

A Comparative Understanding of Health Concepts

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ABSTRACT

This study explored the understanding of health of people from Korea. Data were collected from a total of eighteen focus groups: Koreans (living in Korea), Korean-Australians, Korean-Americans and Australians. The data were analysed using QSR NUD*IST. The meaning of health varied among people and it was related to differences in age, culture, gender, marital status and perceived health status of individuals. However, there were several themes common to everybody. All groups included aspects of physical, mental, emotional (and spiritual), environmental and social dimensions in their definitions of health. All young single groups placed more emphasis on physical and lifestyle factors whereas mental and emotional aspects and social responsibility were more associated with health among older married groups. Young women in all cultures felt social pressure to 'look good' and the media was perceived as responsible. Men in general associated health with societal roles and social competition. Health was strongly associated with the economy and economic stability for all Korean groups reflecting the recent adverse economic situation in Korea. This

information will be of value to health professionals to provide more effective health services and health promotion programs for clients of Korean ethnicity living in multicultural societies like Australia and America.

Key Words : understanding of health, health concepts, Korean, Korean migrants, focus group

I. Introduction

Health is central to the lives of all human beings, although sometimes it only becomes most highly valued when it is lost or in danger of being lost. What we include in our understanding of health, and how we communicate our understanding, depends on language and culture. Inevitably understanding of health varies from country to country (or ethnic group to ethnic group) and what we can learn about others' understanding of health depends on the limitations of the languages and the translation skills we have available.

The 1991 Census revealed that approximately one quarter of Australian residents were born overseas (BIMPR 1995). Whilst the largest Korean population outside of Korea is concentrated in the USA, there is a significant Korean community in Australia,

21,000 persons in the 1991 Census, growing to 37,000 in 1995 (Dong-A 1997). Korea was the second largest trading partner of Australia prior up until the economic crisis in 1997 and still is the third largest trading partner (DFAT 1999).

In recent years there has been an increased emphasis in public health planning based on the concepts of health promotion. The goal of public health is to improve well being, life expectancy and quality of life. In order to plan appropriate intervention strategies to achieve this goal, optimising the health of all people in multicultural societies like Australia and the USA, it is necessary to understand the health beliefs of all groups within the community.

This paper explores relationships between an understanding of the concepts of health and the way these can be influenced by language and culture, tempered by environment. The results of this study will be of value in the development of health promotion

programs for Korean migrants living in diverse cultural backgrounds.

II. Literature Review

Research related to concepts of health and illness among Korean people has been mostly conducted in nursing colleges: Byun (1988) conducted a survey on 312 adults from various cities using a 'health conception scale', which was developed and used in nursing studies in the US. According to this scale health is divided into four dimensions: clinical, functional role performance, adaptive and eudaimonistic. Results showed that the functional and role performance dimension was more emphasised than the clinical dimension. The perceptions were significantly different among different age groups, sex, religion, marital status and locality.

In a study investigating health concepts in 121 urban mothers, Yang (1990) listed four concepts of health that she considered very Korean: energy, movement, harmony and providential grace. These concepts were not separate entities but were all integrated into the idea of health. For example, people sought to live in harmony with the nature thus keeping a balance between the

individual, family and the environment. Harmony was a reflection of energy and movement involving God as its inner aspect.

Kim (1994) studied the meaning of word 'health' in 164 healthy adults. The answers included possibility, strength, life, illness, responsibility, preciousness, mental stability and peace of mind, brightness/freshness, happiness, freedom, absence of illness and death. Park (1996) conducted a survey of 708 adults across Korea to research concepts of health and illness and characteristics of health behaviour. A 'health concept scale' (as explained above) and an 'illness concept scale' were developed after a literature review of previous studies. Her study reported that the married, the aged, the less educated and the Christian groups showed higher scores on the health concept scale whereas the married, middle high school graduates, atheist and Buddhist were significantly higher on illness concept scale. There was no difference in locality indicating that the fast dissemination of health information via mass communication and an improved transport system had narrowed the information gap between big cities and rural areas. The author concluded that the survey results did not reflect the

traditional approach to health and illness as in the previous studies but rather reflected the recent trend of a mixture of western and eastern (and traditional) approach to health and illness concepts and recommended a further research.

