



# Korean Culture

Hanbok, traditional dress

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## BACKGROUND INFORMATION

Koreans have suffered a long history of political conflict. The war between the northern and southern regimes (between 1949–1953) was particularly debilitating leaving the North of Korea communist, poor and isolated. In contrast the South has a burgeoning economy. The Demilitarized Zone (DMZ), the symbol of the ideological dispute between North and South Korea, is a poignant reminder of the war and winds 155 miles across the Korean Peninsula. It highlights the fact that the war did not actually end and that an uneasy truce continues between the two zones.

Koreans have been immigrating, in large numbers to the US since before the war, and in New Zealand they constitute the third highest numbers in the population of Asian immigrants (2013 Census Profile). Many migrate for improved lifestyles, education opportunities, and healthcare facilities.

Both China and Japan have had significant impact on the Korean culture (and vice versa) and as a result there are traditions and values recognizable from both of these cultures.

# COMMUNICATION

## Greetings

- Welcome *an nyung haa se yo/euh suh o se yo*
- Hello *an nyung haa se yo*
- Good morning *an nyung haa se yo*
- Good afternoon *an nyung haa se yo*

## Main language

*Han-gul* is the main language. There are several dialects of *Han-gul*, but they are similar enough that the speakers have little trouble understanding each other.

Koreans tend to be reticent about using a new language until they feel able to express themselves adequately and so they may be relatively more reserved in interactions than some other immigrants.

## Important special concept

- **'Kibun'** is a concept with no direct translation in English. It refers to mood, feelings and state of mind. Koreans value maintaining equanimity of their *Kibun* and it is considered the responsibility of people interacting with a person to consider the other person's *Kibun* in order to maintain appropriate relations, meet other's needs, and communicate effectively. Making the assessment of another's *Kibun* is called *nunchi*. An example of *Kibun* being disturbed is when someone communicates rudely to another, or shouts.

# TRADITIONAL FAMILY VALUES

- Eldest sons inherit family leadership and wealth and will look after the parents
- Younger sons are expected to leave the home and live close by

# HEALTH CARE BELIEFS AND PRACTICES

## Factors seen to influence health:

1. **Fate/karma** may be seen as a reason for ill health. Korean Buddhism (from the Mahayana tradition) has greatly influenced Korean culture and many beliefs around health are based on Buddhist principles resulting in sickness and death being seen as part of life
2. **Disharmony** in the natural forces (e.g. *Um* and *Yang*), or the Life-force of the body, called *Kior Chi*. *Um* gives way to 'cold' illnesses such as depression, hypoactivity, hypothermia, abdominal cramps and indigestion, while *Yang* imbalances will result in hyperthermia, hyperactivity, stroke and seizures. Treatment is through the use of the opposite force to achieve balance and so foods are prescribed accordingly

3. The **Western** concept of disease causation is accepted by many Koreans and may co-exist along with other attributions of illness

### **Traditional treatments and health practices**

- **Acupuncture**
- **Acupressure or Massage**
- **Cupping**
- **Moxibustion**
- **Herbal remedies and dietary therapy**  
Medicines may be received from a 'Hanui', a traditional herbal doctor and clients may be reluctant to discontinue these
- **Shamans** (although used more rarely nowadays) are consulted as a last resort and they will practice *hanyak* which is the use of herbal medicine to create personal harmony
- **Traditional medical treatment** involves physical assessment as well as observation of behaviour and thereafter the use of metaphysical and cosmological treatments. Medical treatments tend to be more curative and there is less attention given to preventative medicine. This is currently changing as health promotion is more encouraged.

(See Chapter 2, Introduction to Asian Cultures, '**Traditional treatments/practices**' pg 6, for additional information on some of the above practices).

#### **Important factors for Health Practitioners to know when treating Korean clients:**

1. It is useful to encourage health promotion because resettled Koreans are reported to have typically focused on curative rather than preventative measures
2. The family is usually involved in treatment decisions. When there is a terminal illness, it is best to consult the client about how much s/he wants to know about the diagnosis and prognosis, and who else in the family s/he wants to be involved in decision making. The process of Informed Consent may be new to many families and this process will need to be explained. If the client does not want to make any decisions for themselves, they will need to have a Durable Power of Attorney
3. The family usually wishes to care for the member (even if hospitalized) for both acute and chronic illnesses
4. Alternative forms of healing might be used in conjunction with western medicine, especially traditional herbs. Potential drug interactions may need to be considered
5. Some traditional techniques (e.g. cupping, moxibustion) may leave marks on the body and providers need to investigate these before assuming abuse
6. Migrated Koreans do not traditionally use social workers since they do not have such roles in Korea. Clients can be encouraged to use personal resources such as the church as well as the use of the social worker when appropriate, although their role will need explaining.
7. It is useful to provide treatment instructions in varying forms such as spoken word, written and pictorial. If possible, written instructions could be provided in Korean (through the interpreter) or demonstrations for treatments can be used

8. Some Koreans believe that western medicine is too strong for them and some may alter the dosage, both in quantity and in frequency. Explanations about the dosage being customized for the client may need to be given
9. When doing HOME VISITS:
  - Give a clear introduction of roles and purpose of visit
  - Check whether it is appropriate to remove shoes before entering the home (notice whether there is a collection of shoes at the front door)
  - If food or drink is offered, it is acceptable to decline politely even though the offer may be made a few times

## **Diet and Nutrition**

For traditional Koreans the typical diet is mostly vegetables, with rice the main staple along with vegetables and small amounts of meat. It is reported that the sugar, fat and caloric intake are usually lower than other groups in the US and this may also apply to those living in New Zealand. Ginseng is a herb that is commonly added to foods and drinks and may have interactional effects with prescribed medications.

