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Depression in Korean immigrant women

Darin Lee Rorrer

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DEPRESSION IN KOREAN IMMIGRANT WOMEN

A Project

Presented to the

Faculty of

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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Approved by:

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Dr. Janet C. Chang, Faculty Supervisor   Date 6/2/09
Social Work

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Dr. Janet C. Chang,
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ABSTRACT

The study explored depression levels and its correlates in Korean immigrant women. Data were collected from 155 participants. Self-administered survey questionnaires were used. The study found that the education levels as well as the annual income are two aspects that play major parts in the Center for Epidemiologic Studies Depression Scale (CES-D) levels of depression for these women. The findings of this study also suggest that age, as well as the years of residency are not contributors to this problem.

Low rates of treatment in Korean communities are evident in studies of depression and high rates of suicide in women from some Asian communities, for instance, in a study done by Shin, Shin, Park and Yi of 3312 Korean women, according to CES-D classification criteria, 55.6% exhibited moderate depression, and 7.8% manifested severe depression. This will be explained here in regards to the variables in the lives of these women that may affect their depression levels. This small scale study, utilizing secondary research will seek to explore depression in the Korean culture. Self-administered structured questionnaires distributed to approximately

154 Korean immigrant women were used as data collection. The study found that the depression levels of Korean immigrant women in the U.S. are affected by their education and/or income levels, often stemming from their inability to successfully navigate in the American culture.

ACKNOWLEDGMENTS

DEDICATION

I would like to dedicate this paper to Leah Gilera, my best friend and constant support with this project and school. I also wish to dedicate this project to all the people who have allowed me to work on this paper when I could have been doing something else, the ocean and all the missed waves, Elsie and Mike for being the coolest bosses, all my buddies for putting up with the "Dude, I can't right now, I have to work on this paper", and Steve, Elenor, and Dale for caring so much and most of all God in Christ for giving me the opportunity to go to graduate school, the strength to finish with all that has happened in the last few years and for putting all these wonderful people in my life. THANK YOU!!!

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CHAPTER ONE

ASSESSMENT

Introduction

This chapter focuses on examining depression levels

and its correlates in Korean Immigrant Women. It will

also discuss the paradigm to be used, as well as the

rationale for that specific paradigm. The chapter will

then move to the literature review for this topic. The

literature review examined the existing literature on the

topic of depression in Korean immigrant women. The

theories guiding the conceptualization of this study,

specifically, the person in their environment will be

reviewed. The chapter will finally move on to the

potential contributions of this study to micro and/or

macro social work practice.

Research Focus

According to the World Health Organization, by the

year 2020 depression will be the second most common cause

of disability worldwide (as cited in Bernstein, Lee,

Park, & Jyoung, 2008). The problem of depression in Asian

women is becoming a significant issue and should be

addressed by the social work community. According to a

2002 study, a survey of 10,000 adult women revealed that depression appeared to be twice as prevalent among Asian women compared to white women (Burr, 2002). In particular, Korean immigrant women in society suffering from depression are a growing population (Burr, 2002). A study by Kou (1984) found that Koreans reported higher levels of depression than did samples of Chinese, Japanese and Filipino Americans.

Korean immigrant women suffering with depression are a group of individuals that are under-served and the social work community should address their needs. A number of theories explain depression, but not very many specific to Asian women. In truth, many exclude the impact of cultural factors, which is a very important aspect to consider when dealing with populations from different cultures. According to the National Association of Social Workers (NASW) code of ethics, social workers are to seek to promote sensitivity to and knowledge about the cultural needs of individuals. They should seek to enhance a client's capacity and opportunity to change and address their own needs (NASW Code of Ethics, 2005).

Paradigm and Rationale for Chosen Paradigm

The post positivism approach that this study used examined the depression level of Korean immigrant women and factors associated with these immigrant women's depression. According to Kreuger and Neuman (2006), early versions of the post positivist approach maintain that humans can never know everything because only God is omnipotent. Although this may be true, as social workers in the role of helpers, it is important to discover as much as possible about the community he or she is working in to help facilitate a helping relationship with those who come to him or her for assistance.

Literature Review

The information discussed in this section will cover the peer-reviewed articles reviewed as a way to learn what information is published on the topic of depression and how Korean women are presently affected by this illness. It attempts to understand how depression was viewed in the past in some Asian communities and how those in that community view it now. The topic of perceptions and how those perceptions relate to the care received will be focused on as well.

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Korean women in America tend to underutilize mental health services due to traditional cultural beliefs. Some may not seek treatment for depression at all and when they do, may leave treatment prematurely (Bernstein et al., 2008). They also found that depressive symptoms were many and complex, this fact, coupled with the shame and disappointment that might be brought to her family or community members, caused the symptoms of this already difficult disease to become potentially debilitating.

Bernstein and his(her) colleagues' qualitative study interviewed 17 Korean women suffering from depression who scored mild to severe on a Korean version of the Hamilton Depression Inventory Scale. The authors collected this data over a period between 2005 and 2006. The participants were questioned about their beliefs about the cause of their depression. The participants reported that mental health services are discouraged because of the shame this brought to the family's honor and dignity. Many of these family members believe, according to this article, that mental illness is a curse and not an illness.