All of these studies have adopted health or illness concept models used in nursing and have tried to find a link between the concepts of health/illness and health behaviours. In this study people's understandings of health are explored in depth by focus group method and differences and similarities among different groups are investigated.

III. Research Questions

The following questions are asked in this research:

1. Are there differences in women's concepts of health in different cultures?

(a) What are Korean women's concepts of health?

(b) Are there differences in concepts of health between Korean women living in Korea and Korean women living overseas?

(c) Are Korean women's concepts of health different from those of Australian women?

2. How are Korean women's concepts of health related to the definition of health by WHO?

IV. Methodology

While the primary focus of this study was on women, male groups were also included for comparison purposes. Focus group method was developed in the early 1940s, which enables in depth analysis of issues raised by or submitted to the group. It has become popular as a qualitative research technique in health sciences in recent years. Focus group method is said to generate interactive data, enhancing disclosure and improved access to participants' own language and concepts (Wilkinson 1998). It is therefore considered an ideal method for exploring how knowledge and ideas develop and operate within a given cultural context where interaction between participants can provide a researcher a chance to identify group norms and cultural values (Kitzinger 1995; Krueger 1994; Morgan 1988). In this study a total of 18 focus groups, comprising 93 individuals, were conducted in Korea, Australia and the USA. Participants in the focus groups for

Korea were recruited through university classes and women's social clubs using the informal social network. Participants in Australia were recruited to match the groups in Korea according to age groups and occupation. Participants in the US were recruited also through a social network. Participants were aged between 18 years and 70 years and included single and married persons from different backgrounds. The number of participants in each group varied from four to eight people who shared at least one commonality (eg. occupation, same interests and hobbies) to facilitate the group process in a non-threatening environment. A summary of the 18 focus groups is as follows:

<Table 1> Profile of the Focus Groups

Focus Group	Number of participants	Nationality	Gender	Marital status	Age group	Education	Employment
1	6	Korean	Female	Single	26-30	Graduate*	Part time, Student
2	5	Korean	Female	Single	18-25	Uni	Student
3	4	Korean	Female	Single	26-35	Uni	Full time
4	5	Korean	Female	Married	51-60	HSC#	Housewife
5	4	Korean	Female	Married	41-50	HSC, Uni	Part time
6	8	Korean	Male	Married	35-50	Uni, Graduate	Full time
7	6	Korean	Male	Single	21-25	Uni	Student
8	4	Australian	Female	Single	18-25	HSC, Graduate	Full time
9	4	Australian	Female	Married	41-55	HSC, Uni	Full time
10	5	Australian	Male	Married	31-40	Uni	Full time
11	5	Australian	Female	Single	21-25	Uni	Student
12	6	Australian	Male	Single	21-25	Uni	Student
13	5	Korean-Australian	Female	Single	18-25	Uni	Student
14	5	Korean-Australian	Female	Married	46-70	HSC, Uni	Housewife
15	4	Korean-Australian	Male	Single	21-30	Uni	student
16	5	Korean-Australian	Female	Single	21-30	Uni	Full time
17	8	Korean-Australian	Male	Married	31-45	Uni	Full time
18	4	Korean-Australian	Female	Married	35-70	Uni	Housewife, Full time
	Total: 93						

Notes : * Graduate school

HSC: High school certificate

All groups were tape-recorded with the consent of the participants (AHEC & NHMRC 1995) and were then translated into English by the researcher. The protocol for the conduct of focus groups and the discussion points were initially written in English and were translated into Korean, in consultation with a professor in public health and a professional translator in Korea, to ensure the cultural appropriateness.

In the translation process four stages of translation proposed by Newmark (1981:6) were followed:

(a) a science which entails the knowledge and verification of the facts and the language that describes;

(b) a skill which calls for appropriate language and acceptable language;

(c) an art which distinguishes good from undistinguished writing; and

(d) a matter of taste reflecting individual differences.