## **Stigmas**

- Children with disabilities are seen as punishment on parents from ancestors
- Physical problems are more readily accepted than mental illness which is seen as stigmatizing and threatening. This may result in psychological and social problems being presented somatically
- *Hwabyung* is a Korean culture-bound illness, common amongst women and develops as a result of suppressed anger or emotions (these usually stem from conflicts within the family). The client would likely present with symptoms of headache, decreased appetite, insomnia, and decreased energy, anxiety, irritability and flushing). The illness is seen as fate and treatment is focused on management of the symptoms only
- Homosexuality is not tolerated and would likely remain repressed so as to avoid community (and family) ostracization

## **Death and dying**

- Organ donation is uncommon
- Much of the patient's care is given by the family while hospitalized
- Pain responses vary considerably (family can provide a lot of information about how the client copes with illness and pain) but there is a tendency amongst Koreans to be stoic and to contain emotions. It is best to offer pain medication rather than to ask questions about degrees of pain
- Traditional beliefs used to value dying at home. If the person died in hospital it was considered a misfortune to bring the body back home. However, although few Koreans hold this belief nowadays, it is worth checking with the family
- For those who die at home the body must be kept for at least a few hours for viewing and showing respect
- Cremation is common for those without relatives
- Respect for the dead is shown by an outward display of emotion – crying and moaning rituals
- The eldest son must remain near the body and show his emotions

# HEALTH RISKS AND CONCERNS

According to Metha's (2012) report on health needs for Asian people living in the Auckland region, the following were noted as significant <sup>1</sup>:

- Stroke
- Overall Cardiovascular (CVD) hospitalizations
- Diabetes (including during pregnancy)
- Child oral health
- Child asthma
- Cervical screening coverage
- Cataract extractions
- Terminations of pregnancy

In addition, Unexmundi, August 2014 lists the following as major infectious diseases for Korea:

- Hepatitis A and E
- Typhoid fever
- Malaria
- Dengue Fever
- Yellow Fever
- Japanese Encephalitis
- African Trypanosomiasis
- Cutaneous Leishmaniasis
- Plague
- Crimean-Congo hemorrhagic fever
- Rift Valley fever
- Chikungunya
- Leptospirosis
- Schistosomiasis
- Lassa fever
- Meningococcal meningitis
- Rabies

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<sup>1</sup> The Metha 2012 report refers to three ethnic groups stratified in the Auckland region: Chinese, Indian, 'Other Asian' (includes Southeast Asian). Ethnicities include Korean, Afghani, Sri Lankan, Sinhalese, Bangladeshi, Nepalese, Pakistani, Tibetan, Eurasian, Filipino, Cambodian, Vietnamese, Burmese, Indonesian, Laotian, Malay, Thai, Other Asians and Southeast Asians not elsewhere classified (NEC) or further defined (NFD) Unless otherwise specified, the term 'Asian' used in this CALD resource refers to Asians in general and does not imply a specific ethnicity or stratified group.

# WOMEN'S HEALTH

According to Metha's (2012) report on health needs for Asian people living in the Auckland region:

- Asian women have lower total fertility rates (TFR) in the Auckland region as compared with European/Other ethnicities
- All Asian groups had lower rates of live births than their European/Other counterparts
- Teenage deliveries occurred at significantly lower rates among the Asian groups as compared to European/Other teenagers
- Asian women have more complications in live deliveries because of diabetes compared with European/other ethnicities
- Asian women had lower rates of hospitalizations due to sexually transmitted diseases than European/other ethnicities (but across all ethnic groups studied, women had a much higher hospitalization rates compared to men)