The exploration of the perceptions of causes and cures of depression in this specific population are very

revealing. It explains to the reader that although an individual can leave his or her own country of origin and travel thousands of miles, the county of origin is still in their blood; it is who they are, whether this is right or wrong, empowering or debilitating. It is through client education of her mental health needs and empowerment which may lead a client to take control of her own recovery that self-improvement may begin. A discovery of what is available to her and knowledge that things may be changed is vital for further recovery. If the mental health professional will apply these guidelines to the client's own cultural belief system the recovery may be expedited.

The study indicated that this is partly achieved via the helpers being socially aware of the cultural-specific symptoms of depression Korean women. Knowing this information and using it appropriately will help improve the therapeutic environment and thus improve the care these women may receive.

Waite and Killian (2008) performed a qualitative study to explore the health beliefs of African American women and depression to improve insight regarding treatment decisions. This article was examined as a way

to compare the differences of minority cultures in America as they relate to depression.

The authors of this article designed group interviews that were performed with focused sampling of 14 African American women respondents who were recruited from a community nurse-managed healthcare center in an urban setting located in the northeast region of the United States. A purposeful sampling was involved in the study (p. 187). The women diagnosed with depression by a professional were placed in 5 categories to better understand the population being studied. It is important that professionals understand the clients they work with and strive to gain insight about the needs of these individuals. This is a way to build better treatment plans for those who may come to them for assistance as well as build vital relationships with other practitioners (p. 187).

Dobalian and Rivers (2008) used data from the 1998-1999 Community Tracking Study (CTS) household survey to examine variations in predictors of use of mental health services among different racial and ethnic groups (White, African American, Hispanic, and other). African Americans and Hispanics, according to this study, were less likely

to have visited a mental health professional (MHP) in the prior year than were whites. Independent of health insurance and health status, low to middle-income African Americans may be at particular risk for inadequate use of a mental health services compared to higher-income African Americans. Similarly, upper-income Hispanics were more likely to have visited a MHP than Hispanics in the lowest income range. Adults, 50 years and older, were less likely to visit a MHP than individuals aged 18-49. The focus of this study as well as the findings conclude that it was not ethnic minorities that determined whether a minority sought the services of a mental health professional but more about whether or not this individual had access to health care or the finances to pay for these services.

This is still different from the findings for Asian American immigrants, including Korean immigrants, who refused to find services due to the embarrassment to be brought to the family (Takeuchi, 2008). The two groups differ in that the minorities in Dobalian's and River's study would like to have the services of mental health professionals but do not have the resources but feel they do not have the resources to pay for such services. The

Korean immigrants may have the means but will not seek assistance from a mental health professional due to the perceived stigma of this type of help. Lacking in Dobalian and Rivers' study is the participation of Asian Americans, a population of individuals whom are very vast and growing considerably every year. It is also a population of individuals who should not go underserved by the social work community and mental health practitioners any longer.

Snowden et al. (2006), studied the idea that children of ethnic backgrounds in California may have been using the mental health system in California differently than those of white families. The researchers were able to obtain paid claims from Medi-Cal for mental health services delivered to children younger than 18 years for services provided between July 1, 1998, and June 30, 2001, from the California Department of Mental Health. The documentation for these children listed the child's gender, age, race/ethnicity, and primary diagnosis. It also specified the date or dates, cost, and type of service. The article indicated that the children with severe functional limitations because of mental illness or other mental or physical disabling conditions

qualify for Supplemental Social Security payments. This qualification was included in the Medi-Cal claims file, and children so adjudicated were considered disabled (Snowden et al., 2006).

The article documented that the California Department of Social Services reviewed care placement records for California children than 18 years and younger for the fiscal years 1999, 2000 and 2001. The authors, in order to obtain other child welfare service data merged, Medi-Cal claims data with the child welfare records via probability techniques. This provided child welfare participation data for each mental health client in the survey. Unique encoded identifiers allowed for tracking of each child throughout all 3 fiscal years.

The authors indicated that research was conducted with 351,174 children. This represents a large number of all children who received Medi-Cal specialty mental health care between July 1998 and June 2001. The majority of the children, 59.7%, were male, 11.7% were disabled, 90% were aged between 6 and 17 years, and 10.6% were in foster care (Snowden et al., 2006). The study Dobalian and Rivers performed found that White (48.7% vs 34.8%) and African American (19.8% vs 7.4%) children were

overrepresented, whereas Latinos (26.3% vs 46.0%), Asian
Americans/Pacific Islanders (4.4% vs 9.9%), and American
Indians/Alaska Natives (0.9% vs 1.2%) were
underrepresented.

The concern I have with this study is that study
tends to oversimplify the idea that some races will use
the mental health system and others will not. For
instance, it makes the statement that Asian Americans
will not use the mental health system unless they have no
other choice. The study tends to over-generalize the use
of the mental health system by the races studied, using
the Asian Americans and/Pacific Islanders and American
Indians/Alaska Natives as one race can construe a false
reason due to these being many different races and
cultures that have different reasons and beliefs about
mental health that would possibly keep them from
obtaining or continuing mental health services.

