



Pregnancy and childbirth experiences of MZ generation women

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Abstract

The aim of the present study was to identify and describe the experiences of pregnancy, childbirth, and the postpartum period among MZ generation women in South Korea. Data were collected from six MZ generation women through focus group interviews. All interviews were audio-recorded, transcribed verbatim, and analyzed using qualitative content analysis. Four categories were identified: challenges experienced during pregnancy and childbirth; receiving support and overcoming difficulties; experiencing gratitude and satisfaction in life; and developing personal coping strategies for pregnancy and childbirth. The findings suggest that analyzing understanding the pregnancy and childbirth experiences of MZ generation women can contribute to the development of practical and tailored intervention programs that reflect their unique values, lifestyles, and needs.

Keywords: Marriage, Qualitative research, Pregnancy, Childbirth

Introduction

Recent changes in social structures and the diversification of societal values have resulted in significant shifts in women's life trajectories and family formation patterns [1]. In particular, MZ generation women, who are highly familiar with digital environments and emphasize quality of life and self-determination, perceive and experience pregnancy and childbirth differently from previous generations [2]. Rather than regarding marriage, pregnancy, and childbirth as obligatory life stages, they tend to approach these experiences as personal choices made in consideration of life balance. As a result, their pregnancy and childbirth experiences demonstrate distinct characteristics that may influence maternal health behaviors and care needs compared to those of earlier generations [3].

Pregnancy and childbirth are normal physiological processes; however, they represent critical transitional periods accompanied not only by physical changes but also by significant emotional and social adjustments [4]. In particular, MZ generation women have high access to information and often prepare for pregnancy and childbirth using a wide range of online and media-based sources. At the same time, they may experience confusion and anxiety due to excessive information exposure, as

well as challenges related to the credibility of medical information [5]. Furthermore, given their emphasis on personal life, career development, economic stability, and equality within marital relationships, MZ generation women may face increased psychological burden and conflict during the processes of pregnancy and childbirth [4].

Moreover, as the average age at first marriage and first childbirth among women has continued to increase in recent years, the likelihood of high-risk pregnancies has also risen. Under these circumstances, women experiencing pregnancy and childbirth are required to accurately recognize their physical and psychological conditions and to actively respond to changing health needs through adequate health management competencies [6]. However, in actual healthcare settings, women's individual characteristics and values are often insufficiently reflected during pregnancy and childbirth, and care is frequently delivered through a standardized, management-centered approach.

MZ generation women expect to be respected as active agents in decision-making rather than passive recipients in their relationships with healthcare providers, and they place high value on receiving sufficient explanations, empathy, and opportunities for choice [7]. Therefore, an in-depth understanding

of their pregnancy and childbirth experiences is essential for the provision of woman-centered healthcare services and the development of tailored nursing interventions [8]. In particular, qualitative research that explores the lived experiences and meanings of pregnancy and childbirth from women's perspectives can provide foundational evidence for practical policy development and improvements in nursing practice that reflect the needs of MZ generation women.

Accordingly, this study employs focus group interviews, a qualitative research method, to explore in depth the essence of the physical, emotional, and social experiences of MZ-generation women during pregnancy and childbirth. Through this exploration, the study aims to provide foundational data for the development of pregnancy- and childbirth-support policies and nursing intervention programs that reflect the unique characteristics of MZ-generation women.

2. Purpose of the study

The purpose of this study is to explore in depth the pregnancy and childbirth experiences of MZ generation women. Specifically, the study aims to understand the meanings, challenges, and coping processes experienced by MZ generation women during pregnancy and childbirth, and to provide foundational evidence for the development of health management strategies and nursing interventions that reflect their characteristics and needs.

II. Methodology

1. Research design

This study employed a qualitative research design to explore in depth the pregnancy and childbirth experiences of MZ generation women, using Focus Group Interviews (FGIs) as the primary data collection method. Focus group interviews are well suited to eliciting rich data through interaction among participants, allowing for the comprehensive exploration of shared experiences and perceptions related to the research topic. This approach is particularly appropriate for understanding the multidimensional nature of pregnancy and childbirth experiences [9].

2. Research participants and data collection

Participants were selected based on the qualitative research sampling principles of appropriateness and adequacy proposed by Morse and Field, using a combination of convenience sampling and snowball sampling methods [10–11].

