 30-34 | 14.29 ± 6.01 | | | |
| | 35-44 | 14.00 ± 5.33 | | | |
| Education | Elementary school [a] | 10.33 ± 3.87 | 9.55 | .000 | a < c* |
| | Middle school [b] | 11.43 ± 5.22 | | | a < d** |
| | High school [c] | 15.13 ± 4.54 | | | b < c** |
| | College/University [d] | 17.00 ± 4.67 | | | b < d** |
| Husband age (year) | 31-40 | 12.94 ± 5.59 | 0.12 | 0.888 | |
| | 41-46 | 13.43 ± 4.94 | | | |
| | 47-64 | 13.26 ± 5.32 | | | |
| Husband education | Elementary and Middle school | 11.38 ± 4.65 | 1.72 | 0.183 | |
| | High school | 13.37 ± 5.34 | | | |
| | Under- and graduate school | 14.00 ± 5.14 | | | |
| Religion | Yes | 13.78 ± 5.38 | 0.95 | 0.346 | |
| | No | 12.55 ± 4.98 | | | |
| Language | Vietnamese only | 12.65 ± 5.37 | 2.09 | 0.127 | |
| | Vietnamese and Korean | 12.20 ± 5.05 | | | |
| | Korean only | 14.26 ± 5.11 | | | |
| Job | Yes | 14.90 ± 4.89 | 1.62 | 0.786 | |
| | No | 12.90 ± 5.24 | | | |
| Living with | Husband only | 14.11 ± 5.04 | 1.35 | 0.260 | |
| | Husband and children | 12.40 ± 5.21 | | | |
| | Husband, children and parents in law | 14.41 ± 5.00 | | | |
| | Others | 12.42 ± 5.50 | | | |
| Living period in Korea (month) | Below 12 | 13.29 ± 5.24 | .09 | 0.910 | |
| | 13 to 36 | 12.98 ± 5.39 | | | |
| | Over 37 | 13.46 ± 5.07 | | | |
| Number of children | 0 | 13.42 ± 5.43 | 0.10 | 0.903 | |
| | 1 | 13.02 ± 5.03 | | | |
| | 2 or more | 13.00 ± 5.29 | | | |
| Family income (won) | Less 2 million [a] | 12.73 ± 5.94 | 4.20 | .017 | b > c* |
| | Over 2 million [b] | 14.88 ± 4.94 | | | |
| | Not know [c] | 11.94 ± 4.46 | | | |

*Note*. *p < .05, **p < .01

When the relationship of attitude toward sexuality and socio-demographic characteristics were compared, only one significant difference was found ($F$ = 4.95, $p$ = .008). Scheffé test found women who have lived in Korea for over 37 months had significant lower mean score of attitude toward sexuality (40.23 ± 5.56) than women who has been in Korea from 1 to 3 years (44.40 ± 6.97). (Table 7)

Table 7

*Differences of attitude toward sexuality by socio-demographic characteristics (N = 135)*