According to Choi, Miller, and Wilber (2009)
depression is one of the most prevalent health problems
for immigrants in the U.S. These authors also correlate
depression with the process of acculturation. They
assessed 200 Korean immigrant women aged 20-64 years of
age based on their Korean as well as American

acculturation levels using a cluster analysis. The women invited to participate in this study were Korean born and now living in two metropolitan areas in a Midwestern state from November 2003 until April, 2004 after obtaining an informed consent from the women. The women were recruited from community centers, churches and schools and in four sub-groups. These groups were designated as Korean (45%), Marginalized cluster (26%), American cluster (22%) and Bicultural cluster (7%).

The study found that Korean immigrant women in the Marginalized subgroup reported having higher depression scores on the Center for Epidemiologic Studies Depression Scale (CES-D) than the other subgroups. According to Choi et al. (2009), the average scores were 9.2, 8.2, and 7.9 in several normative samples of the United States general population. In comparison, the average score on the CES-D was 11.10 for Korean women living in Korea and 16 for Korean immigrant women living in the U.S. (p. 13).

The Marginalized subgroup was defined as women who after coming to America defined themselves in a way as to better deal with the stress associated with moving to a new country. Marginalization can also be the result of failed attempts of participation in the host culture.

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These individuals are now alienated by the host culture as well as their native culture, thus causing feelings of alienation, loss of identity, depression and stress (Choi et al., 2009).

The important aspect of this study was to identify patterns of acculturation among Korean immigrant women. The four subgroups identified may help mental health professionals assist Korean immigrant women who come to them for help. It also assists professionals in determining why some immigrant women are suffering from depression, if in fact, it is found that these individuals have some of the characteristics identified by the study. I believe this study may help professionals detect those who are at risk of depression as well as develop interventions for immigrant women (Choi et al., 2009).

Overall this is a well conducted study. The concern I have is that this study may be documenting information as a Korean immigrant issue, which in fact may be an immigrant concern in general.

A study by Miller (2009) investigated the relationships of depression and acculturation in former Soviet Union women who had recently moved to the U.S.

Miller found that the women in the study who were more

comfortable with the American culture as well as still in

touch with their previous culture had lower scores of

depression on the same CES-D scale. One aspect this study

points out and I tend to agree with is the reason for

higher levels of depression in immigrant Korean women not

found in other cultures is the importance of "saving

face" at extreme measures even to the point of allowing

mental illness to become debilitating rather than go for

formal assistance.

Not unlike the study conducted by Bernstein (2008),

this study found that the symptom and causes for

depression is complex. Both of these studies looked into

the cultures of these women to try and explain the

reasons of depression. This study indicated that the

relation to or lack of relation to the culture of

heritage played a large role in the symptom manifestation

of depression in these women.

Shin et al. (2004) emphasizes the idea that Korean

women are more likely to experience symptoms of

depression than other cultures, possibly due to socially

fixed limitations on the roles that Korean women are

expected to perform. Also if a Korean woman experiences

negative relationship problem or stress in her family, she would feel responsible, which will worsen her depression. This study aims to understand the depression of Korean women to provide fundamental data to develop nursing intervention method for promoting women's health.

Shin et al. (2004) assessed the prevalence and correlates of depression in a large sample of Korean women, aged 18 or older, from the general population, with a probability sample of 3312 women drawn from two areas in Korea, the study used the Center for Epidemiological Studies Depression Scale (CES-D) to measure the level of depression in Korean women (Shin et al., 2004). The study found that the strongest combination of predictors of depression included income, menopausal, and marital status. It may be able to help Korean as well as other Asian communities understand the importance of communication with family members for these women when dealing with their depression, especially in regards to expectations placed on these women.

Shin (2004) looked into Korean Immigrants help seeking behaviors for depression. She asserted that the underutilization of mental health services has been an ongoing concern for those professionals attempting to

provide accessible care for those suffering from mental illness. The study collected data from 6 focus group discussions and 24 in-depth interviews with 70 Korean immigrants in New York City. This qualitative study consisted of three subsample types: 13 community leaders and 33 community members. Shin details that the age range of the participants was between 27 and 67 years of age with the mean age being 48.3. The length of stay in the U.S. for these women was from 4 to 34 years with the average being 19.5 years. This article is important as it discusses in depth the importance for mental health professionals to realize that an important part of the Korean culture is "saving face". This means that Korean immigrants would much rather deal with their problems on their own, literally alone or with the help of family members (i.e. uncles, cousins, or aunts) than dealing with the stigma of seeking professional mental health assistance. This article allows the professional to understand the importance of reaching out to this population without invading their privacy regarding any illness that might be occurring. If the helper is able to, according to this article, normalize the help seeking process, immigrants may be more willing to step out for

help. Understanding this culture as well as the critical barriers in seeking help for this population will allow helpers to specify what interventions and plan implementations would be best for this culture of individuals.

This article also emphasizes the importance of understanding the culture the professional will be reaching out to. This is consistent with the NASW code of ethics, that social workers are to seek to promote sensitivity to and knowledge about the cultural needs of individuals. They should seek to enhance a client's capacity and opportunity to change and address their own needs (NASW Code of Ethics, 2005).

Theories Guiding Conceptualization

The theory guiding the conceptualization of this study is a the Person-in-Environment (PIE) perspective, which is the idea that a person is viewed from a perspective of environment which can affect a person's behavior, development, or ability to function. For instance, the women sampled in this study moved from Korea to the U.S., a new environment and the variables of

this new environment may be affecting their mental
well-being.