Participants were selected based on the purpose of the study. The sample included women residing in S City who belonged to the MZ generation and had experienced pregnancy and childbirth. Eligibility was restricted to individuals who were able to communicate in Korean to ensure accurate and sufficient expression of their pregnancy and childbirth experiences. Participants had undergone prenatal care, childbirth, and postpartum recovery and were considered capable of providing rich information relevant to the research topic.

Data collection was conducted from October to December 2025 through focus group interviews with the participants. Prior to the interviews, the purpose and procedures of the study, as well as ethical considerations, were fully explained, and written informed consent was obtained from all participants on a voluntary basis. The focus group consisted of six participants, and the interviews were conducted in a counseling room within a community welfare center. Each interview session lasted approximately 90 minutes.

The focus group interviews were conducted in accordance with qualitative interviewing techniques proposed by Kvale. To reduce participants' tension and facilitate the natural expression of their experiences, each interview began with introductory questions. An example of an introductory question was, "What thoughts did you have when you found out you were pregnant?" Follow-up questions, such as "What was the most challenging aspect of the pregnancy and childbirth process?", were subsequently used to expand and deepen the discussion of participants' experiences.

More in-depth interview questions included, "What physical and emotional changes did you experience during the pregnancy and childbirth process?" and "How did you perceive your experiences while utilizing healthcare services?" In addition, probing questions such as, "Please describe in detail the

situation and emotions you experienced when you first met your baby after childbirth,” were used to facilitate a more comprehensive exploration of participants’ experiences.

Direct questions included, “How did you cope with the difficulties you encountered?” and “How did pregnancy and childbirth affect your daily life?” Indirect questions, such as “How did your family members or people around you respond?”, were also used. When participants expressed emotional distress, the interviewer employed the technique of silence to allow sufficient time for emotional expression and provided nonverbal support when necessary. The moderator ensured that all participants had equal opportunities to speak.

All interviews were audio-recorded with participants’ consent, and no time restrictions were imposed to allow participants to fully share their experiences. During the interviews, unclear statements were immediately clarified, and data collection continued until data saturation was achieved, with no new themes emerging. The recorded data were transcribed verbatim to preserve participants’ original expressions and stored as document files for subsequent analysis.

3. Data analysis

Data analysis was conducted using Colaizzi’s qualitative content analysis method. After the completion of each interview, the audio-recorded data were repeatedly listened to and transcribed verbatim by the researcher, and the accuracy of the transcriptions was carefully verified. The transcribed data were then read repeatedly to identify significant statements that reflected the pregnancy and childbirth experiences of MZ generation women [12].

The identified significant statements were compared and analyzed based on similarities and differences. On this basis, subcategories and categories were developed, and overarching themes were subsequently derived. Throughout the analysis process, the researchers continuously returned to the original data to ensure that participants’ experiences were accurately represented without distortion.

To ensure methodological rigor, the criteria of

credibility, transferability, dependability, and confirmability proposed by Lincoln and Guba were applied. Credibility was enhanced by verifying with selected participants whether the analysis accurately reflected their experiences. To strengthen transferability, MZ generation women with diverse pregnancy and childbirth experiences were included to broaden the scope of the data. Dependability and confirmability were supported by providing a detailed description of the research procedures and analysis process and by presenting participants’ statements as supporting evidence. In addition, the researcher sought to minimize preunderstanding and bias by approaching the study without predetermined conclusions and by striving to understand participants’ experiences as they were expressed [12,21].

4. Ethical considerations

Prior to participation, all participants were provided with a full explanation of the study’s purpose, procedures, methods, interview duration, and the use of audio recordings. They were informed that the recorded interview data would be used solely for research purposes and that confidentiality and anonymity would be strictly maintained. Participants were also informed of their right to withdraw from the study at any time without penalty. The study was conducted after obtaining written informed consent from all participants. To protect participants’ identities, unique identification codes were assigned during data analysis to ensure anonymity, and participants were informed that all data would be securely stored and destroyed after the completion of the study.

III. Results

A total of six participants were included in this study, with ages ranging from 26 to 40 years. The participants were raising one to two children, and their economic status varied, with average monthly incomes ranging from 600,000 to 3,000,000 KRW. Regarding educational background, five participants had graduated from a junior college, and one had completed high school. All participants were employed at the time of the study.