The translations were then independently verified by two other translators who were fluent in both English and Korean. In conducting the focus groups a number of pre-tested questions were used to begin discussion. While originally focus groups were scheduled for one hour, they often lasted for as long as one and half hour as participants

became involved in the issue being discussed. After transcription and translation the results were analysed with the assistance of QSR NUDIST (<http://www.qsr.com.au>).

V. Results and Discussions

The main themes that emerged from the groups contained several dimensions:

1. Physical aspects of health:

- 1) Health as the absence of disease and/or physical deformity

It was not surprising that all groups included statements that were similar to the physical aspects of the WHO definition (1946), namely that health is a state of absence of disease and absence of physical deformity. However physical deformity was specifically mentioned only by Korean groups. The Korean groups felt it was inevitable to get ill or sick in the course of one's lifetime, thus in the event of an illness or a sickness, a healthy person should have enough physical strength to fight it.

Most people did not think about health

until something happened to them or people around them (eg. adverse symptoms or functional disabilities). This was true for all groups. Health thus could not be separated from illness and when people talked about health it was mostly related to the absence of ill-health. Health was also negatively associated with unhealthy lifestyle.

All Korean groups and older Korean migrants related health to the Oriental concepts of 'ki' (energy flow in the body) and 'constitution' (body's genetic make up). However, younger generations of Koreans living in Australia and the USA were not familiar with these concepts. According to the older generation of migrants, differences in the constitution meant that medical treatments for different races were not the same. This was the main reason given for older Korean migrants, even those with English fluency, only seeking treatment from Korean doctors within their community.

2) Health as beauty and youth

All groups of women commonly associated health with beauty (and youth). However, all older married women had a more realistic body image and were more accepting of their looks than younger women. Among Korean women being healthy was associated

with body shape and skin condition: no flabby body parts, looking young with beautiful skin and smooth make-up. Korean-Australians and Korean-Americans thought that Korean women living in Korea were more conscious about their appearance. They experienced having to dress up more when visiting Korea and felt that there was a strong social pressure to 'look one's best' especially among young single women in Korea. It was common that young women in all groups felt social pressure to 'look good' and this was strongly associated with social acceptance and success. The media was perceived as being responsible for marketing health in a way that has made health synonymous with beauty.

Young Korean women described two types of beauty associated with health:

Type 1: mild, quiet and pretty

Type 2: physically fit, balanced body (well proportioned, glamorous), having a determined look, being outgoing, active and energetic and not appearing weak or vulnerable. Other desirable characteristics and personalities of a healthy female included being socially active, positive, confident, enthusiastic about exercise, a woman who travels (indicating that she takes time for

herself, is full of life and determined), enthusiastic about her life and work, self-disciplined, making plans and sticking to them and having clear goals and firm beliefs.

Older Korean women's descriptions of a healthy female was closer to the traditional understanding of beauty, reflecting the virtues required to become a good wife, mother and daughter-in-law. These included having a rosy complexion, bright eyes, good posture, happy face and smile, while being diligent, energetic, kind, considerate, self disciplined, optimistic and devoted to the household.

The following comments illustrate some views on looking healthy:

"Appearance seems to matter more in women. For example, men could look quite healthy even if their skin is not so fine whereas it is not the case with women." (a young Korean woman in 20's);

"When I went to Korea I was really shocked. I think God, everybody is so skinny and it's not that they are healthy but they look healthy. They all have too much make-up on so everybody looks just the same. People associate looks and being slim with health. You could be more athletic and healthy but from an aesthetic

point of view, they look almost overweight." (a second generation Korean-Australian woman in 20's);

"Women are different from men even looking healthy. Look even taking care of one's body takes longer time for women than it does for men." (a Korean-American woman in 30's).

It was not only women who related health with beauty and youth. Among married Korean men, 5 out of 8 wanted to maintain a youthful look by having less white or grey hair and wrinkles. 'Not much fat in the tummy' was a desired look among married Korean-Australian males.

