

A literature review on the health literacy of marriage-Immigrant women

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Abstract

This study aimed to synthesize previous research conducted in Korea on married immigrant women and foreign women to analyze the factors influencing health literacy, health-promoting behaviors, and quality of life. The study also sought to present evidence for developing strategies to improve health literacy among this population. A narrative literature review was conducted. Six studies published between 2016 and 2025 that investigated key variables and influencing factors related to health literacy among married immigrant women were selected and comparatively analyzed. Self-efficacy and family/social support were identified as the most significant factors influencing the quality of life and health-promoting behaviors of married immigrant women. Additionally, the process of health literacy formation differed depending on the country of origin and level of cultural adaptation. Functional health literacy and Korean language proficiency were closely associated with oral health knowledge and health behaviors. Health literacy among married immigrant women is influenced by a complex interplay of personal and sociocultural factors. Therefore, an integrated approach involving family and community support is required. Tailored interventions that consider cultural and national backgrounds, along with standardized evaluation systems, are necessary to enhance health literacy in this population.

Keywords: Health literacy, Social support, Quality of life, Health promotion, Emigrants and immigrants

Introduction

In South Korea, the term ‘marriage immigrants’ is legally defined in statutes such as the Multicultural Families Support Act. However, despite the widespread use of the term ‘marriage-immigrant’ women in academic and practice settings, a precise conceptual definition remains lacking. Concurrently, the number of marriage-immigrant women has continued to increase with the rise in international marriages since the 1990s. These trends underscore the need for rigorous empirical evidence to support the protection of their health rights and to address persisting health disparities [1].

As of 2023, there were 159,206 marriage immigrants in South Korea, of whom 132,391 (83.2%) were women. By country of origin, individuals from Vietnam (38.2%) and China (22.1%) account for the largest proportions. Their residential distribution is highly concentrated in the Seoul metropolitan area, with Seoul at 24.6% and Gyeonggi Province at 24.9%. However, recent trends indicate a gradual increase in the proportion of marriage-immigrant women

residing in non-metropolitan regions [1].

A significant proportion of marriage-immigrant women in South Korea undergo pregnancy, childbirth, and childrearing early in the course of their settlement [2]. In addition, many migrate from countries with less developed healthcare systems, resulting in limited prior exposure to health education [3]. Given this background, marriage-immigrant women face a heightened risk of adverse maternal and birth outcomes, including high-risk pregnancies, low birth weight, preterm birth, and stillbirth [4]. They also exhibit higher prevalence rates of chronic conditions such as anemia, diabetes, hypertension, and periodontal disease, as well as various oral health problems [2]. These issues extend beyond simple barriers to healthcare access and are closely associated with limited health literacy—the ability to understand, evaluate, and use health information effectively [2].

Following settlement in South Korea, many marriage-immigrant women experience changes in dietary habits and physical activity patterns, resulting in

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weight gain and increased body mass index (BMI). In particular, problematic eating behaviors—such as increased consumption of restaurant meals and snacks, meal skipping, picky eating, and intake of processed foods—have been reported [4]. These lifestyle changes can be further exacerbated when participation in health screenings is low, potentially increasing the risk of developing chronic diseases in the future [5]. Moreover, insufficient health literacy at the prevention and early detection stages can create ongoing difficulties in understanding screening information, completing appointment and consent procedures, interpreting test results, and managing follow-up care.

The health literacy of marriage-immigrant women is strongly influenced by their Korean language proficiency and level of acculturation. Short residence duration, low educational attainment, and limited Korean language skills have been identified as key factors that reduce health literacy [6], while communication barriers with healthcare providers impede symptom reporting, understanding of prescriptions, and self-management. Additionally, sociocultural differences associated with country of origin significantly affect health behaviors and patterns of healthcare utilization. For example, women from Vietnam often experience high levels of acculturative stress due to language and educational gaps, as well as conflicts with patriarchal family norms [7]. In contrast, women from China may exhibit psychological withdrawal under tension arising from the sociocultural emphasis on conformity [8].

