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**Master's Thesis of Graduate School of International Studies**

**South Korea's Pioneering  
Postpartum Care Center (PCC)  
-Commercialized *Sanhujoriwon*  
and the Experiences of the Mothers-**

한국의 선구적인 산후조리 문화:  
민간 산후조리원과 산모들의 경험

**February 2025**

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# Abstract

The postpartum period for women is a critical time as they embark on their journey to motherhood. South Korea is a nation riddled with issues of low fertility and yet, the institutionalization of postpartum care centers (PCCs) has become prominent across the nation. It is a booming industry that is marked by pampering retreats for mothers to enjoy after a taxing journey of pregnancy and labor. Although postpartum care practices have always accompanied births in the history of females, especially in East Asia, the unique practice of *sanhujori* in South Korea has been reframed to reflect the context of the current society. Traditionally for Korean mothers, postpartum care has been for avoiding the lasting consequences of *sanhupoong*. Now the current society encompasses more than that. It is a ‘quiet luxury’ that holds the values of mother-oriented care offering luxury and premium services.

Even though the rise in usage and popularity of PCCs has increased, there is currently a dearth of investigation on the values of contemporary postpartum care and the perceptions of its users—females who are transitioning into motherhood. Thus, in this paper, such values and the rise of postpartum care are historicized and overviewed by conducting preliminary research on recent literature, media, journals, and articles with an example of a pioneering high-end institution in South Korea, DeRAMA Seoul. By doing so, the thesis successfully conceptualizes the contemporary postpartum values that have shifted in the rise of such private enterprises. The study exposes that the two pillars of mother-centered care and luxury are the esteemed principles that lead mothers to have a novel experience of using *sanhujoriwons*. Against the backdrop, a qualitative interview of 8 South Korean mothers who have experienced private postpartum care facilities in the Seoul area is conducted. Insights of their perceived experiences lead to the emerging themes of 1) Appreciating the services of the modern private PCC, 2) Navigating through the provided support system, 3) Conforming to external pressure and maternal role, 4) Realization of the illusion of the modern private PCC. The paper comprehensively discusses the outcome of the unique spatial context and temporal context of postnatal care in South Korea and its influence in an interpretive manner. It leads to the conclusion that despite the contemporary services which claim to be

mother-centric and opulent—aspects which were valued by the participants at times, there were also disarray of challenges and fear as they adjusted to their maternal role. As a result of the findings from the narratives of the mothers, it leads to the fact that there are aspects of the PCC which is not conveyed such as the meaningful support system created or the realization that the postnatal pamper retreat may not be what it seems. Mothers in the *sanhujoriwons* experience a range of emotions because of the foundation of embedded contemporary values of postpartum recovery. In keeping with this, these values may also erect new obstacles as the institutionalization of *sanhujoriwons* is driven by private enterprises. Thus, the research unveils the underlying narratives, told from the point of view of South Korean mothers that are jumbled with positive and challenging encounters.

**Keyword:** postpartum care center; sanhujoriwon; postpartum recovery; maternal care; commercialization; South Korea

**Student Number:** 2021-26122

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## Chapter 1. Introduction

In 2014, a published article written by a journalist at *The Korean Herald* spotlighted postpartum care centers, hereafter also referred to as ‘PCC’ for brevity, as ‘Uniquely Korean’ (The Korean Herald, 2014). The article conveyed the postnatal care facility to be fulfilling the dreams of Korean moms who were able to be compensated for hours of agonizing labor while adhering to established norms of postpartum care. It elaborated on the experience of one mother in her 30s who explained that despite the high cost, it was a gift for herself. A decade after the publication of the article in 2014, in 2024, a global news outlet picked up the story from an observation made at South Korea’s premium PCC indicating it as the ‘quiet luxury’ of South Korea (The New York Times, 2024). The article discusses a myriad of topics such as overbooking and waitlist for premium PCCs, and the demand for facilities that make the experience a retreat for mothers in their journey of recovery.

The rise in popularity of Korea’s culture has been imminent and can be named as a source of the Korean Wave – *Hallyu*. Putting the first initial of Korea, hyphenated with an element of Korea, ranges from legendary K-pop, and K-food, to K-beauty, and more. It has become a trend that has been seen in the era of globalization. Likewise, as mentioned by the news articles above, postpartum care despite its high price, promises the Korean way of recovering from childbirth delivery. From its premium and luxurious quality of services

and facilities, the unique culture of PCC has been recognized to be on the rise nationally, and internationally. Most of the research on the effects and experiences in South Korean postpartum care facilities is quantitative. Thus, the current study wishes to contribute to the literature of postpartum care, especially in the highly stylized novel industry of *sanhujoriwon* in South Korea in the current context by pasting the measurement of the values and the experiences of modern postpartum care in a qualitative manner. Its contribution is important to address the *why* and *how* certain aspects of the experience impact the mothers, uncovering the nuances overlooked in the past quantitative studies of large-scale surveys.

The thesis is organized as follows: First, an evaluation of earlier research on postpartum care institutions in South Korea will be conducted in Chapter 1. In Chapter 2, a historicized research background will be elaborated on, alongside the research design and the conceptual framework. Chapter 3 will outline the contemporary K-postpartum care values supplemented by the standardized example of a representative enterprise of DeRAMA. Following this, the next chapter will present the findings of the research. The final chapter will conclude the thesis with additional discussions and recommendations.

## **1.1 Literature Review**

Much of the previous works of literature related to the recent popularity and

usage of postpartum care centers in South Korea have resonated in various fields. Almost all of them are purposed to ultimately enhance and improve maternal and child health. These range from satisfaction with the usage of *sanhujoriwon* as well as control group studies to evaluate the effectiveness of maternal role adjustment programs within the setting of PCCs (Jeong et al., 2006; Kim and Jeong, 2007; Song et al., 2020). In this aspect, all studies have reached the verdict that in one way or the other, interventions of PCCs are positively correlated with better postpartum health to a certain extent. For example, Song et al (2020) have found that implemented programs in *sanhujoriwons* not only aid in maternal role confidence but also with breastfeeding success. For Kim and Jeong (2007) and Jeong et al (2006), both studies have shown positive results to the mothers' confidence level. On the other hand, Kim and Seo (2018) indicate similar positive output for maternal role adjustment and maternal identity, but it was not clear in the evidence of postpartum depression. Song et al (2023) have indicated the need to reinforce educational support systems and partnerships with caregivers which affect mothers' satisfaction with PCCs. Although most studies investigate the outcome of first-time mothers, it has also been shown in the mothers of multiparas that the satisfaction with postnatal care can be worse than the mothers of primiparas—inferring that the rhetoric of current postpartum care remains an issue for all mothers (Chae, 2018). There are also studies heard from the voices of the nurses and workers instead of the point of view of the mothers on the models of postpartum care in South Korea (Jang and Yoo,

1999; Yoo and Ahn, 2017). While some research produces optimistic results in the selected variables, some do not. For instance, a comparative analysis on measuring women's postpartum depression, stress, and exhaustion in mothers who have utilized PCCs and those who have not discovered that postpartum depression was more prevalent among women who utilized *sanhujoriwons* (Kim and Choi, 2013). Such a study alerts us to the need for management programs and interventions to rehabilitate educational programs. In the same regard, Song and Park (2010) found that childcare stress was the most pronounced issue for those who were admitted to PCCs. Therefore, the review of the multiplicity of studies and outcomes projects that the task of protecting maternal health is far from finished whilst the culture of postpartum care in formal institutions continues to develop. In this sense, other programs and curriculums have been considered to adjust and enhance future curriculums to be applied to *sanhujoriwons* (Cho and Ahn, 2014; Lee and Kang, 2014). The studies mentioned thus far have been the basis for determining the service status and the associated variables affecting the mothers. It is purposed to provide metrics of optimum service quality of the PCCs. Also, most studies have been quantitative, to measure the effectiveness of PCCs on different variables pertinent to the mothers' postpartum recovery.

As the usage of *sanhujoriwons* gains greater attention as a commodity of service, it has also forecasted the issues of equitability and accessibility to the services. Consequently, there are also pieces of literature that advocate for the accelerated spread of public PCCs to strain against the barriers that private

PCCs impose (Lee et al., 2019; Bae and Kim, 2020). A phenomenological study to investigate the social support surrounding primiparous women in South Korea includes the experiences of *sanhujoriwons* as well (Lee and Hong, 2024). Additionally, there has also been a study on the policies of establishing public PCCs from the perspective of women's reproductive health rights in the process of pregnancy and childbirth. The paper has also argued that private PCCs have raised costs, and safety issues, focused on profit creation (Kim, 2016). Due to the safety issues, such outcomes have also led to the guidance of postpartum care facility infection prevention guidelines (Jeong, 2013; Choi, 2018; Kim et al., 2019). Not only do scholars point to the safety issues based on infection but they are also to develop programs that have a scientific foundation for high-quality treatment. This would require the active participation of medical professionals such as physicians and nurses in the overall formation of *sanhujoriwons* (Kim, 2008).

The review of existing research on wide-ranging topics centered on PCCs demonstrates the complexity of postpartum care diluted into the lives of many women in the current era. Since this study particularly focuses on the paradigm of private PCCs and the values that shape the context of postnatal care that mothers have experienced, previous discussion under the same umbrella of commercialized businesses of PCCs is present. For instance, Jeong (2015) has investigated the purchasing decisions of mothers based on the characteristics of postpartum care facilities. As well as Jung and Kwon (2017) who have explored the factors influencing postpartum care service

utilization for mothers. To build on this, since my thesis also provides the example of DeRAMA, a leading private PCC of South Korea to set the scene of postpartum care values, to the researcher's knowledge there has only been one study which includes the case of DeRAMA. It concerns the aspect of service arrangement and space design of the institution (Jeong and Yun, 2015).

As such, the scope of postpartum care itself is wide-ranging as an ancient culture that has been embedded in society for many years. However, with the development of contemporary and modern private PCCs, literature on the issue is incessantly building as the industry and postpartum care culture are evolving. More in accordance with the structure of the current thesis, Jang (2021) examined the experiences of five Korean mothers in one single postpartum care facility in Seoul. It explored the perspectives of the mothers using in-depth qualitative interviews. In addition, Song et al (2015) have also recorded the experiences of first-time mothers at private PCCs by conducting focus group interviews. The current study will bear resemblance with the two studies in the sense that it sets out to discover the mothers' experiences by gathering insights from them via interviews. Particularly, this study further wishes to contribute to the current dearth of literature by unveiling challenges and positive outlooks faced by South Korean mothers in their modern postpartum recovery period in different commercialized PCCs located in Seoul.

## Chapter 2. Research Background and Research

### Design

#### 2.1 Research Background and Motivation

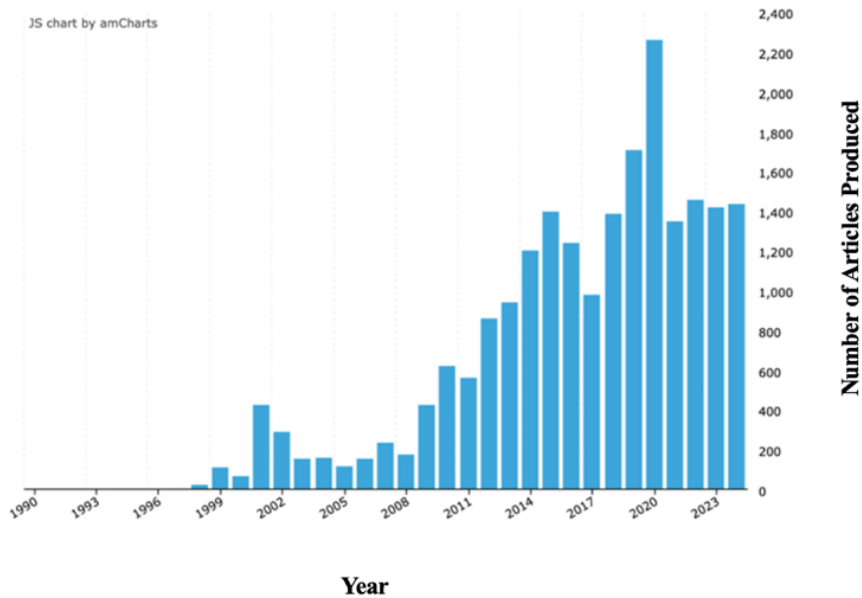
The term ‘puerperium’ period is the six-week duration of time after childbirth when the mother’s reproductive system shifts to restore to its pre-pregnancy state. In this study, it will be used interchangeably with ‘postnatal’ and ‘postpartum’ which are also defined as the general period following birth referring to a broader range of both newborn and the mother’s care and health (Romm, 2010). It is considered the pivotal time for women to adjust to the new changes in their body, while also gaining intel on taking care of the new addition to their family. The root of postpartum tradition is especially deemed important in the East Asian region. For instance, in the Chinese culture, *zuo-yue-zi*, translated to ‘sitting the month’ or ‘doing the month’ is a historical practice in the window of time following childbirth for women to receive enough rest and care. It is also when infants, fresh out of their mothers’ wombs can be properly nurtured. During this time, many couples may receive informal help from their parents and parents-in-law for mothers to avoid postpartum depression and transition into parenthood (Su et al., 2023). Such customary practice is found and shared by East Asian countries. Likewise, in South Korea, postpartum care is traditionally recognized as having a significant impact on women’s health. Most abided by the confinement period of a *saam-chil-il*, translated to three-seven-days, the traditional terminology



is defined by the recovery period of three weeks of seven days following childbirth (Li et al., 2018). Like the ancient Chinese values, women are to remain inactive and receive support from family members. In South Korea, the term *sanhujori* is the act and period where new mothers are nurtured to their original body state to avoid *sanhupoong*, a Korean term for the consequences of bodily complications such as body aches which mother may be prone to later on due to lack of immediate caution and care following their labor (Bae et al., 2023). Thus, healthy postnatal practices have been emphasized for women's complete emotional and physiological recovery into motherhood. This is a practice that has been embedded in the fabric of society for East Asian nations, namely, South Korea.