| Variables | Categories | Attitude | | | |
|---|---|---|---|---|---|
| | | Mean ± SD | *F/ t* | *p* | Scheffé |
| Age | 19-24 | 43.42 ± 6.39 | 1.44 | 0.235 | |
| | 25-29 | 41.05 ± 5.67 | | | |
| | 30-34 | 42.59 ± 8.57 | | | |
| | 35-44 | 40.33 ± 3.67 | | | |
| Education | Elementary school | 40.87 ± 3.25 | 1.24 | 0.296 | |
| | Middle school | 41.73 ± 5.50 | | | |
| | High school | 43.08 ± 7.34 | | | |
| | College/University | 44.91 ± 8.83 | | | |
| Husband age (year) | 31-40 | 42.55 ± 6.84 | 0.85 | 0.431 | |
| | 41-46 | 42.90 ± 6.59 | | | |
| | 47-64 | 40.87 ± 4.91 | | | |
| Husband education | Elementary and Middle school | 40.81 ± 5.29 | 0.85 | 0.429 | |
| | High school | 42.86 ± 6.48 | | | |
| | Under- and graduate school | 42.36 ± 6.98 | | | |
| Religion | Yes | 43.11 ± 6.93 | 1.49 | 0.158 | |
| | No | 41.61 ± 5.74 | | | |
| Language | Vietnamese only | 42.60 ± 5.94 | .04 | 0.961 | |
| | Vietnamese and Korean | 42.49 ± 6.72 | | | |
| | Korean only | 42.25 ± 6.71 | | | |
| Job | Yes | 43.71 ± 6.45 | 1.00 | 0.318 | |
| | No | 42.18 ± 6.42 | | | |
| Living with | Husband only | 43.66 ± 5.90 | 1.09 | 0.356 | |
| | Husband and children | 41.24 ± 6.74 | | | |
| | Husband, children and parents in law | 41.77 ± 6.96 | | | |
| | Others | 42.94 ± 6.23 | | | |
| Living period in Korea (month) | Below 12 [a] | 41.88 ± 5.88 | 4.95 | .008 | b > c* |
| | 13 to 36 [b] | 44.40 ± 6.97 | | | |
| | Over 37 [c] | 40.23 ± 5.56 | | | |
| Number of children | 0 | 42.80 ± 6.52 | 1.64 | 0.198 | |
| | 1 | 42.74 ± 6.67 | | | |
| | 2 or more | 39.60 ± 4.55 | | | |
| Family income (won) | Less 2 million | 40.78 ± 6.07 | 1.92 | 0.151 | |
| | Over 2 million | 43.27 ± 6.64 | | | |
| | Not know | 42.96 ± 6.39 | | | |

*Note*. *p < .05

## Chapter 5. Discussion

Subjects in this study demonstrated the low level of knowledge on sexuality as the mean score was 13.21 on the basic of 30. It may result in negative outcomes of women's health as lack of sexual desire, loss of pleasure in sexual life, unwanted pregnancy, and miscarriage.

In fact, the finding of inadequate knowledge toward sexuality by subjects in this study was consistent with previous research results (Ha, 2008; Hien, 2008; Kuss, 1997; Lan et al., 2009). Lan et al., (2009) conducted a research in 1,805 Vietnamese women found the lack of knowledge about STDs among these subjects, for example, more than two third did not know any symptoms of STDs, one half could not identify any causes of STDs and did not know STDs can be prevented. Hien (2008) also reported the lack of sexual knowledge among Vietnamese women in Quang Tri province in Vietnam was the main factor contributing to sexual coercion. Generally, there were some common sources for young people to obtain knowledge toward sexuality, including school-based programs, patients, peers, mass media, as health care workers, and other social organizations such as youth unions and churches; however, most of these sources provided basic information about sexuality, it did not provide some sensitive topics such as contraceptive methods and sex-related issues (Nguyen et al., 2006). The inadequacy in the access to sources of information also contributed to lack of knowledge toward sexuality as only 15.8% subjects in this study had received the information about sexuality through sexual education programs.

The item 'The ones who perform sexual extortion often have sex desire higher than other people' obtained the lowest mean score when 5.9% subjects provided the correct answer, indicating most of subjects were not well aware of sexual psychological problems. In addition, 21 (15.6%) women disagreed with the item 'During coitus, if the man ejaculates outside the vagina, the women cannot be pregnant' and the item 'The penis can only be hard and stands up when the man reach puberty'. Among the items, the 'The woman can only feel orgasm through vagina' had got the third lowest mean score as less than one forth of women provided the correct answer (19.3%). Even though the subjects were all married, 78.5% of women did not know that 'if a person performs masturbation much, he/ she will not have normal coitus'. Lack of knowledge

of sexuality in terms of sexual physiology may be explained by low education of women as more than half of this population graduated primary and middle schools (52.6%) in which the curriculum did not provide enough knowledge about these issues.

However, the women of this population had good knowledge of STDs when scores of items involving STDs were from moderate to high level. This finding was inconsistent with the previous research results. Lan et al. (2009) and Nguyen et al., (2006) found the lack of knowledge about STDs among women in the North of Vietnam and among young people in Ho Chi Minh City in Vietnam, respectively. The difference can come from two possible reasons. Firstly, all subjects in this study were married women, while subjects in previous studies were both married and unmarried women. The unmarried women demonstrated lower level of knowledge about STDs than married women (Lan et al., 2009). Secondly, this study aimed to discover the general knowledge about sexuality, so these questions about STDs were more basic than the ones in previous studies which aimed to focus on investigation of deep knowledge about STDs. A suggestion of establishing detail questions about STDs, especially for married women in further researches might help to evaluate the actual knowledge about STDs of this population.