The question of how helpers can empower these
individuals is a post positivist one as well, which is
the idea that a relationship between the individuals,
(Asian women suffering from depression), and the
treatment received or do not receive. It is important to
focus on how these women and their surroundings in
regards to depression, what it is, and what they feel
about it and its treatments. Yoon (1994) states "saving
face" is much more important than how one feels in the
Korean culture (21). The person in their environment is
an important aspect of this study.

Potential Contribution of Study to Micro
and Macro Social Work Practice

This study will contribute to the advancement of
Micro and/or Macro Social Work Practice and to the
overall professional knowledge of social work by bringing
to light the idea that those in their community many
times stigmatize this population. This may be due to the
belief of some in the community that depression is a
result of parental sins or brought on by the individuals
own negative behavior in the past finally catching up

with her. It may help the reader understand that this group of individuals is often times oppressed and may need to understand their right to self-determination.

The study may contribute to the social work community to further investigate that the restrictions are in seeking help in a Korean community by its women who may be suffering from depression.

Summary

The focus is on the research question "levels of depression and its correlates in Korean immigrant women". The chapter also discussed the paradigm and the rationale for this chosen paradigm as it pertains to the women in this study and how they are perceived in their community. The literature review focused on articles that attempted to explain the reasons for some of the beliefs and barriers to treatment for these women. The theories guiding the conceptualization of this study, particularly, a person in their environment is very important to this study due to the fact that it is how this disease is viewed by the women and correlating factors of depression. Finally, the potential

contributions to the social work practice as it pertains to micro and/or macro practice were discussed.

CHAPTER TWO

PLANNING

Introduction

This chapter focused on the plan of engagement at the research site, including the study participants and how they were chosen and how those participants were engaged by the researcher. The chapter also described the researcher's self preparation for the study. The issues of diversity were discussed and any ethical issues that may arise from a study like this and how any moral concerns were dealt with. Any political concerns that may arise, meaning the power relationship between staff and the researcher while at the site were also addressed. The chapter then moved on to the plan of implementation such as data gathering, phases of data collection, data recording and analysis. It then moved in to the plan for termination and how the findings will be communicated to the site and the individuals who participated, as well as the plan for follow up with the study site and participants, if appropriate.

Plan for Engagement

Research Site and Study Participants

Due to the fact that this is a secondary study of existing data collected by Chang, there is no research site; there is also no direct contact with study participants. According to the Asian American Studies Center (AASC) at UCLA, in 1970, the U.S. Census indicated that there were 1.5 million Asian Americans and Pacific Islanders nationally, with the majority being American-born; today, there are over 12 million Asian Americans and Pacific Islanders nationally, the majority of whom are immigrants (http://www.aasc.ucla.edu/aboutus.htm). The study participants who took part in Chang's study were immigrant women of Korean descent.

Engagement Strategies

· Again, due to this being a study of existing data, there are no engagement strategies to implement. There are also no strategies for being introduced to a specific research site.

Self Preparation

Conducting a study that is close to the researcher's heart can sometimes be emotionally taxing. This work may have a strong impact on my life as a student and

individual. As a researcher, especially a novice one, I understand that self awareness is vital, for instance, a woman performing a study on breast cancer who herself has dealt with breast cancer may have to prepare herself for the study and the emotional impact it may have on her as an individual. In my case, I have prepared myself in a number of ways for this study. This study addresses depression in Korean women, a topic I have had to deal with, as a man married to an Asian woman who sometimes suffers with depression. This fact calls for an increased self awareness on my part of how this topic may make me feel, so as not to become overly engaged emotionally with this study and thus making myself ineffective by becoming bias in this study.

I have also prepared myself by interviewing my wife's family members. I was able to ask them how they felt about depression and how they might perceive me, a non Asian man coming into their close, almost secretive community, to ask questions about depression in women. This has given me a different, privileged insight into how some Asian communities might feel about this topic. Preparing myself this way will allow me to better conduct my research.

Diversity Issues

Social workers have a long standing commitment to engage in research and evaluation of practice in such a way as to strengthen people from all walks of life, all cultures, ethnic groups, national orientations, religions, abilities, and gender orientations (Kreuger & Neuman, 2006). As a social worker, it is important to be aware of the diversity issues that surround me. I am a white male, the majority in this country and can possibly be seen as a threat to the individuals I am attempting to help.

The study will focus on the issue at hand and the differences can be beneficial. A newcomer, such as myself, can learn many things about this culture, for instance, views and cultural norms, likes and dislikes.

Being married to an Asian women and being around the Asian community on a regular basis could also be helpful. I have learned that although different from these individuals, the key to acceptance is humbleness and a willingness to learn, participate and accept their cultural practices. Many Asians just want to know that an individual from a different culture will not judge their

cultural beliefs and norms as odd, but will see them as only different from their own.

Ethical Issues

Some ethical issues that may take place in some studies will not be of concern here due to the fact that there will be no names used. The data has already been collected by Chang and therefore will be no direct interaction with the participants and no issues of confidentiality or potential risk of harm for the participants need to be addressed.

Political Issues

Dr. Chang is an individual who is personally involved in the work she is doing. She is a person who is passionate about discovering and disseminating the information she has found to the general public. This may be due to the fact that the issues she has focused on may ultimately have an effect on their personal lives, as well as the lives of those individuals who come to her for assistance.