3) Health as a functional capacity and physical endurance

All women associated health with their functional capacity such as being able to do things without feeling tired, good digestive functions and sexual activity. Sexual capacity was only mentioned by married Korean women (women's sexual performance) and young Australian women (men's sexual capacity). Interestingly male groups did not associate health with sexual activity. Korean groups related good health to body's ability to recover fast after a rest or a night's sleep.

4) Health related to lifestyle

All groups of women associated health with lifestyle, particularly with healthy diet and exercise:

Good dietary practice

Korean groups were not so conscious about their own dietary practices but married women were quite conscious about providing a good diet to their husbands, and most reported that they had tried to follow folk remedies and medicinal herbs (eg. ginseng) to boost their husbands' energy and stamina. By contrast, all married Korean-Australian women were very conscious about their own diet and felt that they contributed a healthy diet to their family members.

Young Korean-Australian (and Australian) women were very conscious of their eating habits and body weight in assessing their health status. A Korean-Australian female assessed herself as being 'not healthy' due to her large appetite even though she exercised every day. Young Korean-Australian (and Australian) women thought that they should be vegetarians to be healthy and reported feeling guilty when they ate 'take away' foods or at the 'fast food' outlets. For young women living alone, following

a healthy dietary practice requires conscious efforts: *"It's always a lifestyle. It's how you live. To lead a healthy lifestyle, you should have a healthy fridge."* (a Korean-Australian woman in 20's)

Being active

All groups considered men were more sports and exercise oriented than women. Common views of young single Australian males on this topic were: *"Women seem more health conscious but at the same time they don't do as much exercise. The way they keep up is by almost eating nothing instead of doing more exercises."* *"Women seem to think that by doing an exercise once they think it's done for the whole week whereas we just think it's only for today."*

All women, on the other hand, considered themselves physically more active than men. The main reasons described by a young Korean-Australian woman are as follows: *"I think women are generally healthier than men. Look at the daily activities for example. Women talk more than men do. And also they can do two or three things at the same time. Males can't. They can do only what they are concentrating on. They do one thing at a time. Women are more coordinated and so*

they are healthier. They just seem to have busier life. Even having children. I don't see many fathers bringing their children to school. It's mostly mothers. Mothers are more into children's life, more aware of what is going on with children. They teach them and cook. It's women's role. It's the tradition and that's what is expected and still in the 90's women do more than men."

All Korean-Australian and Australian women considered that women were generally healthier than men due to their higher health consciousness, conscientiousness and healthier lifestyle, whereas the majority of women living in Korea (90%) thought men were healthier. This was associated with stereotyping of males being bigger and stronger.

Korean women were not particularly interested in exercise or participating in sports. All Korean-Australian women felt that they were much healthier than those living in Korea, however, they also felt that there was more public pressure to lead a healthier lifestyle in Australia than in Korea. The following comments illustrate these feelings: *"I feel unhealthy when I finish work, you go home and you eat dinner and sit down in front of TV. I feel*

I should be doing exercises or something but Oh, my God, you're sitting there and you don't want to move. You're staring at the TV and think this is really unhealthy" *"In our age group, so many people are into sports and there is a lot of media play like everybody is turning into vegetarians and play some kinds of sports. I think God, she is healthy and I am not."* Korean-Americans felt that they were healthier than the average American but not necessarily healthier than those living in Korea.

The season was strongly related to people's activity level among Australian groups and it was the same among young Korean-Australian groups. Most reported that they felt more active in summer when days are longer. Young Australian women expressed a need to get slim (or slimmer) in order to fit into their swimsuits.

While healthy lifestyle such as healthy diet and being active is valued by everyone, those who are preoccupied by their health and fitness are negatively perceived to be 'health freaks'.