Acculturative stress can mediate various health risk factors—such as depression, lethargy, and inadequate nutritional intake—ultimately contributing to negative health outcomes [9]. These factors ultimately create a vicious cycle between reduced health literacy and negative health outcomes. In particular, women serve as the primary health managers and caregivers within the family, playing a central role in practices such as family nutrition management, vaccination, and child health care [10]. Therefore, the health literacy of marriage-immigrant women affects not only their own health but also child growth and development, family health behaviors, community health equity, and even national healthcare resources [5]. From this perspective, accurately assessing the health literacy

of marriage-immigrant women holds significant implications as a public health strategy at the individual, family, community, and national levels.

To date, most prior studies on health literacy have focused on adults and older populations in specific regions, while research on marriage-immigrant women has primarily examined comparisons based on Korean language proficiency or sociodemographic characteristics [7-9]. However, studies that comprehensively analyze multidimensional factors—such as acculturation level, social resources, and country-of-origin characteristics—remain limited. In particular, evidence for ‘country-specific’ interventions that consider differences in health literacy among major origin groups, such as Vietnam and China, has scarcely been established.

Therefore, this study aims to review quantitative research on multicultural health literacy conducted within the field of nursing in South Korea [11-16], in order to analyze the current use and development trends of tools employed to measure health literacy. Through this review, the study seeks to reconfirm the validity of these measurement instruments and provide a foundation for the future advancement of multicultural health literacy research and the design of targeted interventions. This study holds significant academic and social implications, as improving the health literacy of marriage-immigrant women can contribute not only to individual health but also to enhancing family and community health equity and improving access to healthcare services.

Research Methodology

1. Research design

This study is a literature review aimed at identifying trends in research on the health literacy of marriage-immigrant women conducted in South Korea and systematically analyzing the characteristics of these studies.

2. Study subjects and data collection

This study was conducted through a stepwise process that included establishing a literature search strategy, selecting databases, determining search terms, and reviewing and selecting relevant studies. The literature search was carried out from October

10 to November 10, 2025. Considering that research on the health literacy of marriage-immigrant women in South Korea began to gain momentum in recent years, the study focused on publications released between 2016 and 2025.

To comprehensively collect domestic research, major databases covering healthcare and academic literature were utilized. The databases used included Kmbase (Korean Medical Database), DBPIA (Nuri Media), RIIS (Research Information Sharing Service), KISS (Korean Studies Information Service System), NDSL (National Digital Science Library), and the National Assembly Library.

Search terms were selected to reflect the characteristics of domestic academic databases and included key Korean and English terms such as “marriage-immigrant women,” “multicultural women,” “migrant women,” “immigrant women,” “health literacy,” “understanding of health information,” and “use of health information.” In addition, to address the limitations of Boolean operators (AND/OR), various combinations of these

concepts were employed to broaden the search scope.

Through database searches, a total of 48 studies were initially identified. No additional studies were found through other sources ($n = 0$). After removing duplicates, 38 studies were included in the screening phase. Following a review of titles and abstracts, 23 studies that did not align with the research topic were excluded, leaving 15 studies for full-text review. During the full-text review phase, a total of 8 studies were excluded for the following reasons:

- ① Studies that did not directly address health literacy ($n = 3$),
- ② Studies that did not target marriage-immigrant women or foreign women ($n = 2$),
- ③ Studies whose research design or analytical methods did not meet methodological standards ($n = 3$).

Ultimately, six studies met the inclusion criteria and were selected as the literature for this systematic review.

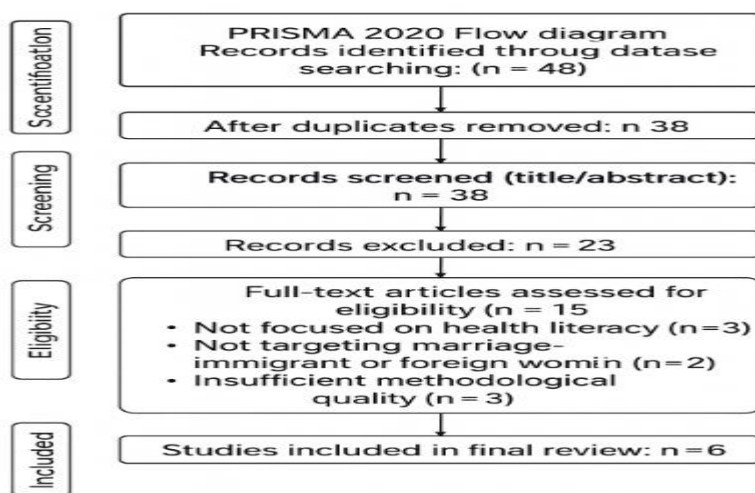


Figure 1. PRISMA 2020 flow diagram

3. Data analysis

The six studies selected for this review were systematically examined using a pre-established analytical framework. The analysis included items such as publication year, study type and design, participant characteristics, definitions and

measurement tools of health literacy, related

outcome variables, key study findings, and nursing implications.