1. Complex burdens during the pregnancy and childbirth process

Within the category “Complex Burdens During the Pregnancy and Childbirth Process,” four subcategories and 20 codes were identified. MZ generation women perceived pregnancy and childbirth not merely as physical events but as multifaceted experiences involving the simultaneous interplay of understanding medical information, engaging in decision-making processes, and managing economic and emotional burdens. In particular, although access to information was high, the responsibility for interpreting and selecting appropriate information was largely placed on individuals, thereby intensifying their perceived burden. This category comprised the following subcategories: difficulties in communication with healthcare providers, insufficiency of pregnancy and childbirth information, psychological burden related to parenting, and challenges related to physical changes and recovery.

1-1. Difficulties in communication with healthcare providers

Participants shared that during their use of healthcare services throughout pregnancy, they often found it difficult to fully understand explanations provided by healthcare professionals and felt hesitant to ask questions due to the use of medical jargon. Situations in which they were required to make decisions without clearly understanding explanations related to test results or medication use were reported to exacerbate feelings of anxiety and confusion.

Difficulty in Understanding Healthcare Providers' Explanations

“I couldn’t understand what the doctor was saying at all every time I went to the hospital for tests.” (Participant 5)

“At that time, I didn’t even know the words—they just didn’t make sense to me.” (Participant 4)

Uncertainty Regarding Medication Use

“I kept wondering, ‘What kind of medicine is this?’ ... That’s why I always had to go together with

someone.” (Participant 2)

Difficulty Interpreting Documents and Test Results

“I couldn’t really read it properly ... so it was hard to understand.” (Participant 3)

Hesitation to Ask Questions

“I had so many questions, but ... it was difficult to ask.” (Participant 3)

1-2. Insufficiency of pregnancy and childbirth information

Participants reported experiencing confusion and fear as they encountered pregnancy and childbirth without adequate prior information. A lack of information regarding contraception, recognition of pregnancy, modes of childbirth, and postoperative recovery increased uncertainty and contributed to more challenging childbirth experiences.

“I was really shocked when I found out I was pregnant even though I was taking birth control pills.” (Participant 2)

“I didn’t even know the word ‘contraception.’” (Participant 4)

“It was my first time, so I didn’t know anything at all.” (Participant 1)

“I had no idea what was going to happen, so it felt completely overwhelming.” (Participant 1)

1-3. Psychological burden related to parenting

After childbirth, participants experienced psychological burden due to a lack of practical knowledge regarding newborn care and anxiety about whether they would be able to perform their parenting role adequately. Managing childcare alongside family caregiving responsibilities and daily roles led to emotional exhaustion, and some participants reported persistent feelings of depression.

“My baby developed an infection around the umbilical area, so we had to keep going to the hospital.” (Participant 2)

"I was so anxious about whether I could do it well."
(Participant 4)

"After giving birth, I just kept crying all the time."
(Participant 4)

1-4. Challenges related to physical changes and recovery

Participants reported having to endure physical discomfort largely on their own, including severe morning sickness and decreased physical stamina during early pregnancy, as well as physical difficulties during the postpartum recovery period. In particular, many experienced stresses arising from the gap between expectations and reality during postpartum recovery and breastfeeding.

"My morning sickness was so severe that I had to receive intravenous fluids." (Participant 3)

"I became depressed while staying alone at the postpartum care center." (Participant 1)

"I was constantly stressed because my breast milk didn't come in." (Participant 1)

"It felt like both childbirth and childcare were entirely my responsibility." (Participant 1)

2. Coping through the reorganization of relationships and daily life

Within this category, two subcategories and three codes were identified. Participants perceived changes in family relationships and daily routines during pregnancy and childbirth, along with the process of adapting to these changes, as an important component of their overall experience.

2-1. Experiences of support within family relationships

Participants reported that practical assistance and emotional support from family members served as key resources in enduring difficult periods.

"My mother and my mother-in-law both came to help, and that's what helped me get through it."
(Participant 5)

"Just having someone hold my hand when I was in pain gave me strength." (Participant 3)

2-2. The power of empathy and recognition

Experiences of being understood and empathized with by people around them played a crucial role in restoring psychological stability.