Smoking and drinking and perceptions of health

Women's smoking and drinking are not well tolerated in all three cultures, but

more so in Korea. Women in Korea did not mention at all about smoking and drinking regardless of their age whereas young Korean-Australian women did. They were aware of the social discrimination and condemnation towards women smoking within the Korean community and admitted that they could not smoke openly. There was no such attitude towards women smoking among themselves. However, a guilty feeling concerned with health was detected among Korean-Australian young women who smoked: *“I get health warnings from cigarette packets and I feel really guilty.”*

Among young single males the capability to consume alcohol and not being affected by it afterwards were perceived as a measure of good health and was common in all male groups. All Korean and Korean-Australian males justified their drinking habits as ‘social’ or ‘medicinal’ and they did not consider drinking alcohol was harmful on health. Among these groups many perceived smoking as a stress reliever. In some cases there were some psychological justifications given to their smoking and drinking behaviour: *“Drinking is good for you. It is a medicine.”* *“Moderate cigarette smoking isn't harmful.*

It's good for mental health.” *“My father is very healthy. He drinks and smokes a lot but he looks after himself. Whenever he drinks or smokes too much, he goes hiking the next day.”* Interestingly, Australian young males perceived smoking was an Asian culture. *“All Asian guys on the campus smoke. It must be an Asian thing.”*

Keeping the rhythm of life

All Korean groups mentioned about ‘regularity’ or keeping the ‘rhythm’ of life to be healthy, which was related to leading a regular daily pattern such as getting up early, regular meal times, going to bed at a set time, etc. This reflected the busy lifestyle of people living in Korea and how difficult it was for them to keep a regular routine in life. Married Korean-Australian women with husbands who socialised frequently with other Korean males after work also expressed their wish for their husbands’ lifestyle to be more regular.

Rest and sleep

Balance in all things

A balance in all aspects of life associated with health was emerged among all groups. The concept of balance of body and mind among Korean people was related to the

Oriental concept of 'yin' and 'yang'.
Harmony

Having hobbies

Young Korean women associated being healthy with having or taking interests in things other than partner or house chores. This was more so when they compared themselves with their friends who were either married or in a stable relationship: *"I am relatively healthy because I am interested in many things. Girls around my age have babies so their interest lies only in childbirth."* (a Korean woman)
Young women in all cultures shared this feeling.

Young Korean women perceived that their mothers took no interest in their own health but only their family's. However they felt differently and they wanted to be responsible for themselves when they got married. Older Korean women expressed that they had no time to think of themselves and pointed out that it was their prime role to look after the family. Nobody seemed to resent the fact that they had no time for themselves and in some cases people felt guilty having their own time outside of the household duties. Older Korean-Australian and Korean-American women considered

themselves very lucky having more time for themselves so they could pursue hobbies or personal interests.

- 5) Health associated with capability and being efficient

Health was associated with looking after the self and/or family well in all groups across the cultures. Among all Korean groups, it was more associated with work capability and being efficient. For people (both males and females) who had a job, the ability to work well, confidence at work and getting results were related to being healthy. Among married women in all cultures being healthy meant more capability of fulfilling their roles as a family carer. All married Korean women (both in Korea and overseas) strongly associated a housewife's good health with their own and family's happiness and peace within the family: *"Housewives need to be healthy and work very hard. If not, there will be a lot of problems at home."* (a Korean woman)
"Being healthy means having confidence and enthusiasm to carry out my role as a housewife and a mother." (a Korean-Australian woman).

- 6) Health as an enabling factor to reach life's potential

Most women in all groups felt that health was fundamental to life, a source of energy giving motivation and enthusiasm. Health among young Korean women was also perceived as an enabling factor to reach one's life's potential: *"I have to be healthy to be able to do all the things I want to do in life."* *"When I am healthy, everything seems possible"*.

For all older people, being healthy meant being physically independent and maintaining mental alertness so as not to depend on other people. All older Korean migrants expressed a wish to be responsible for self until their time of death so that they would not become a burden on their children. Among older widowed migrants, coming to terms with a loss of a partner and getting on with life, were perceived as keeping themselves healthy.