When comparisons or interpretation across studies were required, two researchers discussed the findings collaboratively to ensure consistency in the

analysis. The final results were used to identify trends in research on the health literacy of marriage-immigrant women in South Korea and to inform the development of future nursing interventions.

Results

1. Distribution of Research by Published Journal and Year

Table 1 presents the distribution of the six studies

included in this review by journal and year of publication. The analysis showed that all studies were published between 2019 and 2021, with no studies identified after 2022. Each study was published in a different journal, including the Journal of Korean Public Health Nursing, Journal of Korean Academy of Community Health Nursing, Korean Journal of Health Nursing, Journal of Korean Academy of Oral Health, The Journal of the Convergence on Culture Technology, and Korean Journal of Convergence Society.

Table 1. Distribution of research by published journal and year (N = 6)

Published Journal	2019–2021	2022–2025	n	%
Journal of Korean Public Health Nursing	1	0	1	16.70%
Journal of Korean Academy of Community Health Nursing	1	0	1	16.70%
Korean Society of Public Health Nursing	1	0	1	16.70%
Journal of Korean Academy of Oral Health	1	0	1	16.70%
The Journal of the Convergence on Culture Technology	1	0	1	16.70%
Journal of the Korea Convergence Society	1	0	1	16.70%
Total	6	0	6	100%

2. The analysis of research

The six studies included in this review consisted of descriptive survey studies and content analysis studies that explored health literacy, health-promoting behaviors, quality of life, and related factors among marriage-immigrant women and foreign women. The analysis indicated that health literacy was not only examined as an independent variable but also found to be interrelated with various personal and social factors, including self-efficacy, social support, acculturation, oral health knowledge, and health behaviors.

The first study analyzed factors affecting the quality of life of marriage-immigrant women and found that self-efficacy was the most influential factor, followed by social support and perceived health status. In contrast, health literacy, acculturative stress, and women's health knowledge were not significantly associated with quality of life. The regression model explained 32.4% of the variance.

The second study was a survey that analyzed factors influencing health-promoting behaviors among marriage-immigrant women. Family support emerged as the strongest predictor ($\beta = .47, p < .001$),

followed by self-efficacy, which also had a significant effect ($\beta = .18, p = .015$). The overall model explained 34.2% of the variance.

The third study compared marriage-immigrant women from Vietnam and China to explore factors influencing health literacy. For the Chinese group, length of residence ($\beta = .442, p < .001$) and Korean cultural adaptation ($\beta = .381, p = .007$) were significant predictors, whereas no significant predictors were identified for the Vietnamese group. These findings suggest that patterns of acculturation and duration of settlement may have differential effects on health literacy across countries of origin.

The fourth study examined oral health literacy among mothers in multicultural families in Gangneung City and found that the oral health literacy of multicultural families was significantly lower than that of general families, with 63.3% classified as insufficient. Higher Korean language proficiency was associated with higher oral health literacy scores ($r = .428, p < .05$), and significant positive correlations were observed among oral health knowledge, reading comprehension, and numeracy skills.

The fifth study conducted a content analysis of

research trends on health literacy among marriage-immigrant women in South Korea. Most studies were conducted within the field of nursing and were primarily descriptive surveys. The KHLAT was the most frequently used instrument to measure health literacy, while intervention studies were found to be absent. Methodological limitations were also reported, including small sample sizes and reliance on convenience sampling.

The sixth study analyzed the relationship between oral health literacy and oral health knowledge and

behaviors among foreign women. Oral health behaviors differed significantly according to marital status, educational level, and duration of residence in Korea. Both functional and communicative oral health literacy were higher among women who were older, more educated, and had longer residence periods. Notably, a significant positive correlation was observed between oral health knowledge and oral health literacy, indicating that improvements in oral health knowledge are directly linked to enhanced health literacy.