Domestically, from October 1996, since its initial establishment to now, *sanhujoriwon*, the place where the act of postpartum practices—*sanhujori* takes place, outside of one's home has garnered exponential attention (Jung, 1999). In this thesis, *sanhujoriwon* and the abbreviation of 'PCC' for postpartum care centers will be used interchangeably to refer to the establishment of a postpartum care facility. The data retrieved from Korea's Big Kinds big data news agency which features the news article archives of 104 broadcasting media outlets across the nation including the major cities of Seoul, Busan as well as all the provinces of Korea—Kangwon, Chungcheon, Geyonsang, Jeolla, and Jeju illustrates the following trend in Figure 1.

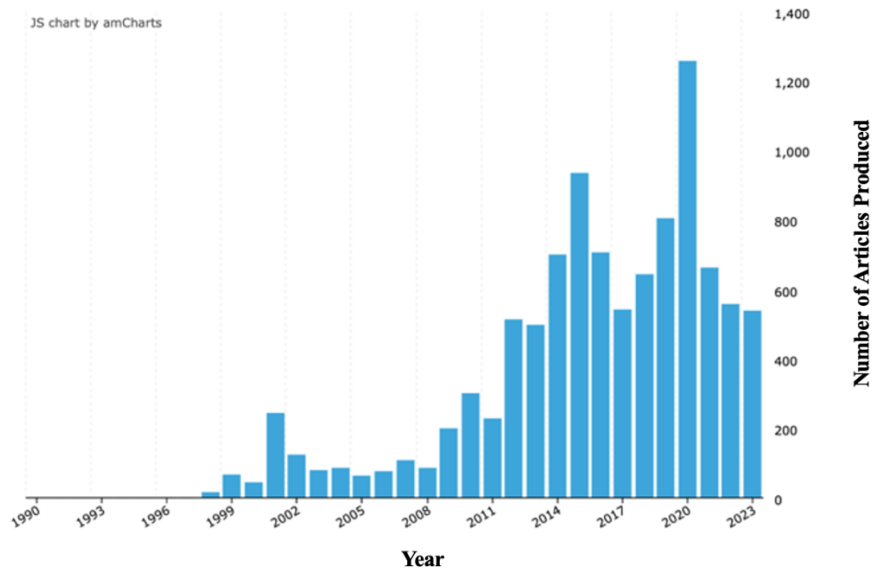
**Figure 1.** The Number of News Articles Across South Korea with Keyword '*sanhujoriwon*' (1998-2023)



Source: Retrieved and modified by the author from Big Kinds News Bigdata and Analysis (2024)

It depicts a visualization of the increasing keyword trend of *sanhujoriwon* from 1998 to 2023. Since the current paper wishes to mainly discuss the outcome of PCCs in the Seoul Metropolitan City, the capital of South Korea, a more refined search focusing on the region of Seoul also tracks a similar upward trend illustrated in Figure 2.

**Figure 2.** The Number of News Articles from Seoul’s Media Outlet with Keyword ‘*sanhujoriwon*’ (1998-2023)



Source: Retrieved and modified by the author from Big Kinds News Bigdata and Analysis (2024)

The research is motivated by the intriguing fact that South Korea is a nation riddled with issues of low fertility and yet the discourse of postpartum care facilities offering services to mothers has not only opened a forum for national discussion but also for international export options. For example, the Korea Trade-Investment Promotion Agency (KOTRA) has outlined Korean postpartum care and health services as a strategic up-and-coming sector for export in 2018 to China. It highlighted the promising quality of PCC services and facilities already available in the Republic of Korea, appealing to the market of young mothers who are in search of beauty services to heal scars and restore body shapes in addition to basic postpartum care and maternal

services offered to newborns and their families (KOTRA, 2017). Such an outlook points to the budding culture of modern postpartum care. Because many of the related research publications overviewed in the literature review were largely reductive to the Korean language, this study will also fill the research gap in the study of postpartum care services in the English language as the potential prospect for global discussion continues.

### **2.1.1 Changing Paradigm of Postpartum Care**

In the past, the timeworn importance of postpartum care has somewhat been effortless with no formal care facility but rather in the comfort of one's home with the support of extended relatives and family members. However, the shifting dynamic of family living arrangements has challenged such familiar resources for the new parents. It was the Confucian value of filial piety that ensured the multigenerational living arrangements in South Korea. It was often the norm for the elderly of the family to reside with their offspring, an aspect of a filial bond. In recent years, however, globalization, urbanization, and demographic changes are a few of the variables that have significantly altered and challenged the governance of traditional family dynamics. It is a trend that is observed in the East Asian region and correspondingly, in South Korea as well. Recorded between 1970 to 1980, there has been a 7% drop in seniors over 60 living with their children. The statistic is an outcome of the growing urban housing crisis and mobilization of the younger generation in

the cities (De Vos and Lee, 1993). Due to these developments, the dissolution of extended families is one of the biggest challenges to the customary family living arrangement. The reliability of extended households for postpartum care support has diminished as nuclear family households have grown in reverse. In consequence, this has caused a structural switch with nuclear family units having fewer means for childrearing to that of an intergenerational home dynamic. Correspondingly, the preferences of mothers on postpartum locations have also shifted. The Ministry of Health and Welfare (MOHW) reported in 2022 that the mothers' most preferred location for postpartum care is in the order of birth care center at whopping 78.1%, their own home at 16.9%, their parent's home at 16.9% and the in-laws' home at a mere 0.1% (MOHW, 2021). Thus, contemporary mothers feel the most comfortable separated from their parents and in-laws, receiving care in a luxury confinement of postnatal care facilities, instead. The emphasis on maternal health and priority has been on the frontline of postpartum care in this sense. Both factors of the evolving dynamic of family structure, and preference, illustrate the new mothers' tendency to gravitate towards help from established postpartum care facilities for a smooth transition to motherhood. No longer are the days of cushioning back on family members as they have in the past. As nuclear families have become more prevalent under cultural circumstances, Korean couples are committed to the centers that are provided by the novel industry of postpartum care.

## 2.1.2 Public and Private Postpartum Care Centers of South Korea

Although other forms of *sanhujoriwon* have existed in South Korea since 1996, sandwiched between social issues of low birth rates and changing family dynamics, the government and the local municipalities have launched various support initiatives, including the entity of ‘public’ and ‘civic’ PCCs (Song, 2020). Here, both expressions will be used synonymously in this study to refer to institutions that are owned and operated by the government body. In accordance with the first setup of public PCCs taking place in Jeju Island, the government has put in palpable effort to build more public PCCs in the nation. Public PCC is one that has been popular to not only encourage childbirth with the direct support of postpartum care but to also relieve financial burdens associated with the usage of postpartum care institutions. Since then, PCC has been categorized as a basic accommodation business as it currently does not comply with the guidelines of a medical facility.

In January 2009, new Articles were added to the law of the *Mother and Child Act* of the Republic of Korea affirming the postnatal care establishments.<sup>1</sup> The new addition of articles is significant as it recognizes the role of PCC in the same line as other medical institutions and public health clinics to have an impact on expectant mothers and newborns.<sup>2</sup>

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<sup>1</sup> The Act is purposed to enhance the general health status of the country and to safeguard the lives and health of mothers and newborns by fostering a healthy delivery and upbringing of infants.

<sup>2</sup> Article 2. (Definitions) of the *Mother and Child Act* states that (11) The term "postnatal

Thus, since the recognition of the role of postnatal care centers binding in the law of the Republic of Korea, the government has been building its public facilities to support the cause. Established in March 2013, Seogwipo Public Postpartum Care Center is the first of its kind in the nation.

Since the establishment of the first public PCC, the number has been expanding as a government initiative to offer affordable, high-quality healthcare to South Korean mothers. Despite the decreasing fertility rate, the usage of PCC has increased from 75.1% to 81.2% for new mothers from 2018 to 2021 (Ministry of Health and Welfare, 2022). It has also been reported that as of May 2024, 20 local governments across the country are running civic PCCs to serve more than 200 mothers annually (Innovation 24 Government of Korea, 2013).

In this study, both ‘commercial’ and ‘private’ expressions will be utilized to describe PCCs that are not ‘public’ nor ‘civic’. The commercialized and privatized postpartum care institutions are not established, operated, or funded by any affiliation of the government body. They are reported on the base of the *Mother and Child Health Act*, for the framework of establishing and operating the business of PCC.<sup>3</sup> Figure 3 helps to visualize the current

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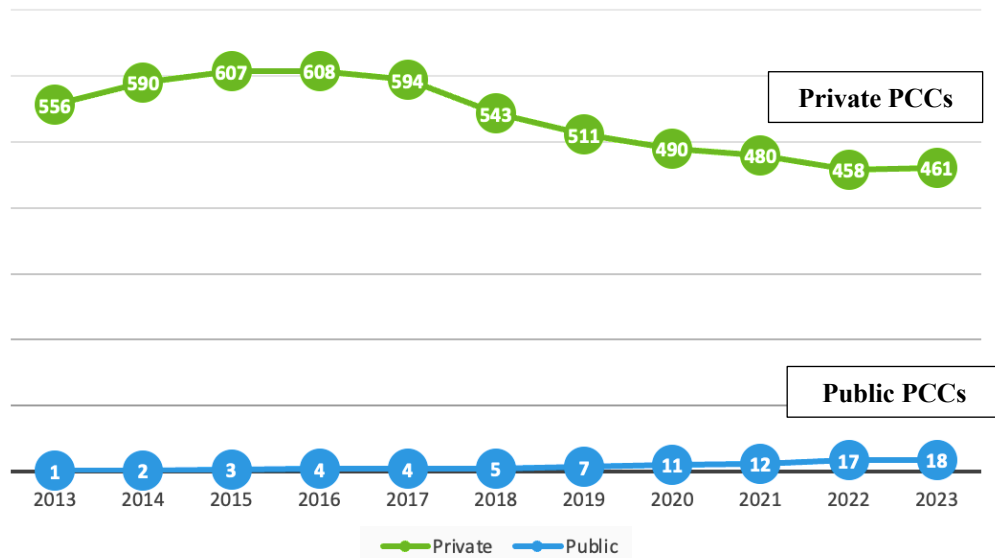
care business" means business to provide nursing women right after delivery or newborn babies with food, medical care and other necessary daily conveniences at a facility having personnel and equipment necessary for postnatal and recuperative care (hereinafter referred to as "postnatal care center").

[This Article Wholly Amended by Act No. 9333, Jan. 7, 2009]

<sup>3</sup> Article 15 of the *Mother and Child Act* states that (1) “A person who intends to operate postnatal care business shall have personnel and equipment, including licensed nurses and assistant nurses needed for operating a postnatal care center, purchase liability insurance, and file a report with a Metropolitan Autonomous City Mayor, the Governor of a Special Self-Governing Province, or the head of a Si/Gun/Gu. The same shall also apply where

decrease in the number of private PCCs and the effort to increase the number of public PCCs available.

**Figure 3.** The Number of Public PCCs vs. The Number of Private PCCs in South Korea (2013-2023)



Source: Aggregated by the author from the Ministry of Health and Welfare (MOHW, 2024)

As seen from the graph, the number of private PCCs has also been increasing from 2013 to reaching its apex in 2016. However, the number has been dwindling due to the state of lowering fertility in South Korea. Thus, to stay afloat, the amenities of PCCs have become differentiated to offer opulent and sophisticated services for a higher price to new mothers to mount to the market competition. All whilst the state has also taken action to make the

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he/she intends to modify important matters determined by Ordinance of the Ministry of Health and Welfare, among the already reported matters.” <Amended by Act No. 9932, Jan. 18, 2010; Act No. 13104, Jan. 28, 2015>



second public maternity care center due to the price barriers of private PCCs. As of 2023, the price of two weeks of stay at a public postnatal care center idles at 1.7 million won. On the other hand, the average for private PCCs is calculated to be around 3.26 million won across the nation (MOHW, 2024). Consequently, the availability of private PCCs compared to the public PCCs, with the distinguished price difference between the two is one that entrenches the changing industry of modern postpartum care services today.

## **2.2 Research Aim and Questions**

The current study and its analysis aim to understand the status quo of postpartum care in South Korea to fill the literature gap. The study posits that Korean postnatal care is a fluid story that dives into the mother-oriented, premium, and luxury values married into the traditional practices of postpartum care practices. The main goal is to provide a comprehensive overview of how the novel PCC market has framed its business and to identify the themes which have been experienced by the consumers—the mothers of the modern PCC structure. Thus, the following are the research’s primary questions:

- (a) How has the emergence of private postpartum care businesses shifted the values of modern postpartum care?
- (b) What are the experiences of the mothers who have utilized the private PCCs that harbor contemporary values of K-postnatal care? How are

their experiences shaped by the services and facilities provided?

## **2.3 Research Methodology**

The paper takes an interpretive approach. First, its primary source of data will be secondary data research extracted from various literatures, media, news articles, and websites from both domestic and foreign publishers. By doing so, it will historicize and paint the picture of the status quo within the scope of private postpartum care and its institutionalization in South Korea. For a more comprehensive understanding of the circumstances, DeRAMA is selected as the main example, as it is one of the representative pioneering establishments of contemporary K-postnatal care. Despite concentrating on the particular service and facilities offered by DeRAMA, the provided benchmark will offer contextual depth on how K-postpartum care has been institutionalized and the broader characteristics of commercialized PCC in the present day. Such preliminary overview is to observe the research question of (a) How has the emergence of private postpartum care businesses shifted the values of modern postpartum care?”, which will be discussed in Chapter 3.

The second research question of (b) “What are the experiences of the mothers who have utilized the private PCCs which harbor contemporary values of K-postnatal care? How are their experiences shaped by the services and facilities provided?” will be addressed in Chapter 4, performing a reflexive thematic analysis of the qualitative interviews of Korean mothers.