2. Mental and emotional factors in health:

1) Health as a source of happiness and joy

Most women in all groups associated health with happiness and joy. It was more to do with being happy with oneself among young groups than the feeling of

happiness per se.

2) Health as an self affirmation

All young female groups associated health with feeling good about self, being confident, and having a positive self-image and self-acceptance. It was related to one's body image, perceived social acceptance and success. Married Australian women also related feeling good about self to health.

Among married Australian men, being healthy meant learning one's boundaries and limitations in life. This issue of accepting self was not brought up by Korean and Korean-Australian males.

Married Korean women pointed out that in a case of physical deformity (either congenital or happened after birth), being healthy meant that one should be able to accept one's physical condition (and/or limitations).

3) Health as a coping and controlling mechanism

Health was perceived as a source of mental strength for many people in all groups but it was more strongly expressed among Korean groups. A married Korean woman described the importance of having a healthy mind: *"If one's mind is not*

healthy, she cannot fulfil her role at home." An older Korean-American woman associated health with the ability to control anger and temper.

3. Spiritual:

People with religious beliefs and practices in all groups had more positive self-image and generally perceived themselves healthy. They considered that the body was a temple of God so it should be treated with respect and this was exercised in the form of a healthy lifestyle: having self-control (eat nothing in excess), vegetarianism, plenty of activity and enough rest and sleep. Among married Korean women religion was the second important factor to get involved in community activities followed by family support. They reported their contribution to the society itself as a worthwhile reward and an uplifting experience.

4. Social:

1) Health as a social construction

'Social construction of reality' is a term in sociology explaining "the ways in which social institutions and social life generally

is socially produced rather than naturally given or determined." (Jury and Jury 1995:605). Accordingly people's perceptions are influenced by the culture and the society they live in and the self becomes a product of a society. Older married Korean men were aware of how social changes affected people's way of thinking about health and its maintenance, and thus noticed generation differences in the utilisation of the health care system. An older Korean-Australian woman expressed anxious feelings towards societal changes and changes in the social expectations placed upon women: "*Society has certainly changed and asks a lot more of women. There is more stress put on women these days than when we were kids. Nowadays women have to be really smart and be able to do so many things. There are different expectations of a mother these days. It's a different generation. Children think their mom is ignorant when she cannot give them answers. I have to learn more English to catch up with my children.*" (a Korean-Australian woman in 60's).

Among young Korean women, self reported health status seemed to be influenced by other people's perceptions of their health:

“You are healthy when others think of you and treat you as a healthy person. Even if I don't really feel well, I try to think I am healthy because other people say so. The reverse is also true.”

Among all older married men, health was related to ability to handle social pressure and expectations such as being able to admit and accept one's failures. For Korean men, being able to ignore social expectations following age stereotyping was perceived as a healthy characteristic of a man, which gave them a feeling of freedom. This was not mentioned among Korean-Australian males. For Korean men health was strongly associated with societal roles and social competition: *“Health is a competence in life. It can be defined as a matter of survival.”*

All women living in Korea and older Korean migrants listed work ethos and strong work ethics as pre-requisites for a healthy male, indicating that these work-related qualities are highly valued among all Korean people.

All older Korean-Australians and Korean-Americans felt that they had an increased consciousness of health and self-awareness since their migration. This indicates that migrants are influenced by the social influence

of the country of their residence.

2) Health and economics

Health was closely associated with social environment, especially among all Korean groups. They expressed uncertainty about the economic situation in Korea and reported the feeling of an added social pressure since the economic downfall. Married Korean males identified the source of stress under three categories: self, family (including relatives) and social. They perceived that the social stress was bigger in less developed countries. This was referring to social security and a stable social environment where income was guaranteed. This kind of social stress specific to a culture has been termed as 'cultrogenic stress' (Helman 1994:329). The adverse economic situation in Korea has had an effect not only on men who were the prime source of income but also on their families and on the society at large. Older married women reported being more stressed by their husbands' stress since the beginning of the economic downfall in 1997. They reported that their husbands drank more, smoked more and worked longer hours with less income. Being healthy for them meant one could cope better with the stress and had

the mental strength to face hardship and an uncertain future. A Korean woman expressed this relationship between health and the economy as follows: "*In hard times like this, being healthy means saving money.*"

3) Health as a tool for social interaction and family responsibility

Ill health was perceived as a means of attracting attention by a healthy young Korean woman: "*I feel great when somebody tells me I look sick. I am always healthy and never get enough attention. When I am sick, I can rely on other people.*" In contrast, when the person was not healthy, ill health was perceived as a 'weakness' or a 'disgrace' in other young Korean and Korean-Australian women.