The power relationship that will occur while I have the privilege to study under Dr. Chang will be one of respect. This is important due to the fact that a professional relationship with Dr. Chang could be

beneficial to the relationship I have with my wife and
her family members, here and abroad.

Plan for Implementation

Data Gathering

Many field researchers conduct case studies on small
groups of individuals for some length of time (Kreuger &
Neuman, 2006). However, this study is a quantitative one
that sampled 309 participants. "Over 54% of the
participants were female and 46% were male" (Chang,
2003).

Studying existing data will be helpful. Working with
Dr. Chang will allow me to study past and present
articles, journals and data regarding the area of
depression in Korean Immigrants. This will allow me to
better explore and understand the topic of this study.

Selection of Participants

Korean immigrant women residing in Southern
California were asked to participate. The participants of
Chang's study were recruited from Korean language
schools, churches and parent associations as well as
other social clubs in Southern California between 2002
and 2003. It will be important to discover how their

particular environment has helped or hindered the helping process while they dealt with the effects of depression.

Phases of Data Collection

The 309 participants were asked to fill out self-administered structured questionnaires. The data collection questionnaires took place between 2002 and 2003. The data collected from participants varied. Over two-thirds (70%) were married, 22% were never married, 4% were divorced and 4% were widowed. The vast majority were Protestant (70%), 13% were Catholic, 8% were Buddhist and 9% reported having no religion (Chang, 2003).

Data Recording

Data collection lets a researcher review the information he or she has collected for later analysis. It is important to have records that are true accounts of the information given by the participants. This study use a self administered questionnaire to analyze depression levels and variables related to the depression levels of these women. The questionnaires these women were asked to fill out had questions regarding their demographics, such as age, years in the U.S., health status, English proficiency, whether or not they had children, marital status, education, and income. This was part of a process

that was used to assess the feelings of depression these women had and at what frequency.

The data was then analyzed using frequency distribution, measures of central tendency (e.g., mean), and measures of dispersion (e.g., standard deviation) (Chang, 2003). The depression measure was a 20 item questionnaire that assessed the participant's depression levels according the answers they gave to the items. The 20 items used were statements, such as "I felt that I was not as good as others", "I did not enjoy life", "I did not fill hopeful about the future", "I was not happy", to describe a few. The participants were able to respond with numbers from 0-3. The ranges from 0-3, with 0 being rarely or none of the time (less than 1 day a week), 1 being some or little of the time (1-2 days a week), 2 being occasionally or moderately (3-4 days a week) or 3 being most of the time (5-7 days a week). The depression levels were assessed on the CES-D by evaluating the responses to the demographic characteristics of the respondents as well as the responses to the items in table 2.

Plan for Evaluation

Data Analysis

Quantitative data analysis was used for this study. The method of agreement focuses on the research and on what is common across a number of cases looked at (Kreuger & Neuman, 2006). Descriptive statistics were used to describe the characteristics of the study sample (participants). For example, frequency distribution, measures of central tendency (e.g., mean), and measures of dispersion (e.g., standard deviation) (Chang, 2003).

Plan for Termination

Communicating Findings to Study Site and Study Participants

The communication of the study findings has taken place in phases. The first, being an informal presentation to Dr. Chang. There will also be a follow up meeting scheduled to allow her to evaluate, ask questions and/or comment on the research findings.

The important thing is to allow Dr. Chang, who graciously took the time and effort to be part of this study to be able to read and comment on the findings.

Termination of Study

The ending of a relationship is not always easy, especially if it is one that is important and meaningful. The termination of this study was not something that was taken lightly. The information that was gathered through this study could be helpful and the thanks felt for the learning experience will be with me for a long time to come. The relationship that was established while I was there determined the intensity of the termination process. It also determined whether or not an ongoing relationship was pursued.

Plan for Follow Up

Ongoing Relationship with Study Participants

Due to the fact that Asian American studies are of a personal interest to me and the fact that Dr. Chang has been a great resource, I do believe that an ongoing relationship will take place after this study is complete.

Summary

Chapter two was a description of the engagement strategies of this study. It focused on the details regarding the research site and chosen study

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participants. It also discussed the preparation for the study and any diversity and political issues that may arise and how those issues may be dealt with in an effective manner. This chapter also discussed data gathering, its phases and recording, analysis and communication of those findings to the staff and participants of the study.

CHAPTER THREE

IMPLEMENTATION

Introduction

This chapter presented an overview of the specific purpose of the study, which is to study the levels of depression and correlates in Korean immigrant women. The method used for collecting data for this particular study was described here. It also described the sampling and justification of why it was chosen. It then explained the data collected, as well as describing the dependent and independent variables and how each was measured. The chapter then described specifically how the data were gathered, how participation was solicited, where data collection took place, which data were collected, and a time table of the activities that were required. The chapter continued with how the confidentiality or anonymity of these participants was protected, as well as the informed consents for this study. It then described the quantitative procedures that were utilized to test the hypotheses or answer the research questions then finally ending in a summary of the chapter.

Study Design

The purpose of this research was to study the levels of depression and its correlates in Korean immigrant women. The method used to determine this was a secondary data analysis study originally done by Chang. Her study collected data from 309 Korean immigrants with 54% being women who were willing to take part in her study using self-administered structured questionnaires, which was part of a larger study by Chang. The original study collected data from 155 Korean immigrant women. One of the limitations of this study is the small sample size. A quantitative survey design was used to investigate the level of depression and its correlates in Korean immigrant women. Self-administered questionnaires were used to collect data.