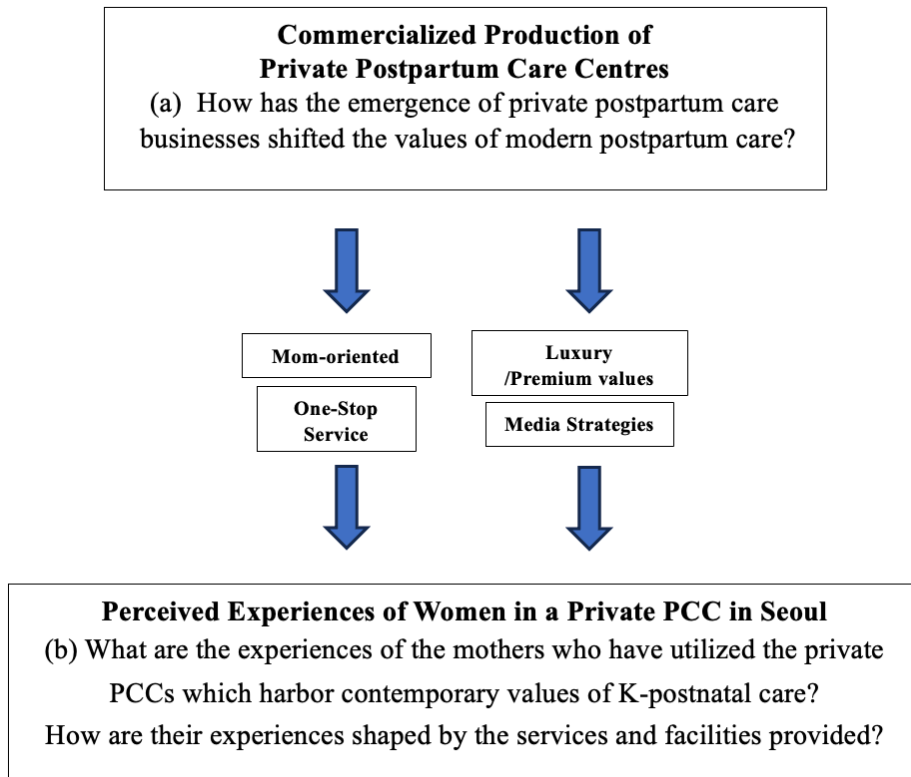
The raw, descriptions of experiences at a postpartum care facility by eight research subjects will be analyzed and categorized into key clusters following the Braun and Clarke (2006) steps of analysis. The insights will be derived from experiences recounted during the interviews to decipher the perceived consumer end of K-postpartum care. The author regarded research question (a) as an important step to produce a quality reflexive thematic analysis of research question (b). Because the notion of an analytical tale is a helpful tool, the derived analysis may seem disjointed in the absence of a broad narrative which is inherent (Braun and Clarke, 2023a). Thus, the conceptual framework provided which is based on the findings of the research question (a) will direct how the research is interpreted, performing the analysis in greater depth, with a foundation.

### **2.3.1 Conceptual Framework**

The two main research questions were in mind as the research was being conducted. It is to scope out the concealed aspects of how South Korean mothers perceived their postpartum care journey in the privatized institutions of PCC. The conceptual framework illustrated in Figure 4 follows the elements of the unit of services pledged to its consumers in the commercialized production of modern private PCCs, which includes mother-centered, luxury, and premium values—extracted from research question (a) providing the grounds for research. Following the curriculum, the impacts

and the quality of the service perceived and experienced in the commercial institutions are analyzed.

**Figure 4.** Conceptual Framework to Understand South Korea’s Postpartum Care Culture and its Perceived Experiences of the Consumers



Source: Created by the author

By setting the context of the contemporary values of the South Korean postnatal care culture, the researcher hopes to provide an academic view of the current values which have only been portrayed through media and social dialogues. The preliminary overview of the status quo of modern post-

birth care values in the research background will complement the understanding of the current postpartum care values in South Korea provided in Chapter 3. Then, the reflexive thematic analysis of the qualitative interviews of extracted patterns and insights will be presented in Chapter 4 to provide the observations and interpretations of the perceived experiences of the mothers in the institutions of private PCCs. This will cohesively reveal the dominant themes related to their contemporary postpartum care experiences.

### **2.3.2 Interview Study Sample and Data Analysis**

For the extraction of data from a niche market of users of *sanhujoriwon*, the sample size of this study remains small. Although this may mean that the findings of the study should not be generalized to the whole of the PCC industry of South Korea and its consumers, the advantage of a smaller sample size is that researchers can conduct a deeper analysis of individuals. It gives insights into their narratives. Thus, the author gathered eight South Korean females in their late 20s and early 30s who recently, in the last five years have shared the experience of undergoing childbirth and have been admitted to a private PCC. By using the method of purposive and snowball sampling, an acquaintance of the research was able to refer other women who were suitable candidates for the study purposes. Additionally, the research reached out to distant acquaintances who were also appropriate applicants for the study.

In academia, interviewing acquaintances may be frowned upon due to doubts about the trustworthiness of the data. However, there are pros and drawbacks to every strategy involved in the recruitment of research participants in qualitative research. It has been contended that the discussions which are adopted in a casual discussion typically facilitate greater exchange and can yield an authentic outcome (Roiha and Päivi, 2022). Since, the conversations should be completed in a comfortable setting and manner, easing the interaction, the study saw more advantages in recruiting respondents who may have had previous acquaintanceships. Here, it is important to reiterate that such prior liaison between the researcher and participants enhanced the rapport of the exchanges.

**Table 1.** Research Participant Profile

<b>Participant (coded for anonymity )</b>	<b>Birth Year</b>	<b>Private PCC (coded for anonymity )</b>	<b>Length of Stay (week)</b>	<b>Date of Admission to Sanhujoriwo n (MM/YYYY)</b>	<b>Current Occupatio n</b>
P1	1990	A	2	03/2023	Company employee
P2	1991	B	3	05/2024	Company employee
P3	1995	C	3	02/2022	Housewife
P4	1989	D	4	04/2024	Self- employed
P5	1989	E	2	02/2024	Company employee
P6	1990	D	2	05/2024	Freelancer
P7	1993	D	2	05/2024	Housewife

P8	1989	F	2	01/2021	Housewife
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Source: Created by the author

\*Participants' names and selected postpartum care institutions are coded and anonymized.

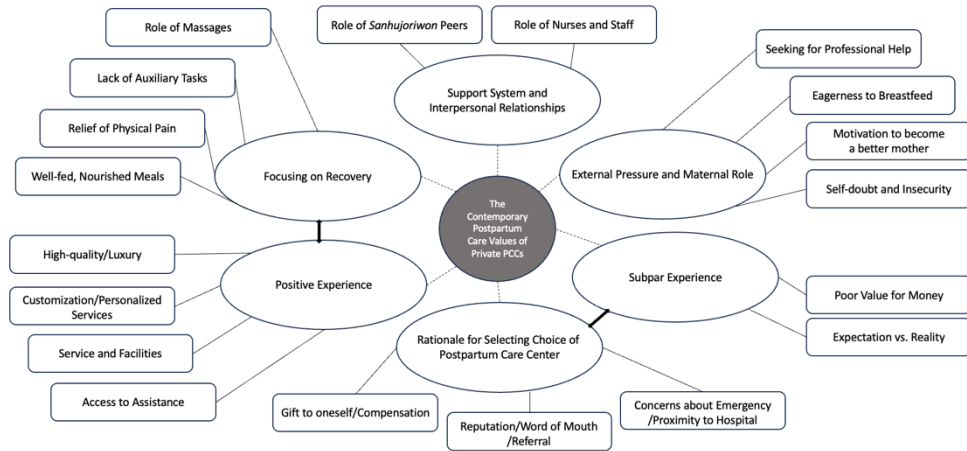
The average price of the six different PCCs in this study for the two weeks is estimated to be slightly above 7.8 million won. All the institutions coded as A, B, C, and D are in the Seoul region of South Korea. The slight variation in the price bracket and institutions yields the thematic richness of the data as the experiences can be recorded under the wider range of private PCCs offered in Seoul. The author was able to capture their diverse perspectives, identifying the common themes of staying at institutions that market themselves to be providing modern services of postpartum care. Furthermore, although P4, P6, and P7 stayed at the same institution, coded 'D', the researcher made a conscious effort to focus on the bigger context of their experience, instead of weighing on the specific institution. Insightful conclusions were drawn with the backdrop of individual unique experiences and viewpoints of women who had lived in the expansive context of private PCCs offered in Korea and how it shaped their experiences. Since the aim of the study is not limited to personal experience but rather how individual experiences fit into a larger sociocultural framework as an interest, the author deemed reflexive thematic analysis to be the appropriate analytical method in this research. Instead of focusing on the detailed distinctive characteristics of individual cases, the analysis observes themes within the data collection (Braun and Clarke, 2021a).

For reflexive thematic analysis—an interpretive approach, the accounts shared by the above research participants were collected and analyzed thoroughly. The researcher followed the steps of the thematic analysis method presented by Braun and Clark (2006). The six-step process entails the sequence of familiarization with the transcribed data by reading the material multiple times – creating initial codes –searching for themes – combining codes into broad themes – determining the evidence that supports the themes – and producing the report.

Step 1 in the process of reflexive thematic analysis led the researcher to first listen to the recorded interview actively for familiarization. Notes were taken to enhance understanding of the general stories of each of the participants. Then, as the eight interviews of approximately 20 minutes or more recordings were massed to lengthy auditory information, the researcher utilized the Korean AI tool, Naver’s ClovaNote—a platform for AI speech recognition technology, to transcribe the interviews verbatim to text. From the auto-generated transcription, the author manually edited the dialogues while listening to the audio clips to minimize the errors that the AI tool may have made. Because the author is proficiently bilingual, the transcription was read in Korean in the process of familiarization. For steps 2 and 3, codes were created and combined with more general themes to produce Figure 5 below.



**Figure 5.** Initial Mapping of the Codes Created During Reflexive Thematic Analysis

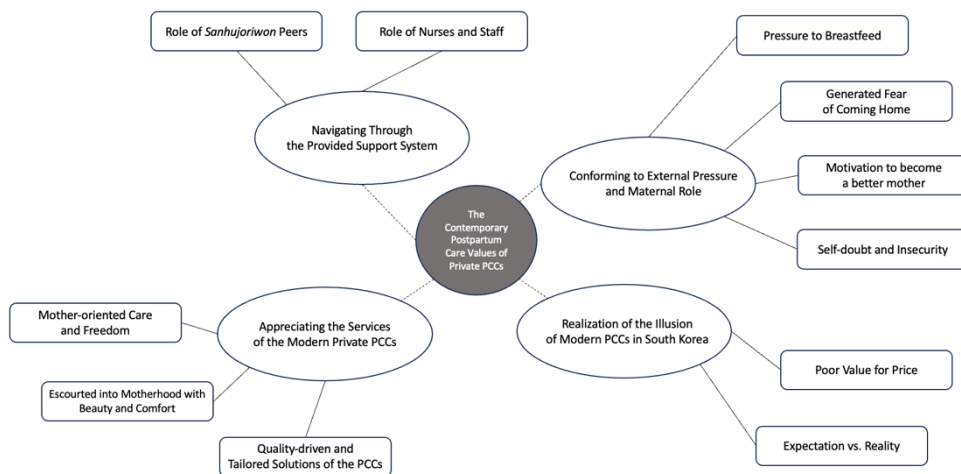


Source: Created by the author

The significant phrases which belonged to each of the codes were then formulated into meaning units. Because the thesis involved two different languages in the process of analysis, the researcher aggregated the significant phrases which were extracted from the interviews. Then, it was organized into a table format indicating the codes and meaning units translated back to Korean, to be validated by the respondents. The participants were asked if their phrases captured their perceived experiences as well as if they had anything else to add to their responses. This process was important, as the meaning or the interpretation of the phrases could have been distorted during the translation of categorizing the phrases. The author desired to ensure that the phrases that were pinned from the interviews rightfully reflected the experiences of the mothers. The confirmation indicated the minimized loss of

nuance during the process of translation to English to improve the rigor of the overall analysis. Following the validation, much of what was mapped initially in Figure 5 were summarized topics of the women's experiences which were evidence to support the themes. Thus, with that, based on the initial mapping, the final thematic map was produced with the identified themes noted in Figure 6. It was created based on the *shared meanings* of the experiences rather than a descriptive summary.

**Figure 6.** Final Mapping of the Codes Created During Reflexive Thematic Analysis



Source: Created by the author

### 2.3.3 Interview Procedure

The recruited participants were asked to complete a preliminary Google survey form with their basic demographic information, the date, the duration of the PCC utilized, and the names of the institutions. The interviewees were

also presented with a consent request on the Google form agreeing to record the conversation with the promise to be anonymized and their data stored securely until terminated at the end of the project. They were also briefed on the context and aim of the study and asked to share their genuine experiences and feelings when answering the questions. At the end of the interview and validation, the participants were provided with a small amount of Starbucks gift tickets as a token of appreciation for their valuable time and stories.

The interviews occurred with a set of semi-structured questionnaires to last approximately 20 minutes over a telephone call with the flexibility to go on longer if needed. Since participants consisted of new mothers who were still adjusting to their new roles, a virtual phone call was an accessible form of communication where their experiences could comfortably be communicated to the author. The interview began with a broad range of guided questions to uncover their experiences of being clients of PCC, with follow-up impromptu questions asked by the researcher to probe for further details and insight. Most questions were open-ended and engaging with the participants to explore the topic, rather than being limited to brief answers. Their answers were also reiterated back at times to confirm that their meaning was well-delivered. The set of pre-meditated general questions is as follows:

- Can you describe your daily routine at the PCC you stayed at?
- Can you describe a memorable moment or interaction that you had during your stay?
- How has staying at a PCC helped your recovery?

- What are some benefits and weaknesses of PCC you experienced during your stay?
- What is your experience with other beauty programs and services offered at the PCC during your stay?
- Would you recommend mothers to utilize PCC after giving birth? Why or why not?

By conducting the interviews, the study aimed to identify the emerging themes and connections to discover the experiences of K-postpartum care at a commercialized PCC.

## Chapter 3. Setting Context: Characteristics of the Modern Postpartum Care Centers

This chapter provides preliminary exploratory research in which the private institutions have pioneered in the field of postpartum care to appeal to mothers. It strives to conceptualize the research question of (a) “How has the emergence of private postpartum care businesses shifted the values of modern postpartum care?”. It will first provide descriptions based on online sources and then provide works of literature and interpretations to support the relevance of the conceptualized values of mother-centered and luxury-targeted approaches in the emerging postpartum care values.