## **Traditional health care issues and practices:**

- With a high birth rate (possibly due to the valuing of boys over girls resulting in many pregnancies for families not successful in producing boys) the South Korean government used to require that households limit their number of pregnancies to two children. This was promoted through the use of contraception and abortion which is legal, practiced and accepted in Korea. However, since a significant drop in the birth rate over the last 20 – 30 years Koreans are encouraged to have more children. As a result of the old law there may be some Koreans with a history of abortion/s
- Women begin pregnancy with the *Tae Mong*, a dream about the conception of the child, usually reported by an elder in the family
- During pregnancy women are taught to avoid certain foods and smoking, and introversion is common during this time
- The woman focuses on *Tae Kyo* during pregnancy which involves avoiding unpleasant thoughts and focusing on what is good and beautiful. This practice is believed to be the education of the foetus and to influence how it will be in the future
- Women usually give birth in the supine position much like the Western methods
- Traditionally the placenta was saved after the birth and then burned and the ashes kept. During periods of illness, the mother would use the ashen powder in a liquid as a healing potion. This tradition was commercialized by some companies who would keep the placenta for the family. This tradition is no longer common in Korea, although there may be some families who would wish to follow this in some form in New Zealand
- Traditionally the first meal the mother has is seaweed soup
- For 30-40 days after birth, tradition requires that the mother does not return to work while she recuperates and "the body is made whole again"
- 'Cold' situations are avoided e.g. not putting feet or hands into cold water or going outside, and partial baths are given
- After her period of rest, mother will carry her baby 'piggyback' so that their hearts are aligned

# YOUTH HEALTH

## Adolescent Health

- According to Metha's (2012) report on health needs for Asians living in the Auckland region:
  - Alcohol consumption is less prevalent amongst Asian students as compared to NZ European students
  - Almost all Asian youth reported good health
  - Most Asian youth reported positive relationships and friendships
  - Most Asian youth reported positive family, home and school environments
  - 40% of Asian youth identified spiritual beliefs as important in their lives
  - 75% of Asian students do not meet current national guidelines on fruit and vegetable intake
  - 91% of Asian students do not meet current national guidelines on having one or more hours of physical activity daily
  - Mental health is of concern amongst all Asian students, particularly depression amongst secondary student population
- In addition, adolescents who migrate without family may encounter the following difficulties:
  - Loneliness
  - Homesickness
  - Communication challenges
  - Prejudice from others
  - Finance challenges
  - Academic performance pressures from family back home
  - Cultural shock
- Others who live with migrated family can face:
  - Status challenges in the family with role-reversals
  - Family conflict over values as the younger ones acculturate
  - Health risks due to changes in diet and lifestyle
  - Engaging in unsafe sex (in Korea children generally receive minimal teaching about sexual practices with the only formal instruction concerning the menstrual cycle, which is taught to the females only)
  - Barriers to healthcare because of lack of knowledge of the NZ health system, as well as associated costs and transport difficulties

## Child Health

- According to Metha's (2012) report on health needs for Asians living in the Auckland region:
  - There are no significant differences in mortality rates of Asian babies compared to European/Other children
  - There were no significant differences in potentially avoidable hospitalizations (PAH) as compared to other children studied

- The main 3 causes of PAH amongst all Asian children studied were ENT infections, dental conditions or asthma
- The rate of low birth weights were similar amongst 'Other Asian' babies and their European/Other counterparts
- Asian children had similar or higher rates of being fully immunized at two and five years of age as compared with European/Other children studied
- A lower proportion of Asian five-year olds had caries-free teeth compared to the other ethnic groups studied

### **Traditional factors**

- Newborns tend to be kept warm at all times, even in summer
- Babies are kept close to stop excessive crying, and may share a room with parents until at least a year old
- Children are usually highly valued and seen as an asset to the family, so childhood illness causes immediate anxiety
- Children tend to be indulged until school age, after which proper behaviour is required as undisciplined children are seen as a disgrace on the family. Boys and girls are separated before puberty. Overall, children are to be 'seen and not heard'

## **SPECIAL EVENTS**

The Lunar New Year '*Seol-nal*' (also known elsewhere as 'Chinese New year') traditionally holds much importance for Koreans, as it does for most Asians. During this 3-day holiday, most people make pilgrimages to their hometowns where they gather together with their extended families. The holiday includes many traditions and opportunities for food preparation and ancestor worship. The dates are determined by the Chinese Lunar Calendar and it usually falls around January to February. There is a reluctance to spend this time in hospital or to have diagnostic tests during the celebrations as time with family is really important. So these are often postponed to the 15<sup>th</sup> day of the Lunar New Year.



# SPIRITUAL PRACTICES

It is not uncommon for a Korean to encompass several spiritual views into a religious belief system. These include:

- **Buddhism**
- **Christianity**
- **Confucianism, Taoism, Shamanism**

Some sources report that Shamanism in Korea is not widely practiced today, but has woven a colourful and rich tradition into many aspects of the culture. Other sources claim that shamanism has been kept alive and that the number of shamans in Korea is in fact growing, although it has not been incorporated into any religious system. Either way, we can assume that there may be some Koreans who are influenced by some of the principles whilst for others shamanism will be a heritage.

(See Chapter 2, Introduction to Asian Cultures, pgs 12-16 for more information related to religions and spiritual practices).

## **DISCLAIMER**

*Every effort has been made to ensure that the information in this resource is correct at the time of publication. The WDH and the author do not accept any responsibility for information which is incorrect and where action has been taken as a result of the information in this resource.*

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### Additional Resources

1. The <http://spiral.tufts.edu> website has Patient Information by language with many resources in Korean
2. The <http://www.ecald.com> website has patient information by language and information about Asian health and social services.