Table 2. The analysis of research

No	Title	Author	Purpose	Method	Result
1	Perceived health status, self-efficacy, social support, health literacy, acculturative stress, and women's health knowledge on health-related quality of life	Jeon, Chae, Kang, Lee, Kim, Park, Choi	Examine perceived health, self-efficacy, social support, health literacy, acculturative stress, and women's health knowledge and their effects on health-related QOL among marriage-immigrant women in Seoul	Descriptive survey	Self-efficacy was the strongest predictor of QOL; followed by social support → perceived health. Health literacy, acculturative stress, and women's health knowledge had no significant effect. $\checkmark R^2 = 32.4\%$
2	Family support, self-efficacy, health literacy, and perceived health status on health-promoting behaviors	Kang & Han	Identify the impact of family support, self-efficacy, health literacy, and perceived health on health-promoting behaviors	Descriptive survey	Family support ($\beta = .47, p < .001$) was the strongest predictor, followed by self-efficacy ($\beta = .18, p = .015$). $R^2 = 34.2\%$
3	Factors affecting health literacy among Vietnamese and Chinese marriage-immigrant women	Jo & Yang	Examine acculturation and health literacy levels among Vietnamese and Chinese women	Descriptive survey	For the Chinese group: length of residence ($\beta = .442, p < .001$) and Korean cultural adaptation ($\beta = .381, p = .007$) were significant predictors. \checkmark No significant predictors in the Vietnamese group.
4	Oral health literacy among mothers in multicultural families in Gangneung	Namgung, Park, Jeong, Ma	Measure oral health literacy among multicultural family mothers in Gangneung	Descriptive survey	Oral health literacy was lower in multicultural families (63.3% insufficient) than in general families (73.3% sufficient). Higher Korean proficiency correlated with higher literacy ($r =$

					.428, $p < .05$). ✓Significant positive correlations among oral health knowledge, reading comprehension, and numeracy.
5	Trends in Health Literacy Research Among Marriage-Immigrant Women in Korea	Ahn Ji-suk	An examination of the current status and trends of health literacy research conducted over the past 10 years on marriage-immigrant women in Korea	Content analysis	Research Field: Primarily nursing (health sciences) Research Types: 9 survey studies, 2 instrument-development studies; no intervention studies Countries Represented: Many studies include participants from China, Vietnam, and the Philippines Sample Size: Mostly fewer than 200 participants, with convenience sampling predominant Health Literacy Instruments Used: KHLAT used most frequently; HLAS and HLI-FMI used in some studies
6	The Integrated Relationship Among Oral Health Knowledge, Oral Health Behaviors, and Oral Health Literacy in Some Foreign Women	Jang Sun-ju, Park Young-nam	Measuring the level of oral health literacy among foreign women Descriptive survey study	Descriptive survey study	Oral Health Behaviors: Significant differences were found by marital status, education level, and length of residence in Korea. Oral Health Knowledge: Married women showed significantly higher knowledge than unmarried women. Linguistic Oral Health Literacy: Higher among women aged 26–30, university graduates, and those who had lived in Korea for more than 10 years. Functional Health Literacy: Higher among unmarried women, university graduates, and those with longer residence in Korea.

Discussion

This study conducted an integrative analysis of six domestic studies involving marriage-immigrant women and foreign women to examine the relationships among health literacy, health behaviors, and quality of life. Through this synthesis, the study sought to delineate the prevailing trends in health literacy research targeting marriage-immigrant women in Korea and to provide a comprehensive interpretation of the significance and limitations of the existing body of research.

First, the importance of self-efficacy and social support in the health-related quality of life of marriage-immigrant women was reaffirmed. Self-efficacy emerged as the most influential factor

affecting quality of life, followed by social support and perceived health status as significant variables. These findings suggest that, for marriage-immigrant women to effectively manage their health within a new cultural environment, it is essential to have not only the ability to understand health information but also a supportive social system that facilitates the translation of such knowledge into actual health-related behaviors. These findings are also consistent with previous studies indicating that low health literacy and insufficient social support are associated with increased depression, frailty, and adverse health outcomes [17–18]. Previous studies have similarly noted that marriage-immigrant women are vulnerable in health-related decision-making processes due to linguistic and cultural barriers. Low health literacy has been reported to be associated

with structural factors such as social isolation and limited access to healthcare services, which aligns with the findings of the present study.