The independent variables for this study included the age, years in the U.S., health status, English proficiency, children, marital status, education, and income. The main dependent variable for this study was depression. Although the small size of Chang's study limits the ability to generalize the findings and apply them the Korean immigrant population, the study provided very useful data for this study and will help in the

research of "depression levels and its correlates in Korean immigrant women" (Chang, 2003).

Sampling

The 166 women participants were asked to take part using self-administered structured questionnaires. These questionnaires took place between 2002 and 2003. The data collected from these questionnaires about the participants varied. Over two-thirds (69%) were married, 20% were never married, 6% were divorced and 5% were widowed. The vast majority had children (74%). 45% had been in the U.S. between 1 to 10 years. 43% reported being in fair health. 50% reported having a poor grasp of the English language. 68% had some college education and 41% reported an annual income of 0-20,000 (Chang, 2003).

The criteria for the participants to be asked to take part in this study were to be an immigrant female of Korean decent. Due to the study being on correlates of depression among this population it was imperative that the women taken from Chang's study were Korean immigrants. Chang used culturally sensitive language and terms to help the interview process easier for the participants. The Center For Epidemiological Studies –

Depressed Mood Scale (CES-D) was used to analyze the data
of the participants.

Data Collection and Instruments

The data used for this study was taken from Chang's
study on help seeking behaviors of Korean immigrants. The
information collected included participants age, length
of stay in the United States, gender, highest level of
education years of education in the U.S, if any, English
proficiency, occupation, annual income, marital status
and religion. Participants were asked to assess their
acculturation levels and they were asked whether they
have children or not. Participant's depression levels
were also assessed using the Center for Epidemiologic
Studies Depression Scale (CES-D).

The CES-D, according to Radloff (1977), is a 20 item
scale that was originally designed to measure depression
in the general population for epidemiological research.
The study assesses individuals by determining the answers
to the questions using a number rating of 0 to 4, "0"
being rarely to "4" being most of the time to questions
of how an individual may have felt during the past week.
The 20 items assessed items such as things that may have

bothered the participants, energy levels, ability to shake of negative feelings, feelings of inadequacy, thoughts of failure or fearfulness and crying spells just to name a few (1977).

The independent variable for this study were the age, income, education, English proficiency and length of stay in the U.S. and the dependent variables is the level of depression.

Many times these women come from Korea highly educated and become self employed or took low paying unskilled service sector jobs, contributing to their depression and/or mental health.

The CES-D has a very good internal consistency with alphas of roughly .85 for the general population and .90 for the psychiatric population. The validity of this scale is excellent, correlating significantly with a number of other depression and mood scales (Radloff, 1977).

Chang's study used the CES-D translated into Korean as well as in English to help the participants better understands the questions being asked. One of the significant strengths of Chang's study was its cultural sensitivity and ability to speak to the Korean immigrants

being studied. This allowed the participants to feel more comfortable with the questionnaire, resulting in them being more honest with the answers being provided.

Procedures

The participants were chosen for this study from Korean language schools, churches, and parent associations, as well as other social clubs in southern California between the years 2002 and 2003. The participants took part in a study that required them to take a self administered questionnaire asking their background information and depression and whether or not they would seek professional assistance for a mental illness or depression. Demographic information collected was analyzed using descriptive statistics such as frequency distributions, measurements of central tendency, and measures of dispersion.

Protection of Human Subjects

The participants for Chang's study were asked not to use names. As a part of her study she had participants complete an informed consent before completing the questionnaire. This study is a secondary study of the work done by Chang and therefore no names were used in

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this either nor was there any direct contact made with these participants by me for the reasons of this study.

Data Analysis

Descriptive statistics including frequencies distributions, measure of central tendency (e.g. mean) or measures of dispersion (e.g., standard deviation) were used to describe the demographics of the participants. Pearson's correlation coefficients also were used to assess relationships.

This study took Chang's analysis to analyze the hypotheses posed for this study which is, the levels of depression in this population may be determined by specific external variables in the lives of these women. In order to study a correlation between the levels of depression in Korean immigrant women in the U.S. and specific patterns in their lifestyle and/or external factors specific to Korean women new to the U.S. Descriptive statistics including the mean, standard deviation, and frequency distributions were used to describe the demographic characteristics of the participants. Pearson's correlation coefficients were

used to assess the relationships between major demographic variables and depression.

Summary

This chapter presented the methods and purpose of the study, which is to study the levels of depression and correlates in Korean immigrant women. The method that was used for collecting data for this particular study was also described, as well as the CES-D and the questionnaire used to collect data and the specifics of that data and the participants who took part. It then explained the data collected, as well as describing the dependent and independent variables and how each was measured. The chapter continued with how the confidentiality or anonymity of these participants was protected, as well as the informed consents for this study. It then described the quantitative procedures that were utilized to test the hypotheses or answer the research questions.