"Knowing that there was someone who truly understood how I felt was a great comfort."
(Participant 3)

3. Reconstructing the meaning of life through gratitude and satisfaction

Within this category, two subcategories and three codes were identified. Participants reported that confirming pregnancy and experiencing childbirth led them to newly recognize the meaning of life and experience emotional satisfaction through the presence of their baby.

3-1. Gratitude for the pregnancy experience

"The moment I heard my baby's heartbeat, I started to cry." (Participant 4)

"It was difficult, but I felt deeply grateful, and it made me think that I should live my life well going forward." (Participant 3)

3-2. Happiness derived from the baby's presence

"It felt amazing and made me so happy to have a baby." (Participant 6)

4. Autonomous coping strategies and support needs

Within this category, three subcategories and nine codes were identified. Participants emphasized the importance of developing their own coping strategies throughout the processes of pregnancy, childbirth, and parenting, while simultaneously highlighting the need for institutional and educational support.

4-1. Demand for comprehension-oriented healthcare support

“There were so many technical terms that it was hard to understand.” (Participant 5)

“It would be much more helpful if there were someone who could explain things clearly.” (Participant 5)

4-2. Need for education- and experience-based support

“It would be helpful if explanations were provided while looking at materials.” (Participant 2)

“I think I would have felt less anxious if I had known in advance.” (Participant 3)

“I think it would be helpful to be able to experience it beforehand.” (Participant 1)

4-3. Provision of tailored information reflecting individual characteristics

“I wish there were materials that were easy to understand.” (Participant 6)

“I had no choice but to search for information on my own.” (Participant 6)

IV. Discussion

This study was conducted to explore in depth the pregnancy and childbirth experiences of MZ generation women and to provide foundational data for pregnancy and childbirth support that reflects their characteristics and needs. The findings revealed that the pregnancy and childbirth experiences of MZ generation women were organized into four categories and 13 subthemes: complex burdens during the pregnancy and childbirth process; coping through the reorganization of relationships and daily life; reconstructing the meaning of life through gratitude and satisfaction; and autonomous coping strategies and support needs. These findings are discussed in detail below.

The MZ generation women who participated in this study perceived pregnancy and childbirth not merely as physiological events, but as significant transitional periods requiring a comprehensive reorganization of their overall life structure. Although they prepared

for pregnancy and childbirth in environments with high access to information, they simultaneously experienced confusion and a sense of responsibility regarding which information to select from an overwhelming volume of available resources. In addition, situations in which professional explanations in healthcare settings were not sufficiently understood served to heighten tension and anxiety [13]. These findings suggest that communication with healthcare providers and the manner in which information is delivered during pregnancy and childbirth play a critical role in shaping women's experiences.

In the first category, “Complex Burdens During the Pregnancy and Childbirth Process,” the findings revealed that pregnancy and childbirth experiences were shaped not only by physical changes and pain but also by overlapping factors such as insufficient information, difficulties in medical decision-making, and economic burden. In particular, although MZ generation women place high value on making autonomous judgments regarding their bodies and health, they often encountered situations during pregnancy and childbirth in which decisions had to be made without sufficient explanation, leading to heightened anxiety and stress. These findings are consistent with previous studies emphasizing the importance of woman-centered approaches and the provision of easily understandable information in pregnancy and childbirth care [14].

The second category, “Coping Through the Reorganization of Relationships and Daily Life,” is an area in which the characteristics of MZ generation women were particularly evident. Participants faced the need to renegotiate marital relationships, family relationships, and roles in daily life following pregnancy and childbirth. In particular, discrepancies between expectations and realities regarding shared parenting sometimes led to conflict; however, participants were also observed to overcome these challenges by readjusting roles through communication. Emotional and practical support from family members functioned as important resources in alleviating the difficulties associated with pregnancy and childbirth, which is consistent with previous studies indicating that social support systems have a positive impact on women's childbirth experiences [15].

In the third category, “Reconstructing the Meaning of Life Through Gratitude and Satisfaction,” the findings illustrate how the presence of a baby after childbirth imparted positive meaning to the participants’ lives. Despite experiencing hardship and pain throughout pregnancy and childbirth, participants perceived that the birth of their baby led to a reorganization of life priorities and strengthened their sense of hope and responsibility for the future. These findings suggest that childbirth experiences can serve as opportunities for psychological growth and the expansion of life meaning for women. This result aligns with previous studies indicating that childbirth is not merely an isolated event but one that influences women’s identity and life direction [16].