In addition, prior studies on health-promoting behaviors have identified family support and self-efficacy as key determinants. Because the health behaviors of marriage-immigrant women are not solely the result of individual choices but are largely shaped within the context of role performance and interactions within the family, the informational and emotional support provided by spouses and family members serves as a fundamental basis for engaging in health behaviors [11–13]. In particular, such support becomes even more critical during early marriage or life events such as pregnancy and childbirth. Therefore, future community-based intervention programs should be designed to incorporate family-level participation.

Second, studies that examined the determinants of health literacy indicated significant differences based on country of origin. Among marriage-immigrant women from China, length of residence and level of acculturation were identified as significant predictors of health literacy, whereas no significant influencing factors were found in the group from Vietnam. These results suggest that health literacy cannot be explained solely by individual attributes (e.g., language ability, cognitive capacity) but is shaped by structural factors such as migration motives, educational background, and sociocultural support networks. This pattern has also been observed in studies of immigrants in Germany [19], where health literacy levels were found to vary by country of origin, generation, and degree of acculturation, and were influenced by cultural background and the level of social integration. Similarly, research on immigrants in Portugal [20] reported that length of residence, language proficiency, and documentation status were key determinants of health literacy. These findings suggest that improving health literacy among marriage-immigrant women requires tailored approaches that account for national and cultural contexts.

Previous studies have also emphasized that the health literacy of marriage-immigrant women varies according to their national and cultural backgrounds [15–16]. The findings of the present study further

reaffirm the necessity of considering country- and culture-specific characteristics in this context.

Additionally, research on oral health literacy has identified Korean language proficiency as a key determinant, with significant positive correlations reported between functional literacy and oral health knowledge and behaviors. These findings indicate that limited Korean language comprehension may hinder the understanding and implementation of health-related information, underscoring the importance of assessing functional literacy [17]. However, most of the currently used health literacy instruments focus primarily on functional literacy, which limits their ability to assess overall health management competencies. Therefore, there is a need to develop instruments that encompass functional, interactive, and critical literacy.

Third, to date, domestic research on health literacy among marriage-immigrant women has relied primarily on descriptive survey studies, with intervention research remaining extremely limited [11–14]. This limitation has also been noted in previous studies [15], highlighting the need for research that goes beyond assessing the current status to develop and evaluate practical health literacy intervention strategies. In addition, reliance on convenience sampling and small sample sizes poses limitations in terms of representativeness, and the diversity and lack of standardization of health literacy instruments further hinder cross-study comparisons.

This study ensured the reliability of its findings by systematically selecting and analyzing the literature according to the PRISMA guidelines. However, a limitation is that the analysis was restricted to domestic studies. Future research should explore the global patterns and intervention potential of health literacy through international comparative or multinational studies targeting multicultural women. Furthermore, the health literacy of marriage-immigrant women was found to be a complex construct determined by the interaction of multiple factors, including not only the ability to understand information but also self-efficacy, family and community support, Korean language proficiency, and level of acculturation. Therefore, future research and practice should move beyond individual-level literacy assessment and implement integrated health

literacy enhancement strategies encompassing family, community, and policy dimensions.

Conclusion

This study systematically reviewed previous research conducted with marriage-immigrant and foreign women in Korea to examine the structural characteristics and key determinants of health literacy. The analysis revealed that self-efficacy and family and social support are critical factors in enhancing the quality of life and health-promoting behaviors of marriage-immigrant women, suggesting that strengthening social support systems plays an important role in improving health literacy and health outcomes. Furthermore, the formation and influencing factors of health literacy varied according to country of origin and level of acculturation, and functional health literacy and Korean language proficiency were closely associated with the enactment of actual health behaviors.

These findings highlight the need for tailored health literacy enhancement strategies that take into account the unique characteristics of marriage-immigrant women. Intervention designs should reflect multidimensional factors, including not only individual-level information comprehension but also social support, language proficiency, acculturation, and settlement environment. Therefore, future research and practice should focus on establishing integrated support systems at the family and community levels and implementing approaches across policy, education, and healthcare services to promote equity in health literacy.