Subjects in this study generally had a low level of knowledge toward sexuality, particularly with regard to the issues of sexual physiology, pregnancy and sexual psychology indicating the areas that need to be addressed in the development of sex education programs. Moreover, there was significant difference of knowledge toward sexuality based on level of education, the sexual education program should be developed appropriately to the subject's level of education.

The attitude toward sexuality of subjects in this study was generally positive as the mean score was 42.42 on the basic of 75. Subjects showed little positive attitude about sexual right when they said that women also have the right to do masturbation, not only men have that right. Even though women in Vietnam now have an almost equal status and equal right with man in society and family, Ha (2008) reported that perception of sexual right of Vietnamese people still consider as men's right. So this result of positive attitude was a very good signal showing the change in mind about sexual equal right of these subjects. However, 44% of women reported it is more

convenient when women use contraception instead of the husbands because they felt uncomfortable to persuade the husbands to use condoms. The attitude of the subjects in regards sexual behaviour was quite negative when 44.5% subjects in this group did not accept the premarital sexuality which is taboo in Vietnam and most of women did not agree the sexual intercourse without love and were willing to restrain from sex desire.

The subjects' attitude toward the virginity was particularly conservative when 44.5% of Vietnamese women in this group did not accept the premarital sexuality which is taboo in Vietnam (Bérlanger & Hong, 1999). In the mind of many Vietnamese people, a woman who is not a virgin when she gets married, her husband and other people will despite her (Hien, 2008). It explained why majority of women (77%) in this population considered to keep purity in both physical and mind before marriage, and 85.9% believed woman is the one who is responsible for the pre-married pregnancy instead of men or both. Also, in the finding of Hien (2008), the same attitude was found when woman thought of herself as an immoral and unchaste woman if she is not virgin before marriage.

Moreover, the finding of 60.8% in this group accepted the passive role in the sexual relationship is consistent with the previous research results (Ha, 2008; Hien, 2008).This phenomenon may be explained by the gender norm and cultural perception which were formed deeply in the mind of these Vietnamese women. In a Vietnamese family, wife is often dependent and she should restrain her sexual desires and is sexually passive (Hien, 2008). Because of power inequality, sexual health of these subjects could be threatened; they might be sexually abused and coerced into sex by their husbands.

When asking about abortion of unintended pregnancy before marriage, most of women in this group disagreed or strongly disagreed because in the society in Vietnam, abortion is not approved due to moral and humanitarian values.

The attitude of subjects in this study was relatively little positive. However, the subjects did not demonstrate the positive attitude toward sexual right which is an important factor contributing to a satisfied sexual life.

There was a positive relationship between knowledge and attitude toward sexuality; however, as the level of sexual knowledge was low and the attitude was quite

positive, the relationship was just little. Moreover, the original scale of attitude toward sexuality had low reliability coefficient (Cronbach alpha = 0.64) in previous study and the translation of the instruments into Vietnamese may cause some misunderstandings in answering the questions among the Vietnamese immigrant women. Instruments which are built for specific Vietnamese subjects are required for further researches.

Studies showed that better knowledge related to higher education (Zhang et al., 2009; Ho & Loke, 2003). In this study, the female participants who graduated high school or university had higher knowledge toward sexuality than the women who graduated elementary and middle school. It can be explained that the higher level of education a woman gets, the more sex-related knowledge she can master. Another explanation is that the curricula at the elementary or middle school level did not provide enough knowledge about sexuality and most women who left school early were often under pressure of earning money to support their family, so they also did not have any chances to improve knowledge toward sexuality.

A significant difference in knowledge was found between the group of women who reported their husband income was over 2 million won and the group who did not know the income of the husbands. One possible explanation is that women who knew their husband's income have got the trust from the husbands because they were aware of Korean language as well as social systems in Korea. It implied that with the fluency in Korean language, they have ability to approach the information involving sexuality, so they were more knowledgeable than the one who were not familiar with Korean society and were facing many difficulties to understand Korean literature or media.