Health was strongly associated with societal roles and social competition, particularly among married Korean men: "*When you are not healthy, you become socially segregated.*" Among married Korean women socialisation was related to being healthy. They expressed how they wanted to and actually go out more and socialise when they felt healthy.

Health was strongly associated with family responsibilities among married people in

all groups. Women in all cultures placed importance on desirable social behaviour and family interaction skills as pre-requisites for being a healthy male. Women living in Korea (and a few Korean-Australian women) related a healthy male to a family man who would spend time with his family on holidays (not during the weekdays). On the other hand, young single women's desired characteristics of a healthy male in all cultures included a caring and sharing nature, sensitivity, not to be so absorbed in self and willingness to invest in a good relationship. For married Korean men a family responsibility was perceived as a stress.

Certain desirable male characteristics mentioned by Australian married male groups, such as being gentle and kind and being able to talk about one's failures, were never brought up among Korean and Korean-Australian males. This may imply the fact that there are much stronger social stereotyping and expectations of what a real man should be like in the Korean society.

Young women in all groups listed a happy family as a prerequisite for an environment conducive to one's good health. Family upbringing was also associated

with feeling good about self and self worth, which contributed to positive self-perceptions and feeling of being healthy.

- 4) Health as a resource to be used or as a reserve in times of illness

The attitude towards health varied among different generations. Young people were less concerned about their health. They felt that they were young so they didn't have to worry about their health and in general they had confidence in their health. One young Korean male summarised this as: *"Health is a possession to be used rather than to be kept."*

There was more awareness of different phases in life and the ageing process in older married Korean males: *"In one's 20's one is too busy building one's carrier to worry about health or anything else."* (a male in 40's) *"Now I am older, I have to be more careful about my health conditions."* (a male in 50's)

5. Environmental:

- 1) Health is being in harmony with nature and the universe

Being in harmony with one's body and

mind, with nature and extended to the universe, was perceived as being healthy among Korean women. In young Korean-Australian women appreciating one's environment was more important.

2) Clean environment

Korean women emphasised the importance of clean air, clean water and green belt (and more space) as a pre-requisite for health. Korean women who migrated to Australia as adults mentioned how nice it was to live in a clean environment and how most people took it for granted in Australia.

6. Other aspects of health.

- 1) Health (and longevity) and occupation

Most Korean groups and older Korean migrants related health with a Korean phrase 'moobyungjangsoo', which means 'absence of sickness and longevity'. This phrase is often used as birthday wishes for older persons and a special greeting in the New Year.

Married Korean men related different types of jobs to health and longevity.

They remarked how most politicians and musicians lived longer. In contrast, athletes were perceived as very healthy but not to be aspired. For most people across all groups, to be 100% healthy meant to be an athlete or a professional sportsman; yet discussion of elite athletes often evoked negativity, with images of chronic injuries or even of early death.

2) Health in abstract terms

Health was also perceived as abstracts:

"Health is an image that people have."
(a young Korean-Australian woman who assessed herself as not being healthy).

"Health is a momentary and continuous state. One should consider different phases in life when thinking about health." (a married Korean man).

"The definition of health is different for each person like ups and downs in life."
(a young Australian woman).

VI. Limitations

Being a qualitative study all the interpretations could be considered as personal.