CHAPTER FOUR

EVALUATION

Introduction

This chapter presented an overview of the specific
data collected for the study. The collected data was
categorized into 3 tables for clearer presentation of the
findings. Table 1 presented the demographic
characteristics and the mean and the standard deviation
of the results of the questions posed in the
questionnaire. The variations that pertain to the sample
were assessed, variations like age, reported years in the
U.S., health status, English proficiency, whether or not
the respondents were married or had children, education
levels and reported incomes. The chapter then moved onto
table 2, which was a result of depression scale items
asked of the respondents to classify their thoughts and
reactions to the vignettes posed to them in the
questionnaire. Table 3 presented coefficients among
demographic variables and depression. The aforementioned
tables were tables used to present the data more clearly.
The chapter then moved into the summary of what was
presented.

Data Analysis

Table 1 presented the demographic characteristics of the respondents. The age range of the 155 Korean women who were sampled with 154 represented in this table with the highest percentage being 33.1% for the 41-50 age range. The second highest level was the 31-40 age range at 26% and the lowest 9.1% for the age range of 61-highest. The average age of the respondents being 43 years old with a standard deviation of 13.2. The length of stay for the respondents ranged from 1 to 59 years, with the highest average being 45.3% for the 1-10 years in the U.S. The table continues with the reported health status of the participants with the majority of the women who participated reported being in fair-health with 43.8%. The lowest percentage being 8.2% for the very good range of health and 1.4% reported being in very poor health. The table continues with articulating the acculturation levels of the participants by assessing the English fluency with the highest by far being almost half of those asked (49.7%) reported having a poor grasp of` the English language compared to 1.9% that reported being very fluent in the English language. Over 74% reported having children and 69% were married. The majority, over

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67% of the participants had at least some college

education and the over 49% reported incomes of between

$21,000 and $40,000.

Table 2 presents the Mean and Standard Deviation of

CES-D Items in the questionnaire. The frequency

distribution of how respondents felt on scale from 0-3,

with 0 being rarely or none of the time (less than 1 day

a week), 1 being some or little of the time (1-2 days a

week), 2 being occasionally or moderately (3-4 days a

week), or 3 being most of all the time (5-7 days a week).

Twenty items appeared in table 2. The highest at

1.92 with a standard deviation of .94 was the item "I

felt that I was not as good as other people". The next

highest being "I did not enjoy life" at 1.52 with a

standard deviation of .99. "I did not feel hopeful about

the future" was the third highest at 1.47 with .99

standard deviation. The 2nd lowest percentage response

was to the statement "people were unfriendly" at .35 with

a standard deviation .54 and the absolute lowest being,

"I felt that people disliked me" .27 with a standard

deviation .58.

Table 3 presented Pearson's correlation coefficients

among demographic variables and depression. The variables

considered were age, education, income, and years of residency in the U.S.

The correlations between demographic variables and depression were conducted. Education and depression were statistically significantly correlated (Pearson's $r \leq .226$, $p < .05$), this data represents a correlation between the education levels of the participants and their scores on the CES-D. Income and depression were also significantly correlated (Pearson's $r \leq .391$, $p < .05$), this data represents a score that is correlation between the income levels and the depression levels of the participants. The variables, age and years of residency in the U.S. did not appear to have significant correlations to depression in the women surveyed.

Data Interpretation

Table 1. Demographic Characteristics of the Respondents

Variables	Frequency (N)	Percentage (%)
Age (N = 73) Mean = 43(SD = 13.2)		
22-30	27	17.5
31-40	40	26.0
41-50	51	33.1
51-60	22	14.3
61-Highest	14	9.1
Years in US (N = 73) Mean = 13(SD = 8.4)		
1-10	67	45.3
11-20	56	37.8
21-30	23	15.5
31-Highest	2	1.4
Health Status		
Very Good	6	8.2
Good	22	30.1
Fair	32	43.8
Poor	12	16.4
Very Poor	1	1.4
English Proficiency English Fluency		
Very Fluent	3	1.9
Fluent	14	9
So So Fluent	47	30.3
Poor	77	49.7
Very Poor	14	9
Children (N = 73)		
Yes	115	74.2
No	40	25.8
Marital status		
Never married/single	31	20.0
Married	107	69.0
Divorced	9	5.8
Widowed	8	5.2

Variables	Frequency (N)	Percentage (%)
Education		
High School	11	7.5
Some College	99	67.8
College Completed	32	21.9
Graduate or Professional	4	2.7
Income Mean = 41,279 (SD = 34,981.55)		
0-20,000	23	22.8
20,001-40,000	41	40.6
40,001-60,000	25	24.8
60,001-Highest	12	11.9

Table 2. Mean and Standard Deviation of Center for

Epidemiologic Studies Depression Scale Items

Item	Mean	Standard Deviation
I felt that I was not as good as other people.	1.92	.94
I did not enjoy life.	1.52	.99
I did not fill hopeful about the future.	1.47	.99
I was not happy.	1.47	.98
I felt everything I did was Effort.	.93	.90
I felt depressed.	.81	.87
I had trouble keeping my mind on what I was doing.	.75	.63
I felt lonely.	.69	.80
I was bothered by things that usually don't bother me.	.68	.76
My sleep was restless.	.66	.89
I talked less than usual.	.60	.76
I felt fearful.	.58	.76
I felt that I could not shake off the blues even with help from family or friends.	.57	.83
I felt sad.	.44	.70
I did not like eating; my appetite was poor.	.43	.77
I had crying spells.	.43	.74
I could not get "going".	.38	.69
I thought my life had been a failure.	.36	.61
People were unfriendly.	.35	.54
I felt that people disliked me.	.27	.58