There was only one significant difference in attitude according to length of living in Korea. The subjects who have lived in Korea for over 37 months have more conservative attitude than the subjects with 13-36 month length in Korea. Studies showed sexual education in family in Vietnam was conservative (Go et al., 2002). However, globalization has had an impact on the life style of young people in Vietnam (Klingberg-Allvina, Tam, Nga, Ransjo-Arvidsona & Johanssona, 2007), creating more opened and liberal life style as well as attitude toward sexuality. For example, Bélanger et al. (1999) reported an increasing engagement in sexual relations before marriage among Vietnamese youth. Because of that, the reason for the difference in attitude

toward sexuality between these two groups can be understood in the context of social and family adaptation. These subjects were young and when they got married to Korean husbands and lived in Korea for the first couple of years, from 1 to 3 years, they were active and more likely to keep the liberal attitude toward sexuality to be suitable to the Korean youth who may also have more liberal life than the previous generation. However, after 3 years, the wife and the mother role with many worries and responsibilities in family can turn their attitude back to the original conservative attitude.

The three most common sources of information on sexuality were family relative, media and friends in this study. Information and instruction given by relatives or friend may be incorrect and may cause a negative impact on the sexual and reproductive health. Previous studies indicated the positive effect of education programs in improving knowledge of population, for example, because of the well-publicized efforts in Nigeria to expand knowledge of contraception through programs broadcasting on television and radio resulted awareness of contraception among Nigerian women in a subsequent study (Sedgh et al., 2006). In this study, knowledge about sexuality of respondents was inadequate; therefore a tailor-made education program to increase their sex-related knowledge is needed. In addition, a series of short films, games, and sexual health education programs on television, or leaflets about sexuality in Vietnamese language aiming to promote sexual knowledge might be suitable. Moreover, with a better understanding in the correlation of knowledge and attitude in sexuality, it is useful in planning the education programs, by enhancing women's knowledge about sexuality, they would be empowered to form proper perception about sexuality.

In conclusion, the result of this study has provided information about the low level of knowledge and the little positive attitude toward sexuality among Vietnamese immigrant women. Even though the attitude toward sexuality of this population in general was positive, however, the fact that there were still many women had negative attitude in some sexual-related areas, especially the negative attitude toward sexual right. As the result, an education program is necessary to enhance the subjects' knowledge toward sexuality which will subsequently help to form a proper perception

about sexuality. In addition, beside the effort to increase their sexual knowledge about sexuality in order to help them to create a more positive attitude toward sexuality, these women should be educated the Korean culture in terms of sexuality to understand their husbands well and to live together in harmony. This would help to reduce unexpected outcomes involving sexual and reproductive health and to achieve further a satisfied sexual life.

There were some limitations in this study. Firstly, the use of convenience sample reduced the ability to generalize the findings. Secondly, despite translation, back-translation, and cultural validation of questionnaires, the attitude toward sexuality scale questionnaire was not well understood by participants. Thirdly, the reliability of the attitude toward sexuality scale is not desirable with Cronbach's alpha less than .70

Some recommendations were considered carefully in order to improve further researches which involve discoveries of the knowledge and attitude toward sexuality among Vietnamese immigrant women as firstly, further testing of the reliability of the instrument on a larger sample; secondly, the necessary to develop Vietnamese-version instruments by professionals to measure exactly the knowledge and attitude toward sexuality in further researches; thirdly, the necessary to develop a tailor-made education program for Vietnamese immigrant women in Korea.

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## Appendix A
## Informed Consent Form

Hello,

I am Nguyen Ho Phuong Nga, I am currently studying Master of Nursing at College of Nursing belonging to Ajou University. I would like to invite you to participate in my research because you are a Vietnamese woman who got married to a Korean man and live in Korea. Your participation in this study is entirely voluntary. The purpose of the study is to identify the knowledge and attitude toward sexuality of Vietnamese immigrant women in Korea.

All the information you provide will be kept in a safe place and used only for the purpose of this study. Your identification will not be disclosed to the public. You are free to discontinue your participation at any time, and we will not be able to use your information further.

If you have any questions about the research, please contact me at 031-210-9407.