### 3.1 Why DeRAMA?

Even before the establishment of the first public PCC in 2013, DeRAMA, a top-tier operating commercialized postnatal care was established in 2008. To diversify itself from other facilities, it has used strategies to appeal to a new market of mothers for comfort, luxury, and hotel-like services.

DeRAMA Seoul *Sanhujoriwon* is the leading facility for new mothers to be admitted in Gangnam-gu, the affluent hub of South Korea. Therefore, it is one that is not accommodating to all mothers. Rather, it is tailored for a select few on the higher podium of the income ladder with room in their budget as it requires a hefty payment. Despite its high price, it has been benchmarked as one of the top *sanhujoriwons* in high demand.

The author has selected the private PCC of DeRAMA as a supplementary example to describe how it has shaped the values of the current high-end representation of contemporary postnatal care. The reason for the selection is as follows: first, established in 2014, Songpa Maternity Care Center, became the second civic PCC in South Korea. Located in the Gangnam District it has attempted to match the services and facilities standardized by the commercialized PCCs such as DeRAMA. As stated by the official government webpage, despite its modest price, the public PCC amenities are comparable to the other luxurious private PCC institutions of Gangnam as they both ultimately function to provide healthcare services for mothers and newborns (Innovation 24 Government of Korea, 2013).

Secondly, DeRAMA is currently expanding its business to other nations, under the name of ‘DeRAMA Global’. Currently, it has already opened its location in Beijing, China, and is on the way to opening its second location abroad, in Bangkok, Thailand. Therefore, from the reasons stated above, the author deemed DeRAMA as the appropriate example for this study to grant the readers a better grasp of the context of the contemporary postpartum care values in South Korea which have successfully begun to lure mothers to subscribe to the idea of postnatal retreat domestically, and internationally.

### 3.2 *Her Garden*: Shift of Focus to Mothers

DeRAMA has branded itself as *Her Garden* with the intent to attract mothers who wish to escape to PCC which prioritizes *her* needs. To do so, under the label of *Her Garden*, the institution delivers the following areas of newborn nursery, service facilities, spa, service, and gallery (illustrated in Figure 7 in the order of left to right, top to bottom) retrieved from the webpage and collaged by the author for visualization.

**Figure 7.** Pictures Collaged from ‘Her Garden’ Tab of DeRAMA Webpage



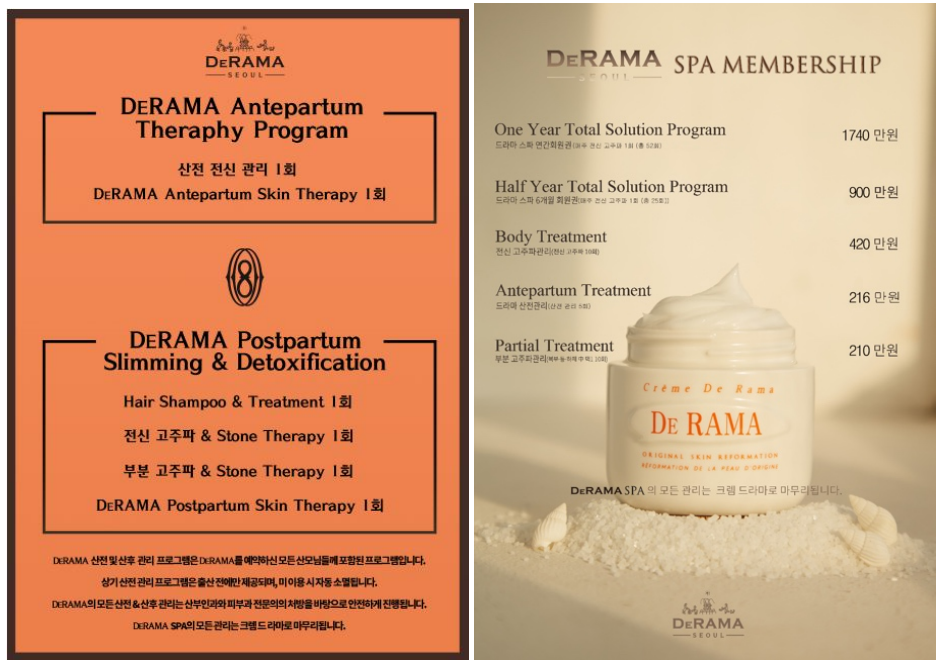
Source: DeRAMA Webpage “*Her Garden*” (DeRAMA, 2024)

The newborn nursery room is exposed by a transparent window for mothers to overlook their baby from the exterior if desired, without constantly ‘rooming-in’. Rooming-in is an arrangement based on the principle of family-centered care where the infant is in the same room with the mother during hospitalization after giving birth (Jaafar et al., 2016). Otherwise, the mothers stay in their rooms shown in the top right photo, a hotel-like room facility equipped with a TV and private bathroom with a sitz bath per room—associated with benefits for postpartum pain relief and recovery (Ramler and Roberts, 1986). Such service caters to the needs of the current generation of mothers as another study posits that the frequency of sitz baths tended to increase among younger generations than that of older generations. This is also an element that is reflected in the modernized postnatal care centers.

The neonatal room has full-time nurses with international breastfeeding certificates and promises the most nurses per newborn ratio. Furthermore, there is an in-house pediatrician who does a round of check-ups each morning with a comprehensive management of newborn infection prevention. The rooms for mothers boast to provide fresh air with an innovative ventilation system for the ‘air fresh zone’ and an installation of an air purifier in every room. What’s more, the spa for reshaping bodies specializes in maternity care ranging from safe prenatal care from 12 weeks to the last month of delivery. It is a spa that is managed by specialized medical staff and promises a 1:1 ratio of detailed care using DeRAMA’s line of products targeted at pregnant and nursing mothers.



**Figure 8.** DeRAMA's Massage and Spa Program Brochure



Source: DeRAMA Webpage (DeRAMA, 2024)

Figure 8 displays the diverse spa and massage programs for the mothers' needs. The spa memberships start from the minimum price of 2.1 million won to a maximum of 17.4 million won for a one-year membership. These are deluxe prices considering that they are in addition to the 2 weeks stay that mothers are already paying for postpartum care.

In addition, the institution showcases a gourmet meal with balanced nutrition for recovery promising customized food based on maternal nutrition and dietary needs of individuals, with seasonal specialties from a top in-house chef. Lastly, a special edition of a gallery with a collection and display of over

100 pieces by Kim Duk-ki, whose paintings portray the joy of families can be found at DeRAMA. Kim Duk-ki is a Korean painter featuring episodic works under the broad themes of ‘happiness’ and ‘family’. One news reporter reported his work as being a ‘happy virus’, spreading joy and infectious happiness (Kim, 2019). Thus, the gallery inside DeRAMA can be interpreted as a symbol of a place to start a happy family.

While the focus on mom-oriented services is the case, one aspect of delivering such a feature is having a one-stop service. It provides personalization and convenience for all mothers. In parallel operation with the pediatrics, dermatology, obstetrics, and gynecologist outpatient facility—DeRAMA offers a wide range of medical assistance housed in one building. The nature of a one-stop shop improves maternal health even as a pseudo-medical facility. At DeRAMA, mothers can receive prenatal care leading up to the delivery of the baby and visit for postpartum checkups. It is advertised that newborns who are vulnerable with weak immunity can receive immunization and pediatric care without having to step outside after admitting to the PCC post-birth. The one-stop service element of a modern postnatal care facility offers the convenience of minimizing movement between different doctors for mothers. Thus, it effectively strives to include the consideration of both mommies and babies at once. Moreover, having professional doctors who can tend to the newborns’ needs in cases of emergencies also gives mothers peace of mind, ensuring a safe space for their babies. The on-site medical assistance along with the spa facility make the

postpartum care experience desirable with plenty of comfort and relaxation.

**Figure 9.** DeRAMA’s “One-Stop Care Service”



Source: DeRAMA Webpage “*One-Stop Care Service*” (DeRAMA, 2024)

Consequently, the concept of *Her Garden* is a model slogan emphasizing the recovery of the mother, satiating her needs, first and foremost. Such focus makes inroads for the main character in the narrative of postnatal care to not only be the newborn to be cared for but to also incorporate the coddling of mothers who deserve to be spoiled for their taxing journey of giving birth.

### **3.3 *Her Celeb*: The High-end Zone**

DeRAMA is an institution especially marked by its reputation as the PCC which celebrities turn to after giving birth. The first one to cut the tape on the

celebrity race to luxurious postpartum care was Ko-Soyoung, in 2010 (The Korean Economic Daily, 2010). Following Ko-Soyoung, many more celebrity couple pairs, namely, Son Ye-Jin and Hyun Bin and Lee Byung Hyun, Han-Ga-In and Yeon Jung Hoon, and Lee Bo-Young and Ji-Sung are a few of the many couples who have used DeRAMA. Specifically, these celebrities also portray the image of being happily married to the current day, in addition to the gallery paintings of Kim Duk-Ki mentioned in the previous section.

**Figure 10.** Celebrities Who Have Used and Endorsed DeRAMA



Source: DeRAMA Webpage “*Her Celeb*” (DeRAMA, 2024)

This is not limited to the actors, but also sports stars, and other media influencers who have also hopped on to staying at DeRAMA during their postnatal recovery period. Here, the slogan of *Her Celeb* is a testament to the premium celebrity-endorsed institution of DeRAMA. Jeong (2015) exhibited in the study of how mothers gather information about PCC to be word of mouth from others, checking out the facilities physically, viewing webpages, and seeing advertisements. Thus, *Her Celeb* is a feature that enhances the reputation of the private PCC.

### **3.4 The Interplay of *Her Garden* and *Her Celeb***

#### **3.4.1 Mother-oriented**

One of the major differences between public PCCs and private PCCs is not only its services and price point but also the way that the institutions are managed and operated. As Lee (2021) reports, from the benchmark of postpartum care institutions, the services offered by the two types of establishments overlap. What is distinguishable, however, is that public PCCs advise mothers to continue ‘rooming-in’ during their stay—that is for the mother and newborn to stay together as much as possible. Such advocacy is not one that is taken up by the commercialized institutions of postnatal care centers of today (Wu et al, 2022). Rather, the private PCCs usher in the pioneering idea which prioritizes the rest and luxury that mothers may receive to recover from their 10-month journey of pregnancy and strenuous delivery, while newborns are cared for—epitomizing *Her Garden*.

This is the intersection where the apparent shift of focus is heavily weighing on the mother’s need to amend her special treatment. It also is the reason that privatized PCCs may be less for promoting rooming-in for mothers and babies than

that of public *sanhujoriwons*. Kim et al (2001) have conceded that differentiated care of newborns did not affect the choice of PCC provider. This suggests that the choice of PCC is based more on the mother's own care than on the newborn in the current paradigm of contemporary postpartum care values. Therefore, the example of DeRAMA's *Her Garden* is conducive to the contemporary trend of postpartum care values.

In addition, traditionally, postnatal care was limited to the scope of isolation and confinement, staying warm, eating nutritional food for restoration of nutrition, and granting mothers enough time for recovery. The guidelines were present for the underlying reason of avoiding long-term consequences of *sanhupoong*. In the contemporary era, however, it goes beyond the full physiological recovery of the body. The traditional prescriptions are further accompanied by treatments to maintain the mothers' beauty for several reasons.

First, due to the socio-economic context, Korean women are more likely to get back into the workforce with the current figure of the working demographic. Striving for beauty has been associated with unwanted career interruptions which women may experience in society if they do not recover to their pre-pregnancy state inside and out. Thus, it has recently been proposed that appearance may even be a reason for foregoing childbirth (Cho and Han, 2024). Other studies have also pointed out that the postpartum period is associated with body image issues and self-identification of their position settling into society after giving birth (Patel et al., 2005; Fox and Neiterman, 2015). Additionally, the 'economics of thinness' coined by *The Economist* is the idea that developed nations associate thinness and appearance with success, salaries, career, and desirability in society. Such beauty ideals are portrayed in the media affecting the norms of society (The Economist,

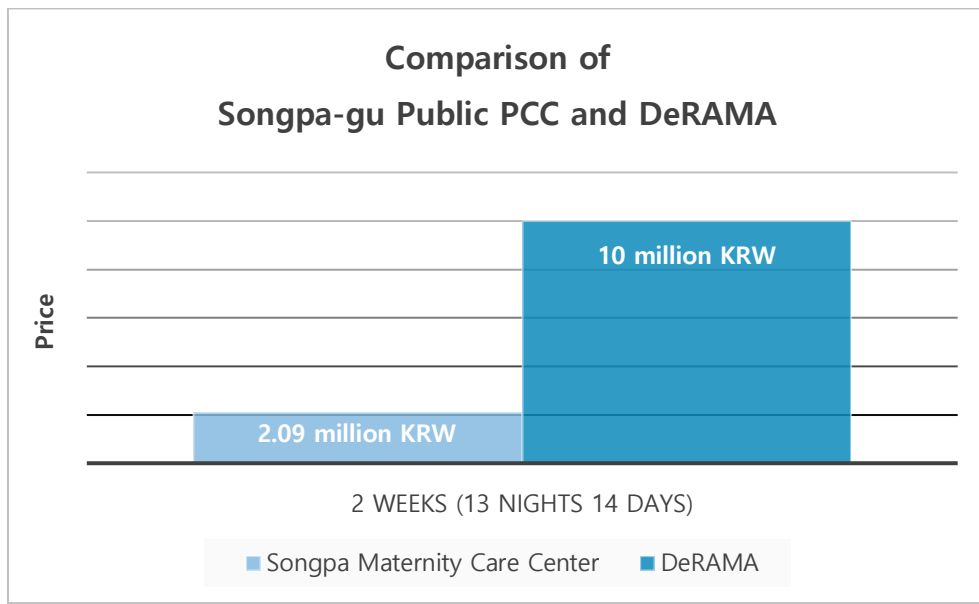
2022). Although the ideas are typically stated for Western societies, they also include the capitalistic society of South Korea. Therefore, as the pieces of literature and current cultural context have pointed out, with the backdrop of such socio-economic as well as cultural context, it has become essential for PCCs to be the place where the inventory of traditional practices of post-birth care may be fused with contemporary innovations. It is motivated to pamper the mothers, including caring for the physical structure of the body with various therapies and massage programs offered to rejuvenate them.