Table 3. Pearson's Correlation Coefficients among Demographic Variables and Depression

Variables	Age	Education	Income	Years of Residency In US
Depression	-.142	-.226*	-.391*	-.005

* P < .05

Summary

Chapter 4 was an overview of the specific data collected in the CES-D Depression questionnaire. The collected data was categorized into 3 tables for clearer presentation of the findings. The three tables were the demographic characteristics and the mean and the standard deviation, results of depression scale items asked of the respondents, and the coefficients among demographic variables and depression. The data was assessed and any significant correlations between the variables and the depression levels of the participants were addressed.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter briefly discussed the significant

results of the study. The chapter then addressed the

supporting data and the key findings of the data. The

recommendations for social work practice were also

discussed. The chapter then ended with the conclusion

that explored the broader implications of the results for

social work practice.

Discussion

Low rates of treatment in Korean communities are

evident in studies of depression and high rates of

suicide in women from some Asian communities, for

instance, in a study done by Shin, Shin, Park, and Yi of

3312 Korean women, according to CES-D classification

criteria, 55.6% exhibited moderate depression, and 7.8%

manifested severe depression.

This study found that Korean immigrant women

reported higher levels of depression measured by the

CES-D. According to Corcoran and Fischer (2000), in a

study of CES-D involving 3574 white respondents of both

sexes from the general population as well as 105

psychiatric respondents, the average score on CES-D for

the general population of white women study was 7.94 to

9.25 and for the psychiatric respondents were 24.42.

These findings are significant due to the fact that the

mean score on the CES-D for the Korean women who

participated were 11.10 for those living in Korea and

21.2 STD (8.6) for the Korean immigrant women living in

the U.S. (Choi et al., 2009; Shin, 2004).

The literature review of this study indicated that

marital status may have been an indicator of depression

(Shin, 2004). The results of this study do not indicate

that marital status were a significant indication of

depression. It is important to mention that many

variables may be affecting the depression levels of these

women, which were not taken into consideration in this

study. Some women may be feeling overwhelmed or depressed

due to lack of financial or emotional support from their

husbands. There is also the possibility that some of

these women may be missing their countries of origin,

"homesickness". Another aspect that may be contributing

to the depression levels of these women is the lack of

community involvement or support (Takeuchi, 2008).

Chapter 4 was a record of the data taken and placed in tables. Table 2 produced 4 significant results. Table 2 documented twenty items and of those twenty items the statements "I felt that I was not as good as others" (1.92), "I did not enjoy life" (1.52), "I did not fill hopeful about the future" (1.47), and "I was not happy" (1.47) were found to produce the highest scores on a scale of 0-3.

The study's findings indicate that of the 155 Korean immigrant women who participated, a significant amount were experiencing symptoms of depression from 1-2 to 3-4 times a week.

Table 3 also suggests that the depression levels of Korean immigrant women in the U.S. are related to their education, often stemming from their inability to successfully navigate in the American culture. The depression levels of these women were also strongly related to their income levels. This may be stemming from the participants views that financial freedom will allow them to have purchasing power among their peers, this allows them to have a certain amount of satisfaction which in turn results in lower amounts of depression.

Recommendations for Social Work
Practice, Policy, and Research

The vast majority of Korean immigrant women that suffer from depression may not feel comfortable going to someone out side of the family for assistance. This may be due to the fact that many social workers are not culturally competent enough to understand the Korean community. The origins of this problem may be a financial one. Social workers trained at the master level many times obtain work in positions that are higher paying than the positions offered at agencies that work with the Korean population. There is a definite need for culturally competent, appropriately trained social workers to work with this population.

During the literature review for this study it was evident that there was a significant lack of documentation regarding this population. The majority of studies being produced at this time are with populations outside the Korean community. Each Asian community have their own specific cultures variances' and/or traditions, social norms, hierarchy, and values. Studies that focus on these specific variables in regards to the Korean community would be beneficial to this underserved

population. It's important to seek better ways to understand the anger issues, self-pity, and hopelessness these women face, which may produce a more comfortable atmosphere for these women to seek help for their problems.

In working with depressed women, outreach workers and professionals that may include job coaches, English teachers, family planning and parenting class instructors, or marital counselors may be beneficial. Due to the difficult conditions these women face, along with, many times, the lack of knowledge of the available resources, a resource center in the midst of these women's daily life would allow them to become familiar with the resources available to them and may reduce the perceived stigma attached to seeking professional help for mental health needs.

The limitations of this study were aspects of this paper that, if included may have improved or heightened this study the results. For example, the lack of variables taken into consideration, variables like social support, community involvement or family support. The sample size of 155 women in this study was small and may

have not have been completely representative of this population.

Conclusion

The depression levels of Korean immigrant women living in the U.S. have different correlates. The study found that the education levels and the annual income were significantly related to depression levels of the Korean immigrant women. The findings of this study also suggest that age, as well as the years of residency are not contributors to this problem. This study suggests that the levels of depression and its correlates are vital aspects to examine in regards to better serving these women.

This data suggest that these women, in comparison to other ethnicities around them, felt that they were less educated or not as financially prosperous, which in turn contributed to their depression. The idea that being seen as a success is vital in the Korean community. The gathered data is an indicator of the importance the views of others in their surrounding communities is to these women.

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