I appreciate your participation in my study.

If you agree to participate in my study, please sign up here ___________

(Or check it) Yes _______ No ________

2010.6.16

Best regards,

Nguyen Ho Phuong Nga

Graduate student

Ajou University College of Nursing

AJOU UNIVERSITY 1973

## Appendix B

## Socio-demographic Characteristics

Below are the questions inquiring your socio-demographic characteristics. Please fill in all the items by making V marks in the appropriate box.

1. What is your age? ________
2. What is your education level?
   □ No education □ Elementary school □ Secondary school
   □ High school □ College/ University □ Graduate school
3. What is your husband's age? ________
4. What is the education level of your husband?
   □ No education □ Elementary school □ Secondary school
   □ High school □ College/ University □ Graduate school
5. What is your religion?
   □ No religion □ Buddhism □ Christianity
   □ Catholic □ Others: ____________
6. What languages do you speak in daily life?
   □ Vietnamese only
   □ Mostly Vietnamese, some Korean
   □ Vietnamese and Korean equally
   □ Mostly Korean, some Vietnamese
   □ Only Korean
7. Do you have a job?
   □ Yes □ No
8. Who do you live with?
   □ Husband only
   □ Husband, children, and parents-in-law
   □Husband, children, parents-in-law, and husband's siblings
   □Other: ________________________________
9. How long have you lived in Korea? ______Years ______Months
10. How many children do you have? _______
11. What is your monthly household income?
    □ ≤ 1,000,000 won □ 1,000,000 - 2,000,000 won
    □2,000,000 - 3,000,000 won □3,000,000 - 4,000,000 won
    □ Not know
12. How have you got information about sexuality? (Multiple response possible)
    □ Media: television, radio, magazine…
    □ Family members, relatives in Vietnam
    □ Family members, relatives of husband in Korea
    □ Friends
    □ Health education programs
13. Do you want to know any specific topic related to sexuality? If yes, please write here: ________________________________________________

## Knowledge toward Sexuality Scale

Read these questions and click "V" as your answers.

| Questions | Yes | No | Not know |
|---|---|---|---|
| 1. If a person perform masturbations much, when getting married he/ she will not have a normal sexual intercourse. | | | |
| 2. Masturbation with dirty hands causes ways for body-penetrating of bacteria. | | | |
| 3. It is possible to get pregnant during menstruation. | | | |
| 4. After the first menstruation, there is not any menstruation in a period of time or the menstrual circle is in disorder in some situations | | | |
| 5. During menstruation, the possibility for bacteria's existence is little. | | | |
| 6. The natural contraception is not having sexual intercourse in the period of $12^{th}$ to $19^{th}$ days accounted from menstruation completely finishes. | | | |
| 7. The long-term contraception is female and male sterilization. | | | |
| 8. Even using oral contraception method, the fertilization is possible. | | | |
| 9. Condom usage is one of the method to prevent STDs. | | | |
| 10. The ovum can live 5 days after ovulation. | | | |
| 11. A healthy woman will have an ovum moving to fallopian tube once a month. | | | |
| 12. Sperms can live in uterus for 48 hours | | | |
| 13. All women will bleed at the first sexual intercourse | | | |
| 14. During sexual intercourse, if the man ejaculates outside the vagina, the women cannot be pregnant. | | | |
| 15. Cleaning the vagina after sexual intercourse can prevent pregnancy. | | | |
| 16. It is possible to get pregnant during the period of breast feeding. | | | |
| 17. During pregnancy, if the woman acquires the STDs, the fetus can be either harmful or deformed. | | | |
| 18. When the gonorrhea become serious, it is possible for infertility in both male and female. | | | |
| 19. AIDS only transmits through sexual intercourse. | | | |
| 20. Even without AIDS, sexual intercourse through anus can be the origin lead to AIDS acquirement. | | | |
| 21. The artificial abortion is the way of removing fetus which is growing and amniotic fluid from the mother's body. | | | |
| 22. Miscarriage will not happen when the age of fetus is over 7 months. | | | |
| 23. The penis can only be hard and stands up when the man reach puberty. | | | |
| 24. The woman can only feel orgasm through vagina. | | | |
| 25. Only if the penis has a more-than-5cm erection can the man has sexual intercourse normally. | | | |
| 26. Brain has function which can control the sex desire. | | | |
| 27. The cycle of sexual activity in male and female are different. | | | |
| 28. All men have to experience the circumcision. | | | |
| 29. Person who performs sexual extortion often have sex desire higher than other people | | | |
| 30. Women can feel the orgasm even they are raped. | | | |