Another reason presents the intersection with the concept of *Her Celeb*. By relying on social comparison theory, the study on Korean women yields the conclusion that among new Korean mothers, interest in celebrities' postpartum bodies is strongly correlated with body dissatisfaction and the urge for thinness (Chae, 2014). Ultimately, the public's self-consciousness affects how body image is influenced by the online Korean media which covers every aspect of celebrities' pregnancies including after the delivery of the baby. Viewers are not only fascinated by celebrities' quick weight reduction but the societal reality in which women are expected to concurrently be competent in their new role of motherhood while maintaining their beauty. Thus, mothers are being pressured to adhere to the ideals of postpartum celebrities portrayed in the media, and celebrities are regarded as the benchmark for body image in discussions of postpartum appearance. Such goals are seen to be achieved through the services and facilities offered at modern *sanhujoriwons*. Consequently, the modern PCCs, such as DeRAMA, with an emphasis on mothers through the branding of *Her Garden*, and *Her Celeb*, effectively embrace beauty ideals, working to create pressure and desire for women to follow a highly refined lifestyle.

### 3.4.2 The High-end Zone of Luxury

The extensive services of *Her Garden* listed in Section 3.2, comes at an inflated cost. For example, compared to the Songpa Maternity Care Center also located in the Gangnam district of Seoul, DeRAMA's price leaps highly to almost five times the amount for 2 weeks (see Figure 9).

**Figure 11.** Price Comparison of Songpa-gu Public PCC and DeRAMA



Source: Retrieved and created by author from “*Status of postpartum care centers nationwide: first half of 2023*” (Ministry of Health and Welfare, 2023).<sup>4</sup>

However, this does not dissuade mothers from using the top-tier facilities for postpartum care depicted by its high price and elite image. The

<sup>4</sup> The Songpa Maternity Care Center is 2.09 million KRW for out-of-district residents and 1.9 million KRW for the district residences. Out-of-district residents may only be on the waiting list and can be admitted when vacancies arise.

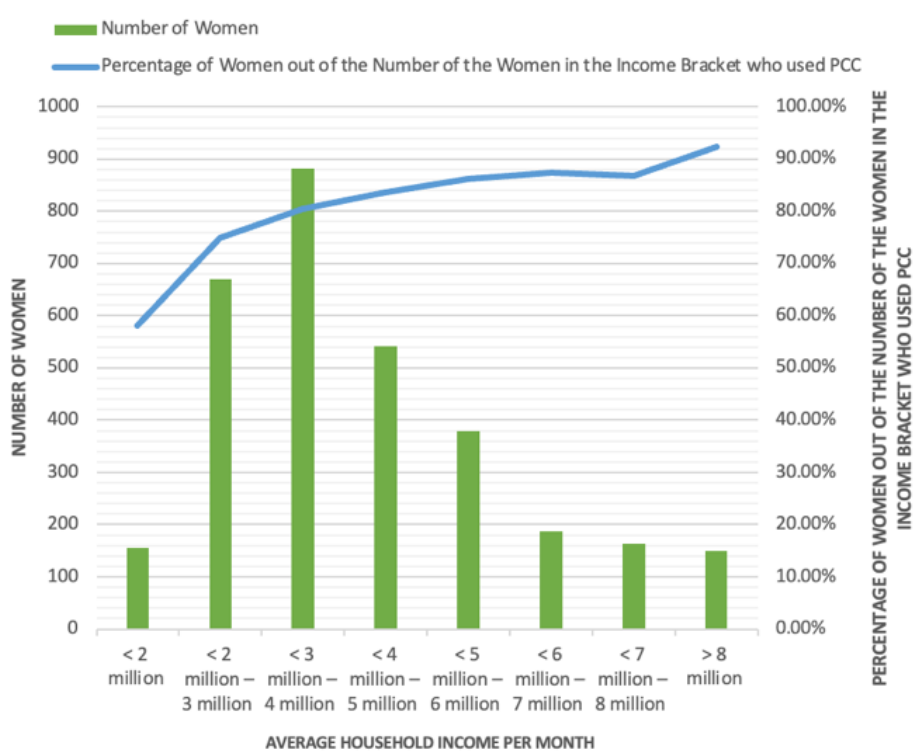


target market seems to be those with room in their budget such as celebrities and famous stars to splurge on postpartum paper care. This is one that is not in vain since it has been shown that monetary values and commercialized services of K-postnatal care are related. Seo (2017) has revealed that first, women's participation in economic activities does in fact significantly impact whether they decide to conceive a child, noting the fluctuation in fertility rate based on employment position as job stability is a factor that influences the willingness of childbearing. The relationship between monetary factors of childbirth and utilization of PCC by women has shown that women with high-powered careers are more likely to bear a child. Secondly, there was a significant disparity in the usage rate of PCCs based on one's economic level. Such findings work in favor of institutions such as DeRAMA which offers premium services for a steep price. High-profile celebrities are a push factor in this dimension, as they are also perceived to belong to the higher income bracket, promoting a luxurious representation.

Regarding household income, other studies have correspondingly analyzed the factors influencing PCC utilization, and have stated that higher income is in fact, associated with higher utilization of PCC which has associated higher income with uses of postnatal care (Korea Institute for Health and Social Affairs, 2015; Jung and Kwon, 2017). Additional evidence is provided by the Ministry of Health and Welfare (2020) demonstrated in

Figure 12.<sup>5</sup> Since DeRAMA is an institution widely recognized in the circle of top celebrities, its price range has targeted the pool of prominent and affluent figures.

**Figure 12.** Number of Women in Each Income Bracket Who Have Utilized PCC in 2020



Source: Retrieved from Korean Statistical Information Service “*Postpartum 6 weeks of utilization of postpartum care, average length of stay, and satisfaction*” (Ministry of Health and Welfare, 2023)

As private PCCs have become more expensive and sophisticated than in earlier years, income is undoubtedly associated with the selection factors

<sup>5</sup> In this graph, one can observe that the household income of women in the earnings above 8 million won per month are seen to be using *sanhujoriwon* the most than those with lower income.

of PCCs. Despite the facts, it has not always been like this. Jung and Kim (2006) posit that in the districts of Gangdong-gu and Songpa-gu in Seoul of 54 mothers, the findings indicated that there was no significant relation between the average monthly income of the mothers' family and the overall budget for postpartum care. In other words, regardless of the average monthly income, moms created a budget for postpartum care, not considering their income when calculating the overall budget and cost of postpartum care. The budget and spending amounted to between 1.1 million KRW and 6.5 million KRW. Therefore, the takeaway from the various studies demonstrates that although there may be a variation in the price depending on the consumers' income, mothers are seen budgeting for postpartum care, unconditionally.

In sum, DeRAMA is an institution that can be characterized to be aligned with the contemporary values of K-postpartum care. It is one that has set out to brand itself with the phrases of *Her Garden*, and *Her Celeb*. The execution of *Her Garden* mobilizes the mothers to prioritize their needs and bodies, while the one-stop service ensures that while doing so, their newborns' safety is also considered. *Her Celeb* and the cost of using its facilities endure the elite and luxurious image of the institution with verified experiences and results formed by staying at DeRAMA—a beauty ideal and a happy marriage for mothers. South Korea's private postpartum care center promotes a web of women's attraction to the indulgence of services and facilities. Thus, the analysis of DeRAMA and the way in which it has circulated and been broadcasted via celebrities and their influences play a significant role in

defining the current K-postpartum beliefs and culture, which are mother-oriented and prey on the image of the high-end zone.

## **Chapter 4. The Perceived Experiences of Women in Private PCC in Seoul**

Chapter 3 provided the contextual values that modern postpartum recovery embraces. This chapter will address the second research question of (b) “What are the experiences of the mothers who have utilized the private PCCs that harbor contemporary values of K-postnatal care? How are their experiences shaped by the services and facilities provided?”. Eight South Korean women were recorded to attain narratives of their perceived experiences at postnatal care centers located in Seoul. The outcomes of the thematic analysis are presented in detail in this chapter. Findings complement the observations made from the previous Chapter, to convey how the private PCCs were perceived and how it has influenced their experiences confirming the themes of: (1) Appreciating the services of the modern private PCC with three sub-themes of [mother-oriented care and freedom], [escorted into motherhood with beauty and comfort], [quality-driven and tailored solutions]; (2) Navigating through provided support system with two sub-themes of [role of the nurses and the staff] and the [role of the *sanhujoriwon* peers]; (3) Conforming to external pressure and maternal role with two sub-themes of [pressure to breastfeed] and [generated fear of coming home]; (4) Realization of the illusion of modern PCC in South Korea with two sub-themes of [poor value for price] and [expectation vs. reality]. Table 2 rosters the list of the main themes, with the frequency which it is shown in the respondents’

interviews. The author acknowledges that it is not commonality which impacts the meaningfulness of what is important in the analysis according to Braun and Clarke (as cited in Byrne, 2022). There are varying degrees of perspective from interviews of different women within each theme. However, the table illustrates the frequency of meaning which occurred related to the primary criterion in the process of coding, while recognizing the repetition in the study. Additionally, Table 3 outlines the overall narrative of the themes extracted.

**Table 2.** Master List of Themes Reflected in Participants' Experiences

	<b>Categorized Themes</b>	<b>Participant</b>								<b>Frequency of Themes Appeared (n/8)</b>
		P1	P2	P3	P4	P5	P6	P7	P8	
1	Appreciating the modern services of the modern private PCC	o	o	o	o	o	o	o	o	8/8
2	Navigating through the provided support system		o	o	o	o	o	o	o	7/8
3	Conforming to external pressure and maternal role	o	o	o	o	o	o		o	7/8
4	Realization of the illusion of modern PCC in South Korea	o	o	o	o		o	o		6/8

**Table 3.** Overview of Main Themes and Sub-themes of the Participants' Experiences

	Theme	Sub-theme	Example
<b>1</b>	Appreciating the Services of the Modern Private PCCs	Mother-oriented care and freedom	"The good thing is that though if they feed you, you just have to put it (dishes) outside, they do your laundry, and the massages are just upstairs, <b>you can do everything in one place.</b> " (P7)
		Escorted into motherhood with beauty and comfort	"The <i>joriwon</i> allowed me to take my mind off the baby and just take care of my body, and this is postpartum care that I would never have gotten if I had gone straight home. And the massage for the sore breasts...I had really bad sore breasts and I could get rid of them quickly with the breast massage and so I think it's a bit of a must... <b>a mandatory course that if you're a modern mother, I don't think it really makes sense to not go to a <i>joriwon</i>...</b> " (P3)
		Quality-driven and tailored solutions	"What you can eat, and not eat, the portion size of rice, <b>everything that you request is adjusted, so it's totally customizable.</b> For example, I only want white kimchi, I can't eat spicy food, I can't have cucumber. The portion of the rice, <b>it's all customized for each individual</b> " (P8)
<b>2</b>	Navigating	Role of the	"..she suggested 'try this it's going to

	through the Provided Support System	nurses and the staff	work' and left, and I was crying because I was so upset. When she came back because she was concerned for me and <b>noticed that I was crying she empathized with me and said 'Oh, you must be very upset'</b> (P2)
		Role of the <i>sanhujoriwon</i> peers	<b>"The <i>jo-dong's</i> (newborns) are the closest in age to my baby.</b> So, when I talk to them, I'm like 'oh, we're all kind of the same' so that was a convenient point" (P6)
3	Conforming to External Pressure and Maternal Role	Pressure to breastfeed	"The atmosphere of the joriwon was that it was very much recommended to breastfeed....because <b>all the mothers were gathered to breastfeed in the nursery so it was a little bit of a maternal atmosphere...</b> " (P3)
		Generated fear of coming home	"I think I was aware, but I was really scared. <b>I was just really scared.</b> " (P5)
4	Realization of the Illusion of Modern PCC in South Korea	Poor value for price	<b>"I'm not too sure if it's actually effective</b> ...everyone had recommended postpartum massage, <b>so I paid a lot of money for it,</b> almost around 200,000won, 180,000won? Per session, which is a lot more expensive than getting a massage outside." (P1)
		Expectation vs. reality	"In America, they are really intrigued by the Korean postpartum care culture. When I see that to be honest, I do think that the postpartum care culture is quite good. <b>But when you</b>



			<b>actually go there, I don't feel like you should have high expectations.” (P7)</b>
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Source: Created by the author

\* The interviews were transcribed verbatim and then translated into English. Thus, there may be awkwardness in the wording. Furthermore, PCCs are often referred to as *joriwon*, short for *sanhujoriwon* by Korean mothers.

## 4.1 Appreciating the Services of the Modern Private PCCs

### 4.1.1 Mother-oriented Care and Freedom

The domestic duties of household chores were alleviated within the PCC, where usual at-home responsibilities were described as “it was nice to relax and not have to do house chores, because when you’re at home, you can’t relax, you’re doing chores...” (P4). Tasks such as laundry, cleaning, and cooking were no longer on the women to complete. Keeping up with the traditional side of postpartum recovery, tasty meals were often prepared with (*miyuk guk*) rice and a source of protein to restore the body, soft in texture as described by P1, P2, and P3 (Sich, 1981; Vos and Desai, 2021). Multiple snacks were provided throughout the day and at times “too much” (P1), unable to finish all the food provided due to the lack of activities inside the PCC (P5). Most women were impressed by the quality and the taste of the meals. The shared meaning of being well-fed and satiated with consumption of food corroborates with Choi and Jung (2017), who have also discovered that postpartum recovery activities as health-promoting behaviors included food intake—one that was carried out the most frequently. It has also been

reported that the food choices since the establishment of PCCs in the 1990s have increasingly been towards maternal nutrition rather than breastfeeding-friendly foods for newborns (Kim and Jeong, 2012). Additionally, P1 relayed that she was able to sleep as the nurses tended to the baby, and meals were provided, to “not have to worry about anything else”—contributing to her emotional well-being. Thus, as marked by the contemporary landscape of modern postpartum care, the shift of focus from the newborns to the mothers was identified. The mothers were able to focus wholly on themselves and their health status during their stay at PCCs. This was possible not only because the usual daily tasks were completed by the PCC but also thanks to the entrusted system in which the newborns are cared for with the trust of nurses. To support this finding, P8 mentioned that she was able to focus on her recovery and added an anecdote of the pediatrician who tended to the concerning newborn’s jaundice level:

***“I have a professional nurse looking after my baby in front of my eyes and I can always go and see the baby. They record everything for you (medical notes)..so I can just focus on my body...I can just think about me and spend time and effort on my recovery” (P8)***

Moreover, the PCC was perceived as a safe place for the mother and the newborn according to P3. She was able to go back and forth between her room and the nursery ensuring that she could see the baby if she wanted to. Here, the baby-to-nurse ratio was apparent like in the example case of DeRAMA,

where the majority nurses to newborn ratio was mentioned.