VI. Conclusions

As seen by the many definitions from above, health is not a single facet but a multifaceted complex construct in life. The definitions of health in the focus group discussions encompass all the aspects mentioned in the definition of health by the WHO which states "Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." The meaning of health varied among people and it was related to differences in age, culture, gender, marital status and perceived health status of individuals. However, there were several themes common to most participants. People defined health mostly in terms of physical aspects such as illness, disability and malfunction of the body. Health was therefore primarily associated to ill health and not well being to most people. When health was related to well being, it became a motive power in life contributing to feelings of happiness, elation and self-efficacy. When people were healthy, they perceived that everything worked out well and seemed possible giving them confidence,

enthusiasm, motivation to do things (exercise, be more active, going out and socialise, etc.), satisfaction in life and a sense of achievement and fulfilment. Accordingly their body responded to these feelings making them feel young and energetic. Appetite was increased and there was more resistance to stress. Skin also seemed to respond to these feelings. The opposite occurred when people felt unhealthy and not feeling well: body feeling heavy and sluggish, body's malfunction, less resistant to stress and disturbed sleep patterns.

Young people in all groups associated health with more physical fitness, body build and lifestyle factors, whereas mental and emotional aspects and social responsibility was more associated with health among older married groups.

Women considered themselves healthier than men in general (with the exception of Korean women living in Korea), and similarly, men considered themselves were healthier than women in all groups.

The understanding of health remained the same in first generation Korean migrants as they had been in Korea. However increased health awareness and self-awareness among them, obviously in the acculturation process, indicates that migrants are influenced

by the social influence of the country of their residency.

REFERENCES

1. Australian Health Ethics Committee (AHEC)/ National Health and Medical Research Council (NHMRC). 1995. *Ethical Aspects of Qualitative Methods in Health Research - An information paper for institutional ethics committee*. Canberra: AGPS.
2. Byun, Y.S. 1988. A study on adult's perception of health concept. *Journal of Nurses Academic Society* 18(2): 189-196 (in Korean).
3. Commonwealth Department of Foreign Affairs and Trade (DFAT). 1999. *White Paper: Australia's Foreign and Trade Policy*. Barton, ACT: DFAT.
4. Dong-A. 1997. *Dong-A Yearbook*. Seoul: Dong-A Daily Newspaper (in Korean).
5. Helman, C.G. 1994. *Culture, Health and Illness: An Introduction for Health Professionals*. Oxford: Butterworth-Heinemann.
6. Jury, D. and Jury, J. 1995. *Colins Dictionary of Sociology*. Glasgow: Harper Collins Publishers.
7. Kim, A.K. 1994. Exploratory study of

- the Korean health concept and health behaviors. *Journal of Nurses Academic Society* 24:70-84 (in Korean).
8. Kitzinger, J. 1995. Introducing focus groups. *British Medical Journal* 311: 299-302.
 9. Krueger, R.A. 1994. *Focus Groups: A Practical Guide for Applied Research*. Thousand Oaks, CA: Sage Publications.
 10. Morgan, D.L. 1988. *Focus Groups as Qualitative Research*. Newbury Park: Sage.
 11. Newmark, P. 1981. *Approaches to Translation*. Oxford: Pergamon Press.
 12. Park, J.S. 1996. A survey for the construction of nursing theory according to Korean culture - about concepts of health and illness, and health behavior. *Journal of Korean Adult Nurses Academic Society* 8:375-392 (in Korean).
 13. Qualitative Solutions & Research: software for qualitative research, [Online], Available: <http://www.qsr.com.au> [1999, November]
 14. Statistics Section, Bureau of Immigration, Multicultural and Population Research (BIMPR). 1995. *Community Profiles 1991 Census: Korea born*. Canberra: AGPS.
 15. Yang, S.O. 1990. *Korean Concepts of Health*. Ph.D. dissertation, Department of Nursing, Ewha Women's University, Seoul, Korea (in Korean).
 16. Wilkinson, S. 1998. Focus groups in health research: Exploring the meanings of health and illness *Journal of Health Psychology* 30(3):329-348.
 17. World Health Organisation (WHO). 1946. *Constitution*. New York: WHO.