**Attitude toward Sexuality Scale**

These questions will ask you about attitude toward sexuality. Please think carefully for your answer

| Questions | Strongly agree | Agree | Not sure | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| 1. Woman has to wait until man expresses his concern about her. | | | | | |
| 2. Before married, it is necessary to keep purity in both physical and mind. | | | | | |
| 3. If it is a true love, pre-married sexual intercourse can be happened. | | | | | |
| 4. Sexual intercourse can be happened even though there is no love. | | | | | |
| 5. If sexual intercourse has happened, the marriage must be performed. | | | | | |
| 6. If there is a pre-married pregnancy, man also has responsibility. | | | | | |
| 7. If there is an unintended pregnancy before married, abortion is possible. | | | | | |
| 8. There is an uncomfortable feeling once hiding the menstruation or nocturnal emissions to others. | | | | | |
| 9. It is more convenient when woman uses contraception methods compared to man uses. | | | | | |
| 10. If the unintended pregnancy happens after marriage, abortion is possible. | | | | | |
| 11. It is possible to restrain from sex desire and must do it | | | | | |
| 12. A woman needs the pure in both mind and physical before marriage. | | | | | |
| 13. Men is allowed to masturbate, women is not. | | | | | |
| 14. The feeling of exciting when watching TV or reading magazines which have sexy pictures is normal in male and female. | | | | | |
| 15. Sexual intercourse is a dirty thing which should not be come closely. | | | | | |

**Thư Ngỏ**

------oOo------

Chào chị,

Tôi tên là Nguyễn Hồ Phương Nga, hiện tại tôi đang học Thạc sĩ điều dưỡng tại Trường Điều dưỡng thuộc Đại học Ajou. Tôi đang tiến hành một nghiên cứu nhằm xác định kiến thức và thái độ về sinh sản và tình dục của người phụ nữ Việt Nam nhập cư tại Hàn Quốc. Tôi muốn mời chị tham gia vào nghiên cứu vì chị là người phụ nữ Việt Nam kết hôn với đàn ông Hàn Quốc và sống tại Hàn Quốc. Sự tham gia của chị vào nghiên cứu là hoàn toàn tự nguyện.

Tất cả những thông tin mà chị cung cấp sẽ được giữ bí mật và chỉ dùng cho mục đích nghiên cứu này. Những thông tin cá nhân của chị sẽ không phổ biến ra bên ngoài. Chị có thể chấm dứt việc tham gia vào nghiên cứu bất cứ lúc nào và tôi sẽ không tiếp tục sử dụng thông tin của chị cho những mục đích xa hơn.

Tôi rất trân trọng sự tham gia của chị vào nghiên cứu. Nếu chị đồng ý tham gia vào nghiên cứu của tôi, xin hãy ký tên ở đây: ___________________

(hoặc đánh dấu) Đồng ý _______ Không đồng ý_______

Ngày 16 tháng 6 năm 2010

Thân chào!

Nguyễn Hồ Phương Nga

Sinh viên thạc sĩ điều dưỡng

Người phụ trách nghiên cứu

Trường Điều dưỡng, Đại học Ajou

**Thông Tin Tổng Quát**

Dưới đây là những câu hỏi liên quan đến đặc điểm xã hội nhân khẩu. Hãy đánh dấu V vào những ô trả lời thích hợp.