References

1. Statistics Korea, Social Statistics Planning Division. Social Indicators of Korea 2023. Daejeon: Statistics Korea; 2024.
2. Kim KH, Lee YS. A relationship-centered marital communication program for married couples in multicultural families. *Korean Journal of Family Relations*. 2016;21(2):97-127.
3. Kim GH, Kim YS. A case study on the social welfare experiences of marriage migrant women across life domains. *Journal of Women's Studies*. 2018;28(1):155-184.
4. Kim SS, Ko DY, Kim HW, Cho YS, Choi SE, Min GC. Effects of Korean language proficiency on life satisfaction and depression among married immigrant women: Verification of the mediating effect of subjective class perception. *Journal of Social Science Studies*. 2020;31(3):59-78.
5. Kim SY. Analysis of mother-in-law and daughter-in-law conflict factors shown in the TV program <Multicultural Mother-in-Law War>. Master's thesis. Gwangju: Gwangju National University of Education; 2016.
6. Kim SC. Korean identity and social belonging: Factors influencing the formation of Korean identity among immigrant women and their children. *Gender and Culture*. 2017;10(1):135-189.
7. Kim YI, Park HK. Media discourse on the particularity of Korean and multicultural families in TV programs: Focus on KBS <Love in Asia> and <Global Talk Show>. *YOUNGTOPIA*. 2009;24(2):69-95.
8. Kim HC, Kim DY. Family representation patterns in Korean multicultural TV programs: Changes in conflict and difference across periods. *Korean Journal of Journalism & Communication Studies*. 2018;62(3):309-341.
9. Kim HC, Kim DY. Discourse on the effects of multicultural programs in Korean entertainment TV and the image of foreigners. *Korean Journal of Broadcasting and Telecommunication Studies*. 2019;31(6):7-26.
10. Kim HS. Women, family, multiculturalism, and experiments in a multicultural society: Socialization of multicultural families formed through marriage. *Research Review*. 2008;44(2):36-71.
11. Jeon MY, Chae YR, Kang SY, Lee HY, Kim MM, Park SH, Choi HH. Effects of perceived health status, self-efficacy, social support, health literacy, acculturative stress, and women's health knowledge on health-related quality of life among marriage migrant women. *Korean Journal of Living Environment*. 2019;26(2):273-282.
12. Kang CH, Han YR. The relationship among family support, self-efficacy, health literacy, perceived health status, and health-promoting behavior in married immigrant women. *Journal of Korean Academy of Community Health Nursing*. 2016;27(3):202-

212.
doi:10.12799/jkachn.2016.27.3.202
- 13.Cho ES, Yang SJ. Factors related to health literacy among Vietnamese and Chinese marriage migrant women. *Korean Journal of Health Nursing*. 2020;34(2):225-237.
- 14.Namkoong EJ, Park DY, Jung SH, Ma DS. Oral health literacy of mothers belonging to multicultural families in Gangneung City: A case study. *Journal of Korean Academy Oral Health*. 2016;40(2):71-78.
doi:10.11149/jkaoh.2016.40.2.71
- 15.An JS. Trends in health literacy research among marriage migrant women in Korea. *Journal of the Convergence on Culture Technology*. 2020;6(4):613-620.
doi:10.17703/JCCT.2020.6.4.613
- 16.Jang SJ, Park YN. Convergent relationship between oral health knowledge, oral health behavior, and oral health literacy in some foreign women. *Journal of the Korea Convergence Society*. 2019;10(4):57-63.
doi:10.15207/JKCS.2019.10.4.057
- 17.Liu Y, Meng H, Tu N, Liu D. The relationship between health literacy, social support, depression, and frailty among community-dwelling older patients with hypertension and diabetes in China. *Front Public Health*. 2020;8:280.
doi:10.3389/fpubh.2020.00280
- 18.Shih YL, Hsieh CJ, Lin YT, Wang YZ, Liu CY. The mediation effect of health literacy on social support with exchange and depression in community-dwelling middle-aged and older adults in Taiwan. *Healthcare*. 2021;9(12):1757.
doi:10.3390/healthcare9121757
- 19.Berens EM, Klinger J, Carol S, Schaeffer D. Differences in health literacy domains among migrants and their descendants in Germany. *Front Public Health*. 2022; 10:988782.
doi:10.3389/fpubh.2022.988782
- 20.Maia AC, Marques MJ, Goes AR, Gama A, Osborne R, Dias S. Health literacy strengths and needs among migrant communities from Portuguese-speaking African countries in Portugal: A cross-sectional study. *Front Public Health*. 2024; 12:1415588.
doi:10.3389/fpubh.2024.1415588