

KOREAN MOTHERS AND DAUGHTERS HEALTH COMMUNICATION

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Most federal initiatives on eliminating racial and ethnic disparities recognize the importance of sub-ethnic group-specific studies of risk factors within Asian American populations before planning culturally and linguistically appropriate prevention and intervention services. However, there is no empirical study investigated Korean parents and children's health communication. Of particular interest for this study is the lack of information about the communication patterns between Korean mothers and daughters regarding women's health issues. **Purpose:** The purposes of this study are to (1) describe communication patterns in general; (2) explore health beliefs, attitudes, and behaviors on issues related to women's health topics, (3) examine supports and barriers to discussion of women's health topics, and (4) investigate the ways women's health topics are discussed by Korean mother/daughter dyads. **Methods:** Total nine of one-hour semi-structured interviews were conducted with each mother and daughter and another interview was conducted with mother and daughter together. Demographic and general health information was collected for mothers and daughters. All interviews were audio taped and transcribed. **Findings:** Average mother's age was 44 years old. All mothers were born in South Korea and they lived in the U.S. for average 15 years. Average daughter's age was 14 years old. Six of them were born in the U.S. Their grade level was 6th to 12th. The most often mentioned category among mothers' responses to the health communication with their daughters was food, exercise, and weight management with their daughters. They valued Korean food as a healthy diet. Daughters reported their mothers talked about food, vitamins, exercises, and Korean remedies. Smoking and drinking was reported as not being discussed because mother did not feel they needed to because their daughters learn it from school and because they did not have smoking or drinking behaviors in their family. Daughters reported they learned from school and some of their friends smoked but they thought both of them are not healthy behaviors. With regard to body changes, communication was rather reactive than proactive. Most mothers indicated they did not discuss it until it happened. Most girls reported that they talked about body changes with their mothers but limited or discussed with tier siblings or friends. Mothers did not talked about health screening and HIV/AIDS with their daughters. Daughters learned from school but either did not talk about it or shared with their mothers. Lack of time and language were reported as barriers in mother and daughter health communication from both mothers and daughters. **Discussion:** There are health intervention and education needs among Korean population. Korean mothers rely on school for their daughters' health education. Different forms of intervention models need to be further investigated.