1. Chị bao nhiêu tuổi? ________
2. Trình độ học vấn của chị?
   □ Mù chữ □ Cấp I □ Cấp II
   □ Cấp III □ Cao đẳng/ Đại học □ Cao học
3. Chồng của chị bao nhiêu tuổi? ________
4. Trình độ học vấn của chồng chị?
   □ Mù chữ □ Cấp I □ Cấp II
   □ Cấp III □ Cao đẳng/ Đại học □ Cao học
5. Tôn giáo của chị?
   □ Không có □ Đạo Phật □ Đạo tin lành
   □ Đạo thiên chúa □ Khác: ____________
6. Chị sử dụng ngôn ngữ nào trong đời sống? (Có thể chọn nhiều câu trả lời)
   □ Chỉ có tiếng Việt
   □ Hầu hết là tiếng Việt, một ít tiếng Hàn
   □ Tiếng Việt và tiếng Hàn như nhau
   □ Hầu hết là tiếng Hàn, một ít tiếng Việt
   □ Chỉ có tiếng Hàn
7. Hiện tại chị có việc làm không?
   □ Có □ Không
8. Hiện tại chị sống với ai?
   □ Chỉ sống với chồng
   □ Chồng, con cái, và ba mẹ chồng
   □ Chồng, con cái, ba mẹ chồng, và chị em của chồng
   □ Khác: ________________________________
9. Chị sống ở Hàn bao lâu rồi? ______năm ______tháng
10. Chị có bao nhiêu đứa con? _______
11. Thu nhập hàng tháng của gia đình là bao nhiêu?
    □ ≤ 1,000,000 won □ 1,000,000 - 2,000,000 won
    □2,000,000 - 3,000,000 won □3,000,000 - 4,000,000 won
    □ Không biết
12. Chị có được kiến thức về sinh sản và tình dục từ đâu? (Có thể chọn nhiều câu trả lời)
    □ Phương tiện truyền thông: TV, đài, báo chí …
    □ Gia đình và người thân ở Việt Nam
    □ Gia đình và người thân ở Hàn Quốc
    □ Bạn bè
    □ Những chương trình giáo dục sức khỏe
13. Chị có muốn biết bất cứ vấn đề cụ thể nào liên quan đến sinh sản và tình dục không? Nếu có, hãy viết ra đây:____________________________________

## Bảng Câu Hỏi về Kiến Thức Tình Dục

Chị hãy đọc những câu hỏi sau và trả lời bằng cách đánh dấu "V" vào ô thích hợp.

| Câu hỏi | Yes | No | Not know |
|---|---|---|---|
| 1. Nếu thủ dâm nhiều thì sau khi kết hôn sẽ không có được sự quan hệ tình dục một cách bình thường. | | | |
| 2. Dùng tay dơ (bẩn) khi thủ dâm sẽ là đường dẫn cho vi khuẩn xâm nhập vào cơ thể. | | | |
| 3. Trong giai đoạn hành kinh cũng có thể mang thai. | | | |
| 4. Sau lần có kinh đầu tiên thì sẽ không thấy kinh nguyệt trong một khoảng thời gian hoặc chu kì kinh nguyệt có thể có rối loạn trong một số trường hợp. | | | |
| 5. Trong giai đoạn hành kinh, khả năng tồn tại của vi khuẩn trong âm đạo là ít. | | | |
| 6. Cách tránh thai tự nhiên là không nên quan hệ tình dục trong khoảng thời gian từ ngày thứ 12 đến ngày thứ 19 tính từ ngày hết kinh. | | | |
| 7. Cách tránh thai lâu dài là thắt ống dẫn tinh ở nam và thắt vòi trứng ở nữ. | | | |
| 8. Mặc dù có sử dụng phương pháp ngừa thai bằng cách uống thuốc, vẫn có thể thụ thai. | | | |
| 9. Dùng bao cao su là một trong những phương pháp phòng ngừa các bệnh lây lan qua đường tình dục. | | | |
| 10. Trứng có thể sống 5 ngày sau khi rụng trứng. | | | |
| 11. Một người phụ nữ khỏe mạnh thì 1 tháng trứng sẽ di chuyển đến ống dẫn trứng một lần. | | | |
| 12. Tinh trùng có thể sống trong tử cung 48 giờ. | | | |
| 13. Tất cả phụ nữ đều chảy máu trong lần quan hệ đầu tiên. | | | |
| 14. Khi quan hệ tình dục, nếu đàn ông xuất tinh ngoài thì người phụ nữ sẽ không có khả năng thụ thai. | | | |
| 15. Nếu vệ sinh sạch sẽ âm đạo sau khi quan hệ tình dục thì sẽ không có thai. | | | |
| 16. Vẫn có khả năng có thai trong thời kỳ cho con bú. | | | |
| 17. Trong thời gian mang thai, nếu người mẹ bị mắc các bệnh lây lan qua đường tình dục thì thai nhi có thể bị tổn thương hoặc bị dị dạng. | | | |
| 18. Nếu để cho bệnh lậu trở nên nghiêm trọng thì có thể dẫn đến vô sinh ở cả nam và nữ. | | | |
| 19. Bệnh AIDS chỉ lây lan qua quan hệ tình dục. | | | |
| 20. Dù không bị bệnh AIDS nhưng nếu quan hệ tình dục qua đường hận môn thì cũng có thể là nguồn gốc dẫn đến nhiễm AIDS. | | | |
| 21. Việc lấy thai nhi đang phát triển và cả nước ối trong bụng mẹ ra ngoài được gọi là phá thai. | | | |
| 22. Việc sảy thai sẽ không xảy ra nếu thai nhi trên 7 tháng tuổi. | | | |
| 23. Dương vật của đàn ông chỉ cứng (thẳng) được khi đến tuổi dậy thì. | | | |
| 24. Sự cực khoái của phụ nữ chỉ có thể đạt được qua âm đạo. | | | |
| 25. Khi dương vật cương cứng đạt hơn 5 cm thì đàn ông mới có khả năng quan hệ tình dục bình thường. | | | |
| 26. Ở nam và nữ thì não có chức năng kiềm chế ham muốn tình dục. | | | |
| 27. Chu kỳ hoạt động tình dục của nam và nữ thì khác nhau. | | | |
| 28. Tất cả đàn ông đều phải trải qua phẫu thuật cắt bao quy đầu hẹp. | | | |
| 29. Những kẻ cưỡng đoạt tình dục thường mang trong mình sự ham muốn tình dục cao hơn người khác. | | | |
| 30. Phụ nữ bị cưỡng bức vẫn cảm nhận được khoái cảm. | | | |