*“The ratio itself (baby to nurse ratio), ...it wasn’t completely 1 to 1 but somewhere between 1 to 2, so even **if I asked any of them about my newborn, they were very knowledgeable**” (P3)*

The competence and professionalism of the PCC for a good grasp on newborn’s needs are accounted for, in this sense. Thus, the study reveals that the ratio of nurses to newborns as they can understand everyone’s needs and health status is perceived as an important factor for mothers’ recovery.

Another finding from this sub-theme was that while the PCC’s main objective remains as the mothers’ recovery, it is not limited to physical bedrest. Ironically, some of the traditional norms that are prohibited to avoid *sanhupoong* were present. For instance, P7 stated that inside the PCC:

*“I don’t think I did any chores at all there, **so I think I really got to relax, always watching TV**” (P7)*

According to Park and Kim (2002) who studied the awareness and performance of traditional postpartum care practices in PCCs, it was found that women in South Korea had a significantly lower awareness in the category of ‘preventing eye strain and fatigue by not reading newspapers, television, or book’. As for the performance of PCCs, it was also found that there was a significant low performance implemented in this category (Park and Kim, 2002).

*“You mentioned showering in your daily routine, is it okay to take a shower?” (Researcher)*

*“I asked my supervising gynecologist about that, and they said ‘if they can give birth in Mongolia, then what’s wrong with the cold’ In a way, it made me think, ‘Actually, Oh!”, **So I also think it’s fine as long as it’s not too cold or a dramatic drop in temperature.**” (P6)*

Moreover, out of labor, women are often required to fully rest and be kept warm, shielded from the wind while avoiding showers. Because bones and joints are loosened in the process of childbirth, rest and warmth are emphasized to return the body to its original state (Sich, 1981). However, P6 did not follow such prescriptions.

The two cases above from my study show that mothers enjoyed their autonomy as enforcing customs can only make the mothers feel more stressed. Thus, it can be concluded that there must be a balance of understanding and honoring of medical concerns to keep mothers from being in distress. Such finding is aligned with Kim and Chung (2012) which studied the generational changes of postpartum care. According to Chung, the proportion of women refraining from bathing or washing their hair also decreased as the generation went on. Thus, it can be inferred that perceptions of old beliefs are at times not closely followed for the convenience and comfort of mothers. Through the study, it is confirmed that how society identifies Korean postpartum care has been inherited yet evolving to fit the modern social context.

Indisputably, the general responsibility of mothers is not only limited to house chores but to also care for the newborn as a new mother. In this

context, the PCC served as a place where the mothers were able to focus on their recovery with the trust of the nurses who tended carefully to the babies whilst they secured their alone time, perceived as an advantage of a postnatal facility. The modern system of postpartum care facilities acts as the place of acknowledgment for the physical as well as emotional recovery of mothers, thereby providing the liberty of entertainment and comfort in supplement to physical help.

#### **4.1.2 Escorted into Motherhood with Beauty and Comfort**

*“I lost 11 kilograms..just from massages” (P8)*

The findings from the following sub-theme indicate the roles that the massages offered at private PCCs have played in the lives of the mothers. First, four of the women in this study (P8, P5, P3, P4) pointed out that the massages were an effective tool to lose their pregnancy weight. Perhaps not body fat, as their body composition was not measured, but slimming effects were observed by the women. Various methods of massages were applied inside the PCCs, such as stone massage, which helped with the drainage of lochia from the body (P8), blood circulation and loosening of tight muscles (P4), and recovery from her cesarean section surgery (P8). Another method was through massage machines which were effective for sweating out toxins and reducing swelling (P3). Breast massages to relieve pain were also mentioned. Furthermore, P5 expressed that she noticed a difference in her

abdominal area from the massages after giving birth.

Although there has been little to no prior research on the subject of the correlation between weight reduction through massage care in the postpartum care unit to the author's knowledge, women from this study are testaments to the benefits of postpartum massages offered by the PCC. In this aspect, the outcomes are consistent with Song et al (2015) in which the interviews with the mothers concluded that contentment with massage services promotes physical healing and reduces puffiness.

Moreover, current literature on the effects of massages by Korean postpartum care facilities demonstrates relevance in emotional recovery for new mothers. Spa facilities may vary from center to center. Thus, for instance, Song et al (2018) control group study found that there was a substantial decrease in stress, fatigue, and depression level in the group of women who received aroma hand massage treatment. The results concur with Choi and Lee (2015) which found that foot-reflexology massage was effective for the emotional well-being of mothers in PCCs. Accordingly, P7 of this study stated:

*“I felt a **bit mentally refreshed**. It was okay, and physically, to be honest, I don't really feel like my body's elasticity really came back. I just felt like the **fatigue was relieved**, that's about it.” (P7)*

Although she was not able to see a noticeable change in her body—hinting that there wasn't dramatic satisfaction, it is worth noting that the massages were effective in relieving her fatigue. In another aspect, P2 responded:

*“When it comes to things like massages and chest massages, was it more for cosmetic reasons? Or recovery? What made you decide to register for it?” (Researcher)*

*“I went in there and didn’t think anything of it because it was just something that all moms get, but if you ask...I think it was more for recovery. **Recovery and helped me to breastfeed.** (cope with the changes in my breasts that I was experiencing for the first time.)” (P2)*

In sum, there was an assortment of perceived experiences in terms of spa massage care received at the private PCCs. This is not a surprise as other studies also have varying outlooks (Song et al, 2015; Kim and Lee, 2009). Even so, the author found that there were mothers who were extremely content with the service, shaping their positive recovery, and reaping the benefits of the mother-oriented services of the modern PCCs.

#### **4.1.3 Quality-driven and Tailored Solutions**

*“The quality of the massage is different..starting with the bedding, every single detail is different. So, say, if you say for a regular bed, it’s a Duxiana bed or goose bedding, and the snacks are not just yogurt, it’ll be like Greek yogurt for example. **All the little details are different,** and they give you*

*nice diapers and baby products and it makes you feel like  
you're getting special treatment" (P8)*

Above is an example statement of how one mother enjoyed her experience at a private PCC. For background context, 'Duxiana' is a leading premium brand of beds and mattresses imported from Sweden. Here, the participant raves about the details of the premium care received, including Greek yogurt which has made its way into the Korean market with increasing popularity as a premium and healthier line of yogurt. It is known to be tasty nutritious and swarming in the high-end industry of food. (The Korean Herald, 2015; Maeil Business Newspaper, 2024). P8 has indicated the high-end values of postpartum care facilities where such a statement is echoed not only by this thesis but in other recent news media coverage (Korea JoongAng Daily, 2024; Maeil Business Newspaper, 2024). It was further mentioned by the participant that the meals were customizable to fit the mothers' palate. It can be interpreted that the minuscule details of the establishment, and the aspect of tailored services in which P8 relished, added to the positive experience of postnatal recovery.

For P5, she mentioned that she was pampered daily, agreeing that compared to the cultures of other nations, South Korea's PCCs are the ideal environment for mothers to return to their optimal selves. Confirming this, P6 further alluded to the concierge of the PCC, who took any questions and requests to provide the best possible service to the mothers.

Moreover, during the interviews, the author found that three out of the



eight participants prioritized the convenience of having a hospital close to the PCC (P1, P2, P5). There were a few reasons behind such a choice. First, for P1, it was the fact that it would eliminate the daunting task of having to transport from the hospital to the institution after being discharged from delivery. P2 spoke on the proximity of the PCC to a big university hospital as access to medical services would be immediate in case of emergencies. For P5, it was the sense of comfort and assurance that the hospital where she gave birth was nearby. Whatever the reason may be, it can be concluded that a sense of security and responses to their needs is extremely vital.

In this regard, an instance of P1, where PCC was able to detect early signs of the newborn's symptoms and treat it at a nearby neonatal intensive care unit was provided. The participant felt that without the PCC the newborn's symptoms would have not been noticed, thereby recognizing the importance of PCC in situations of emergency medical response. Appreciation for the PCC, an overall aspect of convenience as a one-stop service, was discussed. Although the other participants fortunately did not experience any emergency red flags from their newborns, P1's story points to such a fact.

*“..that’s actually something that I’m really thankful for. ...he (the doctor at the PCC) was able to get me into the NICU so that I could go straight to the hospital without having to go through a whole bunch of outpatient procedures and stuff like that..” (P1)*

Surely, the detail of high-quality products and recognition of individuals' needs live up to the name of South Korea's one-stop serviced postpartum care journey. The statements in this sub-theme provided insight into the positive contribution of the women's perceived experience at the commercialized PCCs, with the detail of high-quality products and recognizing individuals' needs for tailored support.

## **4.2. Navigating through the Provided Support System**

### **4.2.1 Role of the Nurses and the Staff**

The researcher identified that the mothers found solace when the employees of the private PCCs went beyond their job description. It was the mindful acts that transcended professionalism of, for example, professional international breastfeeding certificates. The statements extracted below are moments of kindness that cannot be documented in marketing advertisements by the PCCs. Consequently, it was the genuine compassion that warmed the mothers' hearts when they were at their most vulnerable state, in addition to the nurses' expertise. Jaundice, baby rash, and breastfeeding problems are some of the common issues for newborns. P2 recalled the experience of having a difficult time trying to breastfeed her newborn. She commented on the nurse who not only cared for the baby but comforted her when she was caught in tears. Likewise, P3 was touched when the nurses of the PCC not only took good care of her baby during the stay but also that a nurse gave extra supplies such

as diapers to the mother as she was leaving, a thoughtful act as the mother felt unprepared.

*“They (nurse) chopped up the cabbage and put it on my chest.*

*It hurt like my chest was about to explode and nobody else*

*understands that and it really hurt a lot. **They didn’t just put***

***on cream that I can buy anywhere, but she put on cabbage***

***peels herself, and I liked that a lot” (P4)***

Another example is provided by P4 above. Even the manual labor remedy of using a cabbage peel instead of a store-bought cream by the nurse was relayed during the interview. For the mother, the employees of the PCCs showing concern and providing proper care was what mattered.

Additionally, it was not only the nurses in the nursery within the PCC. P5 revisited the memory of the massage therapist who was a mother herself and had been through postpartum care recovery who spoke to her as a mother-to-mother figure which greatly comforted her. PCCs pride themselves on professionalism and expertise. Yet, the researcher once again observed that there is more to just teaching and instructing the mothers during their postnatal period. It was in the execution of the knowledge that poked at the comforting encounters.

On the flip side, when the execution of information was not done with genuine compassion, some mothers had to navigate their way with feelings of disappointment. Although the roles of the nurses and the staff felt genuine and comforting at times, there were also disheartening moments for the

mother when they had perceived feelings of a nurse-centered atmosphere.

*“I felt like the nurses were a bit dominant. It made the mothers feel a little bit uncomfortable...it felt very much like they were trying to teach you too hard they were always right so I’m just a little disappointed about that...” (P6)*

For P7, she felt that the relationship formed between the nurses and herself was cut as she got closer to her discharge date—the nurses “putting distance between us” (P7) was stated. After all, because private PCCs are commercial enterprises there were transactional nuances which the mother found to be upsetting.

Based on these findings, the role of the nurses and the staff members in the postpartum care institution was praised when they handled tasks outside the scope of their official role and certification listed by the PCC. It was the human-to-human dialogue that remained memorable. Such an outcome is mirrored in Yoo (1998) during the postnatal recovery “a time of change” making them susceptible to physiological and emotional disturbances. In the same line, this study concedes that instead of solely making authoritative advice, postpartum care providers ought to show greater regard for the women’s values, beliefs, and expectations.

#### **4.2.2 Role of the *Sanhujoriwon* Peers**

The term *jo-dong* is a colloquial word in Korean that refers to the peers who

are admitted to the PCC at the same time frame as the mother. *Jo-* is derived from the word *sanhujoriwon* and *-dong* is derived from *dong-gi* a word in Korean which refers to someone who joins an institution of a sort together at the same time as another individual. Thus, *jo-dong* is a fellow mother who enters the PCC at the same time together, making them an alumnus. This is an aspect which cannot be found on the pamphlets, brochures, or webpages of the PCCs. Rather, it is one that is not promoted formally but is a common cultural behavior among the mothers of South Korea. The concept of *jo-dong* is a social occurrence that has been seen on news outlets as reported by The Chosun Daily (2023), containing a feature quote from a professor of sociology at Sungkyunkwan University, confirming that “postpartum center peer support groups are to become a new parenting paradigm in the nuclear family era” as moms are seen to rely on each other not only during their stay but following their discharge as they dive into motherhood.

Pertaining to how the relationships were formed—since *jo-dong* is not often promoted explicitly or arranged by the PCC, the mother took the initiative to ask for each other’s numbers and seek connections (P6). P6 gave insight on the comparison with her first child where she did not reach out to make any friends, thus she recalled that she felt alone. Whereas during her second child’s postpartum period, she was able to bond with other mothers. In this sense, the researcher realized that inside the confinement of PCCs, *jo-dongs* play a significant role in the narrative of the mothers’ experiences.