In the fourth category, “Autonomous Coping Strategies and Support Needs,” the findings indicate that MZ generation women seek more proactive support systems throughout the processes of pregnancy, childbirth, and parenting. Participants perceived that easily understandable explanations, sufficient counseling, and education- and experience-based programs provided during healthcare utilization were practically helpful. In particular, they expressed expectations that information related to pregnancy, childbirth, and parenting would be delivered in a manner that respects individual circumstances and choices rather than being provided unilaterally. These findings reflect the self-determination and participation-oriented characteristics of MZ generation women [17–18].

Taken together, the findings indicate that the pregnancy and childbirth experiences of MZ generation women are formed through a complex interplay of physical changes, emotional experiences, relationship reorganization, and autonomous decision-making [19]. Therefore, support for pregnancy and childbirth should extend beyond the provision of medical services to encompass an integrated approach that considers women’s life contexts and value systems. To achieve this, healthcare providers and nurses should strengthen woman-centered communication and develop and implement practical, concrete education and support programs across the entire continuum of pregnancy, childbirth, and parenting [20].

The significance of this study lies in its in-depth

exploration of pregnancy and childbirth experiences among MZ generation women through a qualitative research approach using focus group interviews. By capturing their lived experiences and actual needs, this study provides foundational data for the development of healthcare policies and nursing interventions that reflect the perspectives of this population. However, this study was conducted with a small number of participants, which limits the generalizability of the findings. Therefore, future research should expand the sample size or adopt mixed-methods research designs that integrate both quantitative and qualitative approaches to explore pregnancy and childbirth experiences among MZ generation women in a broader and more multidimensional manner.

IV. Conclusion and Implications

This study employed a qualitative research approach using focus group interviews to explore in depth the pregnancy and childbirth experiences of MZ generation women. The analysis identified four overarching categories and thirteen subthemes characterizing their experiences: Complex Burdens During the Pregnancy and Childbirth Process, Coping Through the Reorganization of Relationships and Daily Life, Reconstructing the Meaning of Life Through Gratitude and Satisfaction, and Autonomous Coping Strategies and Support Needs**.

The MZ generation women who participated in this study experienced pregnancy and childbirth not only as periods of physical change, but also as complex processes accompanied by difficulties in understanding medical information, insufficient pregnancy- and childbirth-related knowledge, psychological burdens associated with childrearing, and pressure arising from changes in roles and daily life following pregnancy and delivery. Notably, despite living in an environment with high accessibility to information, participants reported confusion caused by the overwhelming volume of available information and heightened anxiety during medical decision-making, which further compounded their pregnancy and childbirth experiences. In addition, after childbirth, women often faced the physical and emotional challenges of recovery and childrearing largely on an individual basis.

Despite these challenges, participants were able to cope with and overcome their pregnancy and childbirth experiences through support from spouses and family members, emotional support from their social networks, and by actively developing their own coping strategies. In particular, the birth of the child served as a powerful source of motivation that enabled participants to endure difficult circumstances, while also prompting a renewed sense of meaning and responsibility in their lives. Through the experience of childbirth, MZ generation women redefined their lives and came to recognize the need to live proactively not only as parents but also as autonomous members of society.

In addition, participants emphasized the need for more structured and practical support throughout the processes of pregnancy, childbirth, and parenting. Clear and easily understandable medical explanations, communication that respects individual choices, and education- and experience-based programs related to pregnancy, childbirth, and parenting were identified as key supportive elements that reflect the characteristics and needs of MZ generation women. These findings suggest that pregnancy and childbirth care should extend beyond a purely biomedical approach toward an integrated support model that takes into account women's life contexts and values.

Accordingly, by enhancing understanding of the pregnancy and childbirth experiences of MZ generation women, this study provides foundational data for the development of health care policies and nursing intervention programs aimed at supporting healthy pregnancy and childbirth and facilitating stable adaptation to postnatal life. Based on the findings of this study, future efforts should focus on the development and implementation of tailored prenatal, childbirth, and postnatal health education programs that reflect the unique characteristics and needs of MZ generation women.

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