**Bảng Câu Hỏi về Thái Độ Tình Dục**

Những câu hỏi sau đây sẽ hỏi chị về thái độ đối với sinh sản và tình dục. Hãy suy nghĩ và trả lời bằng cách đánh dấu "V" vào ô thích hợp.

| Câu hỏi | Rất đồng ý | Đồng ý | Không chắc chắn | Không đồng ý | Rất không đồng ý |
|---|---|---|---|---|---|
| 1. Phụ nữ phải chờ đợi cho đến khi đàn ông bày tỏ sự quan tâm trước. | | | | | |
| 2. Trước khi kết hôn cần phải giữ gìn sự trong sáng cả về thể chất lẫn tinh thần. | | | | | |
| 3. Nếu yêu thật lòng thì có thể quan hệ tình dục trước khi kết hôn. | | | | | |
| 4. Không yên cũng có thể quan hệ tình dục. | | | | | |
| 5. Nếu đã quan hệ tình dục thì nhất định phải kết hôn. | | | | | |
| 6. Nếu có thai trước khi cưới thì đàn ông cũng phải chịu trách nhiệm. | | | | | |
| 7. Nếu có thai trước khi cưới thì có thể phá thai. | | | | | |
| 8. Cảm thấy bất tiện khi phải giấu diếm chuyện có kinh hay mộng tinh với người khác. | | | | | |
| 9. Phụ nữ sử dụng các biện pháp tránh thai thì đúng đắn hơn là để đàn ông sử dụng. | | | | | |
| 10. Sau khi kết hôn, nếu có thai ngoài ý muốn thì có thể phá thai. | | | | | |
| 11. Kiềm nén ham muốn tình dục là điều có thể làm và phải làm. | | | | | |
| 12. Trước khi cưới, phụ nữ phải trong sáng cả về tinh thần lẫn thể xác. | | | | | |
| 13. Đàn ông được quyền thủ dâm, còn phụ nữ thì không được. | | | | | |
| 14. Cảm thấy phấn khích khi xem TV hay những tạp chí có hình ảnh gợi cảm là phản ứng bình thường của phụ nữ và đàn ông. | | | | | |
| 15. Quan hệ tình dục là một điều dơ bẩn, không nên đến gần. | | | | | |