Fortunately, most women from the study reflected positive emotions

with the newly established support system. P3 recounted that “it means a lot to be able to share those questions with other moms who have babies that are growing at the same time” and the convenience of:

*“you don’t have to go out and look for information, you can just talk to other moms who have babies that are the same as yours and it’s really helpful” (P3).*

Connections were maintained not only inside the center but once she got home having questions as a first-time mother. Confirming this, P4 spoke on her experience of keeping in touch with her *jo-dong* peer even after leaving the PCC. She stated that it was one of the best parts of her decision to stay at the facility—making new friends for herself and her baby. Other mothers such as P2, also testified to seeking information from other fellow mothers as their babies have similar birthdays. Once again, most mothers perceived the *jo-dongs* to be helpful, PCC serving as a place where amicable kinship can be formed as mutual feelings are shared.

Such findings are consistent with earlier research on having friends to lean on during their stay, which was deemed as a positive experience for mothers concerning their psychological recovery. Song et al (2015) also concluded that forming relationships with the alumni group of the same postpartum facility was beneficial for preventing or overcoming hardships such as postpartum depression. To support this, Kim (2012) also asserted that the mothers formed bonds by sharing and empathizing with each other as they can understand one another better than anyone else in the process of

recovering and adjusting to motherhood. However, this study reveals that not all interactions were pleasant as interpersonal relationships are complex. In this sense, at first, P8 felt empowered and reassured by the presence of *jo-dongs*. However, when she left the PCC, it became a source of adverse feelings, overwhelmed by constant comparison.

*“And now you’re constantly sharing that so you’re constantly sharing how much the baby should eat, how much the baby should be... how much the baby is gaining weight. **Because my baby was on the smaller side, I’m a little bit uncomfortable with that, and later, joriwon networking became a struggle to me**” (P8)*

On another note, for P5, she saw no value added in creating new connections at the PCC. She expressed her relief for not being in a space where networks were forced on her. Thus, as observed by the participants’ experiences, the role of peers inside the PCC is one that is a double-edged sword and perhaps a short-term one for some of the mothers. The researcher was able to hear about instances of positive encounters and friendships formed by sharing questions and concerns with other mothers for the most part. In contrast, there were counterexamples which provided the insight into the unpleasant experiences. Also, there were feelings when a mother perceived PCC peer connection as unnecessary, pointing to the fact that it may be important for relationships to not be forced upon the mothers but to happen naturally within the PCC as it did for other mothers.

## 4.3 Conforming to External Pressure and Maternal Role

### 4.3.1 Pressure to Breastfeed

The study revealed that most mothers felt that there was a pervasive pressure exerted by the nurses and the mood of the PCC to breastfeed. The PCC was a place potent with a maternal atmosphere. P1 stated that when she was struggling to breastfeed as latching is a common problem for new mothers, the nurses “tell you to stay and keep going with the baby” (P1). As for P5, the atmosphere within the facility, breastfeeding felt like a sign of accomplishment, and remained diligent in breastfeeding directly, despite her exhaustion. Being unable to breastfeed directly made her feel judged. The mother explained that there were feelings of guilt associated with this regard:

*“... made me feel like it was a test and I think that I felt like I was comparing myself to other people and felt sorry for my baby in that moment.” (P5)*

The reasons behind the pressure imposed by the overall nuance of the PCC may vary. For example, for P6, there was a suspicion that the pressure was for reasons other than that it is good for the baby as mentioned by P1. As bottle feeding would mean that the nurses would have “one less baby to take care of” (P6), she cast her doubts on the intention of the propagation. Such a view was also observed by Suh and Huh (2002) who conveyed that for feeding after hours, a little over half of the mothers woke up to breastfeed directly, reducing the burden of work for the staff, while the other half fed



the baby formula.

Another way that breastfeeding was encouraged was through lactation massages. It worked to relieve the pain of sore breasts as well as to aid in the milk supply. In addition to the emphasis on breastfeeding as mentioned by other mothers, P8 commented on encouragement which was accompanied by the breast massages.

*“... it felt like there was a big emphasis on breastfeeding, so it was a little bit like they encourage to breastfeed as much as they can now, and **then give a lot of breast massage**” (P8)*

*“Even the **head doctor, who was famous for this breast massage, he did it in such a way that would increase the amount of breast milk**, so I think that’s why the atmosphere was a bit like that” (P3)*

As seen in the above statement, P3 recalled the chief doctor who was well-known for lactation massages for increasing milk supply, which supported the atmosphere that promoted breastfeeding for mothers.

Following the pressure, there was a lack of knowledge and acquisition of maternal roles which made mothers feel incompetent when comparing themselves to other mothers even though the circumstances may be out of their control. The pressure imposed by the PCC is consistent with another study by Choi (2011) that also discovered out of 349 mothers, 340 mothers—all except for nine mothers, reported that the private postpartum care facilities promoted breastfeeding across three different cities in South Korea. What’s

more, Jang (2021) on first-time mothers' experience in private PCCs stated that breastfeeding triggered a subtle sense of competition—‘a race’ between mothers. It can be interpreted that, mothers view breastfeeding as a measure of competence during their postnatal recovery in PCCs. Nonetheless, most of the women attempted to stick to breastfeeding from the complex of a “good mother” mentality with the support of breast massages.

Furthermore, the majority of the mothers who perceived the PCC to be urging them to breastfeed addressed their eagerness to breastfeed in their own ways. This indicates a positive sign as regular breastfeeding has been associated with improving the mother's quality of life as observed by other mothers in the PCCs of South Korea (Jeong et al., 2021).

P3 felt a strong desire to breastfeed under the setting of PCC where she was able to relieve their breast pain — “I was able to solve two of my needs at once” (P3). She also exhibited a willingness to learn from the nurses and the staff. Likewise, as described by P4, the researcher found that P4 selected her PCC based on the information that the institution was known to be helpful for breastfeeding. However, she expressed a slight letdown when only some of the nurses were trained. Thus, she proactively asked questions to receive professional help from those who were educated. Being in the parameters of the PCC motivated her to want to be a better mother. Such ambition was also shown by the mothers of Kim (2013) where the study also revealed mothers were willing to breastfeed despite high levels of physical fatigue. Thus, it is necessary to improve the supportive environment for

breastfeeding.

P2 also expressed her desire to learn not only about breastfeeding but also about baby care. To her, places, where breastfeeding was promoted, were also positively tied to being better at breastfeeding education. Therefore, she was dismayed that her PCC did not provide such a need and proactively initiated questions in her daily occurrences during her stay even when it was not a formally scheduled education session. The findings from my study align with Song et al (2015) which indicate the weak education and unsatisfactory aid from health practitioners of the *sanhujoriwon*.

*“I think it formed an environment where I can understand a little bit more about how to breastfeed and how to position myself a little bit better to fit my baby” (P5)*

Fortunately, within the parameters of the PCC, maternal acquisition was facilitated by consistent learning during her stay as shared by P5, and provided the opportunity for mothers to take ownership of their babies. Naturally, the PCC created a space where maternal instincts kicked. Thus, nurses should always be prepared to help not only in formal sessions but also in informal settings of interaction with the mothers.

### **4.3.2 Generated Fear of Coming Home**

*“When I first went in, I was nervous and excited. Here, they took good care of the baby, so I became worried. Will I be*

***good (be able to take good care of the baby) when I get home?”***

*(P2)*

Despite the participants' ambition to learn as they adjusted to their new motherly role during their postnatal period, it was not without the emotions of insecurity and self-doubt. The hybrid of pressure and the lack of knowledge felt by the mothers in this study exposes the stress factor that new mothers face during their stay at a postnatal care facility. For instance, P5 was convinced that she was only aware of the surface knowledge of the maternal role she had acquired from informal dialogues and not the actual application. She was saddened by her ignorance as a new mother, feeling apologetic to the newborn.

*“...it was better than bringing the baby home right away, to be able to see them get bathed and **learn so it helped and made me feel a little bit more comfortable. But I don't know about confidence.**” (P2)*

*“I think my confidence went down...I think when I left, I was a little bit like, **‘What should I do by myself without the nurses’**” (P6)*

Here, P2 stated that it was better than being sent home straight away from the hospital, but the education at the PCC was not enough to make her feel confident. Likewise, P6 remarked on the deflation of her confidence from staying at a postnatal care institution as she did not know how to care for the baby on her own at home. Although mothers (including P8) were able to

familiarize themselves with the basics of baby care at PCC, there were still feelings of insecurity for when they got home, to do everything without the reliance on the nurses. Perhaps, no amount of knowledge can ever surmount to absolute confidence of the mothers as they transition into their new daunting lives with their newborns. However, the researcher discovered that the women from this sub-theme felt that some of their insecurity and self-doubt came from being dependent on the nurses during their postpartum adjustment period. Such a finding was especially apparent in P6 and P8. Although they had learned the basics from the nurses, they remained unsure of their abilities without the on-the-spot help after being discharged from the PCC.

*“The baby came out and I really didn’t know anything. **From when I get home to bathing them taking care of them because, at the joriwon, the nurses do everything for you so when (I) get home and I face the situation I don’t know what to do” (P8)***

Overall, the mothers of this study remained dutiful to their new maternal role whether by conforming to the norms supported by the PCC or motivated by the environment. When they felt that they needed assistance, they did not hesitate to ask for immediate help from the available resources at PCC. However, because they stayed dependent on the available assistance, there were feelings of timidity for their responsibilities after leaving the PCC, indicating their feelings of unpreparedness.

## **4.4 Realization of the Illusion of Modern PCC in South Korea**

### **4.4.1 Poor Value for Price**

As explored earlier, private PCCs are substantial in price. Thus, although some mothers enjoyed the amenities such as spa services as covered in the earlier theme, the author uncovered a different view. It pointed to the mothers' implications of their dissatisfaction with the steep prices of the services. P1 explained her reservations on the claim of postpartum massages which she had heard could reduce swelling, make joint adjustments such as pelvic misalignment, reduce body fat, and eliminate cellulite. Despite its hefty price, she did not notice much improvement nor was it a pleasant experience due to her unhealed surgery stitches. Similarly, P6 commented on the expensive massage sessions which differed in quality depending on the therapist designated for the session, indicating the varying level of proficiency of massage specialists. As the commercialization of postpartum care enterprises continues to grow, Kim (2004) has also observed the case of the novel industry from a business marketing perspective, through the SWOT model, which includes the strengths, weaknesses, opportunities, and threats of PCCs. It has pointed out the weakness as the price point portraying a luxury image.

Additionally, poor value for money was not limited to the massages. Others also expressed that the high price of PCCs was difficult to comprehend (P7; P6). P4 elaborated on this where she explained that she had initially selected her choice of PCC under the assumption that it was one of the best

in the nation. However, was disappointed that the mattress hindered her and her husband who stayed with her from getting restful sleep.

*“So why would I pay a lot of money to go there if I would rather stay at home?” (P4)*

Therefore, the findings imply that women find the services to be overpriced. Rightfully so, as Kim et al (2001) have also found that for groups of women who chose to stay at a PCC and those who did not, both groups indicated that they were not happy with the price point of the private PCC. It is an aspect which is difficult to fathom for all parties. Yet, the author also discovered that in some instances it may be justifiable. Perhaps this is the reason for the high demand and the waitlist of PCCs despite its price. This is confirmed by P3 who perceived the top-notch services to be satisfying and even justified—by stating:

*“Every time you give birth, you’re carrying the baby for 10 months, and it takes a toll on your body, **so isn’t it reasonable to spend this kind of money?**” (P3)*

Although such may not be the case for every woman, this is also found in Jang (2021) who reported that two mothers out of five women interviewed viewed the pricey postpartum clinic as a gift from the husband and the family, a way to celebrate and acknowledge becoming a mother.

In consideration of highly priced institutions, there is no doubt that it will create problems of equitable accessibility as well as low satisfaction for consumers. Moreover, to combat such inflated prices, in addition to the public

PCCs which are established for affordability, there is also the aspect of how the government should be backing the policies of the economic burden that PCCs may be costing to the mothers. Currently, as the postpartum care facility is categorized as a place of accommodation limited in its ability to offer professional medical nursing care services for mothers and newborns, the government should strive to implement proper licensing and monitoring of the businesses as well. Additionally, access to PCC services at a reasonable cost is a financial strain. Such a finding aligns with Joon et al (2016). It has been concluded that the National Health Insurance should pay for a portion of postnatal care costs and lower maternity costs to promote equitable health and alleviate the financial strain of accessing postpartum care which may be detrimental to the fertility rate. Many of the participants from the study desired coverage and out of the majority, almost half of them wanted it to cover roughly 60 percent up to 80 percent. Currently, the price seems out of reach for many parts of the population, and even if the mothers can afford it, my study finds that there were levels of dissatisfaction associated with the price point. Consequently, implementing cost-cutting measures may boost accessibility and satisfaction in the current scope of commercialized PCCs.

#### **4.4.2 Expectation vs. Reality**

*“I think it’s packaged nicely and the way they see the advertisements, it suggests that mothers can relax while the*



*nursery staff take really good care. But I think if that really was the case, the bond between the mother and baby would decrease a lot.” (P6)*

P6 felt that the way that PCCs operate and the portrayal of the luxurious paradise for postpartum retreats for mothers is an image polished by the media. She asserted her thoughts that if that really was the case, it may curtail the bond between the mother and the newborn. To add to this aspect, P2 expressed her disappointment with the short amount of time allocated for her and her newborn to bond.

*“Actually, in the PCC, I can always room-in with the baby for as long as I want. So at times, I’ve done it (room-in with the baby) for a long time, but it’s kind of a waste of money if I leave the baby there (in the room) when I went to the PCC to recover.” (P2)*

This points to the innate quality of PCCs which are to be for the recovery of mothers. Women may also like to maximize the opportunity to recover in the paid facility. However, the reality of the time division may create conflict for the mothers in creating a connection between the mother and the newborn. This was an aspect which was also criticized by a journalist where despite the cruciality of the connection between mother and the baby for mitigation of postpartum blues, the family-oriented methods of ‘rooming-in’ were not prioritized in South Korea, revealed by the 2018 national data which indicated that a mere 3% of the mothers stayed with their newborn for 24 hours

(Ferguson, 2024).

What's more, the feelings of disappointment from the interviewees were observed to be stemming from the oversell of the institutions portrayed by the media. High expectations were formed within the social and cultural dialogues. Thus, the rendering image of the PCC as a postpartum vacation was one that felt like a mere illusion. The reality for participants seemed to contrast with the point of view posted online.

*“In reality, I just felt like a cow. I eat, I pump breastmilk, I take a nap, then go pump again, so all I can really recall is pumping breastmilk.” (P7)*

P7 discussed the discouraging truth of what may be the superficially wrapped image of postpartum care in South Korea. She asserted that the reality was very much disparate from the premium and luxury getaway. Rather, she describes herself as feeling like a ‘cow’ as she was constantly pumping breastmilk for her baby. Mothers in PCCs are expected and are responsible for the new life they created on this earth. Thus, the findings unveil the dismal truth of modern PCCs perceived by the mothers who had expectations fed by social and cultural contexts.

## Chapter 5. Conclusion

### 5.1 Conclusion and Discussions

Based on the findings of Chapter 3 the research question of (a) “How has the emergence of private postpartum care businesses shifted the values of modern postpartum care?” was conceptualized by observing the aspects of mother-centric care providing a one-stop shop for the services and facilities of the modern PCCs, as well as the value of high-end zone, delivered through media strategies. Henceforth, in Chapter 4, the research question of (b) “What are the experiences of the mothers who have utilized the private PCCs which harbor contemporary values of K-postnatal care? How are their experiences shaped by the services and facilities provided?” found that within the commercialized institutions which uphold the pillars of mother-oriented care and luxury and premium care have led to a plurality of emotions for mothers inside the *sanhujoriwons*, revealing new key themes. Despite the modern services which promise to be mother-oriented and high-end—aspects which mothers did appreciate through various means such as massages and services, in some ways, participants were overcome with the pressure to conform to their maternal role with challenges and fear. They were autonomous with freedom but also at liberty to navigate through situations of a support system as they set into their new roles. Their experiences were accompanied by forming meaningful relationships within the PCC, leading to the outcome that there are dimensions that cannot be depicted—such as meaningful

interactions and relationships with other mothers and the awakening realization that the postnatal pamper retreat may not be what it seems. The finding was not limited to the themes of mother-oriented care and luxury values but also laced with other elements. Thus, such new findings are also explored in depth in Chapter 4 in detail, sub-theme by sub-theme, reflecting on the interpreted meanings of their narratives.

In the industry of PCCs, class distinctions are starting to form, with those of higher levels of education using postnatal care at greater rates, having access to more sophisticated facilities, and having more influence over the connections formed inside. It is predicted that if birth rates continue to drop, this trend will continue (Kim, 2007). To support this novice trajectory with the emergence of private PCCs, an editorial titled ‘Let’s Rescue Mothers and Babies From Postpartum Care Centers’ has highlighted the grim reality of expenses associated with using the facilities with services that are unmatched by other nations. Yet, it also has drawn criticism for making lives more difficult for both moms and infants due to economic burden and lack of infection control (Choi, 2023). It has also been reported that the polarization of PCCs is imminent as price differential is causing PCCs’ operations and facilities to be compared against the upscale ones that provide hotel-quality services to extremely underfunded facilities that barely make ends meet causing challenges for improving mother-to-newborn connections (Kim, 2019). Moreover, there are equitable and accessibility issues according to Lee et al (2020) in the “Obstetrically Underserved Area (OUA)” region of

Korea—an area region designed to receive financial funding from the government of Korea for maternal services. It was found that most mothers prioritized the availability of PCC as a top importance in selecting hospitals. The absence of a PCC nearby was identified as one of the weighted factors that drove mothers to use government-funded hospitals which were located near a PCC. Indeed, postpartum recovery care has become integral to current society.

Although this paper focuses on the contemporary values which shape the commercialized modern institutions of PCCs and the experiences lived by the mothers, it is vital to be aware of the issues which are presented by the rise of contemporary values and culture mentioned in the study. In the broader scheme of low fertility, government initiatives are supposedly to lift the barriers that civilians face towards childrearing. While South Korea's pioneering postpartum care facilities may be making lives easier for some mothers as spotted by this study, it does not apply to everyone as most businesses have been preordained to target the high-end zone. Thus, it has become important to counter such new barriers imposed by the modern setting. As of now, the expediting number of public PCCs may be a good sign. However, there are still indications of mothers struggling to access the services. Low-income moms are seen to be more likely to be in worse health than higher-income mothers, which may result in the inequity of paying for PCC services despite the financial challenges, which leads to concerns about equitable maternal healthcare (Jin and Park, 2017). Luckily, the women of my

study were admitted to modern private PCCs while others might be challenged by reasons such as economic burden or proximity. Therefore, the task of building PCCs that are equitable, and accessible, yet offering the utmost services with genuine care is something to be dealt with. Moreover, due to competition and rivalry for spots at private PCCs, the expansion of the role of public PCCs has risen. Some mothers' reluctance to pay for the heaping price of private PCCs which offer yoga, massages, and auxiliary services while they wish to relax has been reported. With the dropping birthrate, in this sense, commercialized private facilities have also been cut. P6 from my study has also expressed her frustration with overbooking.

***"I was already frustrated with overbooking and if I don't like the place I would feel worse. It (PCC) was famous so I think that's why I went."** (P6)*

From such an issue, mothers are voicing out the need for postnatal care services to be taken up by the public sector and integrated into the health insurance system to achieve universal health care. As the number of civic PCCs expands, it should strive to discount the desire to make a profit while continuing to improve their quality of services to match the private PCCs.

Additionally, profit-driven enterprises reinforce new challenges that are presented through the growing industrialization of PCCs. Kim and Lee (2009) investigated the current status quo of postpartum beauty care in PCCs and revealed that almost 50% of the mothers in the study deemed it necessary. Such an outcome indicates that media portrayal and pricey spa facilities will

continue to thrive. This also means that there will be fewer resources available for tangible emotional support. Such fact is supported by Jeong and Yun (2015) who conducted a study based on the understanding of the issues in PCCs as a service space, including DeRAMA. It was discovered that the centers offered comfort by offering a space of pampering and healing with the idea of relaxation, but they lacked spaces for medical services, family relationship services, and mind and body care.

In short, there is a web of issues to untangle as the contemporary values of postpartum care have presented new values and the institutionalization of enterprises. Although the author could not cover all the challenges, this study has contributed key academic insights to the coherent understanding of the status quo of modernized postpartum care values. Thus, it sheds light on the myriad of challenges and opportunities that the novel rise of private PCCs has presented to the industry and the mothers.

In this particular study, the researcher was able to synthesize the findings of the mothers who have spent their postnatal recovery period inside the commercialized space of private PCCs. Under the proposed conceptual framework, it is evident that their experiences are jumbled with positive and negative sentiments in the benchmarked K-postpartum culture. The current study has comprehensively outlined the defining pillars of Korean postnatal care customs as the reorientation of focus to the mother and values of luxury and premium care to fit the high-end zone. Thus, based on such established culture and context, the researcher comes to the following recommendations:

First, the mothers shared their trust in the infrastructure of PCC that cares for the newborns. The nurses' capability to nurture the babies allowed them to devote themselves to their own needs for proper recovery and rest. In this regard, private PCCs must continue to cater to the mothers' needs as well as the newborns' needs simultaneously as they are aspects that are associated with the findings of this study. Furthermore, comfort was found in the modernness of adjusting traditional postpartum practices. Thus, a balance of flexible prescriptions of traditional postpartum care in modern postnatal recovery should be utilized with caution. To meet the inherent health care needs, the current postpartum centers which are currently not under the system of medical facilities should also recognize that the newborn baby's experiences can result in health emergencies which could endanger the baby's health as part of their tailored solutions.

Secondly, the enclosed space of PCC provided a terrain for building a support system and bridging interpersonal relationships. This is an angle which cannot be found on the pamphlets, brochures, or webpages of the PCCs. Yet, the mothers are seen navigating the relationships throughout their quarantine period of postnatal recovery. The different forms of 'organized support' are observed not only in the postpartum care culture of Korea but also in other nations (Dennis et al, 2007). The support systems and interpersonal relationships that are formed during the mothers' stay at a PCC are found to play a significant role. Certainly, the mothers' experiences were enhanced when the employees of the PCCs treated them with genuine care



and compassion. Thus, the employees need to be aware of this and not treat mothers as clients, but as a human-to-human approach as mothers who are struggling to get accustomed to their maternal role. Moreover, facilitating group activities for the mothers to participate together should be an option and not force the formation of *jo-dongs*.

The private PCC was also discovered to be a place where mothers adhered to external pressure and new maternal roles. What was supposed to feel like a vacation after long hours of childbirth was a place where mothers felt pressured to adjust and learn skills while being fueled by the environment to be their best motherly selves. Although the PCCs and the nurses attempted to support them, it was at times not satisfactory, leading to generated fears of unpreparedness. The researcher interprets such finding as no amount of money or facilitation can ever put mothers at complete ease. However, the PCCs can strive to enhance their experiences during their time of physical and emotional chaos. For instance, when breastfeeding is promoted, it must also be supported with education and effective breast massages. Consequently, facilities should aspire to alleviate the pressure off the mothers with positive influences which are non-forceful, with the soft encouragement of the nurses. It should create a safe place for mothers to recover mentally and physically. Additionally, the programs should be reinforced to not only care for the mother and the baby inside the *sanhujoriwon* but to prepare them for when they get home with more attentive directions and curriculum guidance.

Lastly, the mothers in the study pointed to the weaknesses of the

modern PCCs. They were conflicted by the choice of whether to take the time for themselves to focus on their own healing or to spend more time rooming-in with their newborn. At times, letdowns are led by the oversell of the postpartum recovery support and underdelivered reality. Although such characteristics may be innate within the premise of PCC which prioritizes mothers' recovery as a pseudo-medical facility, encouragement of rooming-in should be stimulated to decrease the conflict that the mothers may face to facilitate fortified mother-to-newborn bonds.

## **5.2 Limitations and Future Research Directions**

In this section, the researcher acknowledges some of the thesis's shortcomings and makes recommendations for future studies to supplement the current findings. First, the conclusions were based on selected examples which may be restricted. Thus, caution should be given when extrapolating the results. Nonetheless, the in-depth analysis contributes to the comprehension of the broader setting of postpartum care and its novel business to set a benchmark nationally, and internationally.

Secondly, it may be difficult to generalize the outcome of the study due to the small sample size of eight South Korean mothers. Even though the author purposefully sought to include a diverse number of mothers with a variety of backgrounds, duration of stay, and postnatal care institutions maintaining wholly accurate representation remains a challenge with this

study's quantity of participants.

Furthermore, the variable of the COVID-19 pandemic during the peak time of K-postpartum care which may have affected the outcome of the broader context, or the experiences of the mothers were not considered. However, the main objective was to present an in-depth analysis of the current Korean postpartum care facilities marked by privatized institutions. Thus, the study pursues to provide a comprehensive discernment into how South Korean mothers have perceived postpartum care in the unique setting of private PCC businesses in South Korea.

With caveats to how this research may not deliver a strong case for the overall context of K-postpartum care, future studies are needed to delve into the barriers that have been created by the commercialized PCCs that have marginalized some mothers. Literature on women's experiences in public PCCs is also limited as there are significantly fewer public PCCs than private PCCs. Thus, it would contribute to the literature if public cases could be investigated in-depth, as this study only zoomed into the aspects of commercialized PCCs. Lastly, further studies on benchmarking cases of South Korea's postpartum care in other nations could contribute to a greater awareness of how the context of contemporary postpartum care is affecting mothers today, globally.

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## Abstract in Korean

여성에게 산후조리 기간은 엄마가 되기 위한 여정을 시작하는 매우 중요한 시기이다. 현재 저출산이 문제가 되고 있음에도 불구하고, 한국의 산후조리원 (PCC) 문화는 선구적으로 나아가고 있다. 산후조리원은 임신과 출산의 고된 경험 이후 산모들이 누릴 수 있는 고급 안식처로 각광 받으며 번창하고 있다고 할 수 있다. 산후조리라는 독특한 관행은 역사적으로, 특히 동아시아에서 여성의 출산과 항상 함께 해왔고 한국에서는 현대 사회 맥락에 맞게 재구성 되어왔다가, 산후조리원 설립에 앞장서고 있다. 한국 산모들은 산후풍의 장기적인 영향을 피하기 위해 산후조리를 오래전부터 해왔지만, 현대 사회에서의 산후조리는 고급 서비스와 산모 중심 케어를 제공하는 ‘quiet luxury’라고도 불린다. 산후조리원이 점점 더 대중화되고 있음에도 불구하고 현재 산후조리원의 이용자, 즉 출산을 앞둔 여성들의 관점에 대한 연구가 부족하다. 따라서 본 연구에서는 문헌, 미디어, 저널, 기사 등을 대상으로 예비 조사를 실시하고, 한국의 선구적인 민간 산후조리원, 드라마 (DeRAMA) 그녀의 정원을 예시로 삼아 현재 산후조리의 문화를 살펴본다. 이를 통해 이 논문은 민간 기업의 등장으로 변화된 한국 산후조리원의 문화를 개념화한다.

본 연구는 산모 중심의 돌봄과 고급화된 서비스, 이 두 가지의 가치가 산후조리원 이용에 대한 산모들의 경험을 이끌어내는 중요한 역할이란 걸 밝힌다. 이러한 배경에서 서울 지역의 민간 산후조리원을 경험한 한국인 산모 8명을 대상으로 인터뷰를 진행하였다. 이들이 공유하였는 경험에 따라 1) 현대식 민간 산후조리원을 인식하고 즐기기 2) 주어진 대인 관계를 다루기 3) 모성 역할 긴장에 순응하기 4) 현대 민간 산후조리원의 환상에 대한 깨달음 총 네가지 주제를 도출하였다.

한국 산후조리의 독특한 공간적 맥락과 현재의 문화적인 맥락의 결과, 그리고 산모들이 느끼는 영향력을 해석하며 논의한다. 또한 산후조리원의 문화가 민간 기업에 의해 주도되면서 드러나고 있는

장벽을 시사한다. 이처럼 한국 산모들의 시각에서 바라본 산후조리원의 내면은 긍정과 부정적인 요소들이 뒤섞여 있다.

**주제어:** 산후조리원, 민간 산후조리원, 산후조리, 산후조리 문화,  
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